RELIEF AND REHABILITATION OF WAR VICTIMS IN INDOCHINA

PART IV: SOUTH VIETNAM AND REGIONAL PROBLEMS

HEARING BEFORE THE SUBCOMMITTEE TO INVESTIGATE PROBLEMS CONNECTED WITH REFUGEES AND ESCAPEES OF THE COMMITTEE ON THE JUDICIARY UNITED STATES SENATE NINETY-THIRD CONGRESS FIRST SESSION AUGUST 1, 1978

Printed for the use of the Committee on the Judiciary
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The Honorable Robert H. Nooter, Assistant Administrator, Bureau for Supporting Assistance in the Agency for International Development (AID), accompanied by Arthur W. Hummel, Jr., Deputy Assistant Secretary of the Bureau of East Asian and Pacific Affairs, Department of State; Dennis J. Doolin, Deputy Assistant Secretary of East Asia and Pacific Affairs, Department of Defense; Norman Firnstahl, formerly Associate Director, Relief and Rehabilitation, USAID/Vietnam; and Donald Goodwin, Director, Technical Development, Supporting Assistance Bureau------------------------------------------------39

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RELIEF AND REHABILITATION OF WAR VICTIMS IN INDOCHINA

(Part IV: South Vietnam and Regional Problems)

WEDNESDAY, AUGUST 1, 1973

U.S. Senate,

Subcommittee on Refugees and Escapists of the Committee on the Judiciary,

Washington, D.C.

The subcommittee met, pursuant to notice, at 9:35 a.m., in room 5302, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman) presiding.

Present: Senators Kennedy and Fong.

Also present: Dale, S. de Haan, counsel; Jerry M. Tinker, staff consultant, Patricia Carney, secretary; Marc Ginsberg, assistant.

Senator Kennedy. The subcommittee will come to order.

Today's hearing resumes the subcommittee's public inquiry into the humanitarian crisis created by a decade of war in Indochina.

The cease-fire agreements in Vietnam and Laos—and the hope of resolving the conflict in Cambodia—are benchmarks of great historical importance in the evolution of our relations with the governments and people of Indochina. Even though conditions are mixed in the field, and many difficult problems continue for all parties involved, for the first time in many years, our Nation has a real opportunity to embark on new policies, to change our involvement, to reorder our priorities, and to finally practice some lessons from the failures and frustrations of the past.

We can at last end our direct and manipulative involvement in the remaining political and military confrontations of the region and finally chart a new beginning, in cooperation with other nations, as well as with the governments of Indochina, to help repair the damage of conflict and heal the wounds of war.

This is what the return of our servicemen and prisoners of war means to most Americans and what Americans have welcomed as peace with honor.

But reports from the subcommittee's study mission to Indochina and the President's budget request for the area strongly suggest that these objectives are not fully shared by this administration. In South Vietnam, last year's request for pacification funds has become this year's request for reconstruction and humanitarian assistance. Last year's public safety programs have been shifted to other quarters or buried in public works, public administration, and technical
support projects for what is called reconstruction. And last year’s supporting assistance has become this year’s stabilization fund. 

But this is not the way to go about a new beginning in our country’s relations with the governments and people of Indochina. And I strongly feel that the contrast between the opportunities for change implicit in the cease-fire agreements and the tired patterns of the past contained in the administrations’s proposals is a crucial issue for the Congress and all Americans in the coming weeks of debate over United States assistance to Indochina.

Clearly, our major responsibility remaining in this area is to the people who live there—the millions of refugees, civilian casualties, orphans, maimed children, and others disadvantaged by the war. In concert with others, we must do all that we can to help meet the humanitarian needs of war victims.

Hearings on the human tragedy in Cambodia and the children of Indochina were held earlier this year. Humanitarian problems in North Vietnam and Laos were considered yesterday. And today we shall concentrate on the situation in South Vietnam.

Our first witness, Mr. Wells Klein, has been actively involved with humanitarian problems in Indochina for many years, and brings before the subcommittee this morning a great deal of knowledge and expertise concerning the problems of war victims in Indochina, especially among refugees and children. He is no stranger to the subcommittee, having testified first in 1965, and served on numerous occasions as a consultant to the subcommittee, most recently as a member of the Study Mission to Indochina. He is executive director of the American Council for Nationalities Service in New York.

Mr. Klein is accompanied by Dr. James Dumpson, dean, School of Social Service, Fordham University. He has a long record in connection with problems of refugees and war victims in Indochina. In 1967 he served as chairman of a special social welfare task force sent to South Vietnam, and subsequently testified before the subcommittee on the findings of that task force.

We also welcome Dr. Caper, who was in South Vietnam and Cambodia as well. He is a doctor who is a member of our Senate Health Subcommittee and has a special vantage point as a person who has been trained as a physician and has been very much involved in our legislative program in the health field.

Gentlemen; we welcome you back to the subcommittee. I think this is a particularly useful time to have these hearings on South Vietnam back-to-back with our hearings of yesterday on North Vietnam and Laos. The hearings yesterday were enormously useful in outlining the areas of particular humanitarian needs in the North, which seem to contrast so with the situation in South Vietnam.

It was interesting, for example, if we take the problem of public health or food, these kinds of basic problems, and our team brought back some rather impressive testimony about the food supply and nutritional situation in the North. They were most impressed by what was being done in the North about public health problems, immunizations, and the problem of infectious disease. They were very positive about what was being done in the North about these matters.
Also, they commented about how North Vietnamese society had been able to integrate those who had lost their family into the families of friends and neighbors or other perhaps somewhat distant family relations, that orphans were not really the serious problem we see so tragically in the South. The problem of amputees, which I have seen in my two visits in the South, is not nearly the problem in the North; that a good program has been developed in Hanoi to provide needed prosthetic devices. Yet, we know there are tens of thousands of people waiting for prosthetic devices in the South. Dean Dumpson went out with a team, I believe, close to 6 years ago recommending the development of the prosthetic devices, yet little progress has been made.

So many of these kinds of yardsticks and problem areas which this subcommittee has noted over the past years as serious problems in the South are not nearly as dramatic in the North. At least this is the initial impression based on the statement of Dr. Scrimshaw and Dean French yesterday, as well as Dr. Levinson. So we look forward to hearing from you this morning, to develop further information.

As I mentioned in my introduction, you have been of enormous value to this subcommittee and we welcome your expertise.

Before you testify, Senator Fong has a statement.

Senator Fong, I would like to place my statement in the record.

[The statement of Senator Fong follows:]

**STATEMENT OF SENATOR HIRAM L. FONG**

In May 1972, this Subcommittee heard about the impact of the invasion by the North Vietnamese army which began on March 30. We were told that the Government and people of Vietnam, with considerable financial and material support from the United States and other countries, were meeting the then crisis.

A year ago there was no way of knowing the total force and impact of the invasion. We now find that prior to the cease-fire in January of this year more than 1.3 million refugees were generated as a result of the 1972 activities. It is estimated that another 400,000 refugees have been generated since peace was agreed to.

What is remarkable is that the Government of Vietnam and Vietnamese voluntary and religious groups have been coping with the problems of feeding, sheltering and in many instances clothing hundreds of thousands of displaced people, in some cases for more than a year. While it is true that they have received financial and material assistance from Governments and voluntary agencies, the fact remains that most of the work of coping with the problems was handled by the Vietnamese. Major catastrophes, which would have occurred without the provision of food and medical care, have been avoided.

We should take a moment to acknowledge the efforts and the sacrifices of the Vietnamese and American personnel who have been working together on the refugee situation.

Five Vietnamese officials and two American advisors were killed, and thirteen Vietnamese and three Americans were injured in a crash of Vietnamese planes in December of last year. They were members of an Impact Team charged with the responsibility of improving conditions in refugee camps.

An American contract employee and his Vietnamese co-worker were killed by a VC mine on their way to help improve the water supply in a refugee camp in May of this year.

These officials and their colleagues in Vietnam and in Laos who continue to assist in the movement of refugees deserve the praise of this Subcommittee, of the Congress and of the people of the United States and of the world.
The Vietnamese also deserve credit for facilitating the "return to village" or resettlement of over one and one-quarter million people during this same period.

There are problems and short-comings in the various programs for providing temporary relief and arranging for the return of villagers to productive lives. These inadequacies are of great concern, but I did want to take this opportunity to give credit to the valiant efforts of the Vietnamese and Americans in dealing with the humanitarian problems brought on by the invasion and the continued insurrection.

I should add that the Royal Lao Government, with considerable help from the United States Government, has also been handling tens of thousands of refugees with programs that bring food and shelter and provide resettlement in the Vientiane Plain and the valleys controlled by the Government.

This Subcommittee has consistently pressed for long-range plans for resettlement and rehabilitation of the refugees in these areas. Both the Government of Vietnam and the Government of Laos have such plans.

In the case of Vietnam, President Thieu has established a Guiding Council for National Rehabilitation, Reconstruction and Development to formulate priorities, plans and programs for the resettlement of the war victims, including a reconstruction of the infrastructure to provide social welfare and health programs.

The Government of Laos also has been developing post-war plans to assist not only the refugees in areas under the control of the Royal Lao Government, but also the possible returnees from areas now under Communist control.

These plans, I am informed, are now available for use in discussions with A.I.D., other governments, international organizations and voluntary agencies as to the roles they might play and the contributions they might make to particular programs or areas.

This Subcommittee has long been concerned about the care and rehabilitation of the war victims—the real casualties of war, not only the military, but the displaced, the aged, the widowed, the orphaned, the maimed, the diseased.

We recognize that there have been emergency needs for the care of large numbers of refugees and medical care of war casualties. At the same time, we are concerned about their longer-term needs.

I note with satisfaction the steady progress that is being made in the rehabilitation of amputees and in the care of the most seriously affected.

I am anxious to hear what the temporary and permanent plans are for caring for all the war victims and for making them once again productive members of society.

I am anxious to know more about the progress being made on resettlement and rehabilitation of these people in Vietnam and Laos and for provisions for their general health care.

Mr. Chairman, it strikes me that there has been great response by both the public and private agencies in America and by the Governments of the world to the actions and suggestions of this Subcommittee. These responses are clear evidence of the value of these hearings over the past few years.

Undoubtedly, more will need to be done to rehabilitate the people, reconstruct the damage and maintain and develop the economy when all the shooting finally ceases and the displaced persons can return to their homes once again and become fully productive.

I look forward to hearing from these witnesses today not only what has been done along these lines, but what are the plans for the future. I look forward to hearing what we in Congress can do to help these unfortunate victims of man's inhumanity to man to help themselves and take their rightful place in society.

Senator KENNEDY. Thank you very much, Senator Fong.

Mr. Klein, you may proceed.
STATEMENT OF WELLS KLEIN, EXECUTIVE DIRECTOR, AMERICAN COUNCIL FOR NATIONALITIES SERVICE, NEW YORK, AND MEMBER OF THE KENNEDY STUDY MISSION TO SOUTH VIETNAM; AND DR. JAMES R. DUMPSON, DEAN, SCHOOL OF SOCIAL SERVICE, FORDHAM UNIVERSITY, NEW YORK, AND MEMBER OF THE KENNEDY STUDY MISSION TO SOUTH VIETNAM; AND DR. PHILIP CAPE, PROFESSIONAL STAFF, HEALTH SUBCOMMITTEE OF THE SENATE LABOR AND PUBLIC WELFARE COMMITTEE, AND MEMBER OF THE KENNEDY STUDY MISSION TO SOUTH VIETNAM

Mr. Klein, Thank you, Mr. Chairman, and Senator Fong.

For the record, my name is Wells Klein, and I am the executive director of the American Council for Nationalities Service. With me is Dr. James Dumpson, dean of the Graduate School of Social Services at Fordham University. Dr. Dumpson and I recently visited South Vietnam in our private capacities as consultants to this subcommittee, and as members of the Study Mission which the subcommittee dispatched to evaluate postwar humanitarian problems in Indochina. The testimony and recommendations which we are presenting this morning are based on our individual findings and observations. However, I believe they represent the consensus of the Study Mission.

As you know, the original purpose of the Study Mission survey was both to assess the current humanitarian problems of refugees and civilian war victims in South Vietnam, as well as to consider future requirements for the postwar relief and reconstruction in light of the cease-fire agreement. Sadly, at the time of our visit in March, and since, the cease-fire has been more in name than in fact. On our first day in Saigon we were introduced to the term "ceaseless fire", a term used by a senior Vietnamese official to reflect his evaluation of the conditions then pertaining. We soon learned that the prospects of focusing primarily on postwar humanitarian problems, as distinct from war time concerns, was impossible in view of the continuing violence and the steady toll of refugees and civilian casualties.

Whatever the recent "reinforced" or "renewed" cease-fire agreement may mean in terms of lowering the current level of conflict, it is clear that most of the old political dilemmas and the attendant military and territorial problems remain unresolved. These issues have been at the root of the problem in Vietnam for two decades, and they are unlikely to disappear without resolution simply because of the cease-fire agreement. In other words, the basic conflict in Vietnam remains much the same although thankfully, the nature of our direct involvement has changed.

With these considerations in mind, a major focus of the Study Mission became the question of what is our appropriate role in helping the South Vietnamese people meet their massive problems of relief, rehabilitation, and reconstruction within a moral and political framework which is at once both practical, and acceptable to the American people and the people of South Vietnam.
Mr. Chairman, before going into the question of our future role I would like to report to the subcommittee on our assessment of the current refugee problem and discuss some of the factors which we believe have, and which continue to contribute to what, in the blandest terms, must be described as an unacceptable situation—unacceptable as measured by what could and can be done against what has and is being done.

To understand the current crisis that confronts the people of South Vietnam, as well as to begin to assess the needs for future relief and rehabilitation, it is necessary to review some of the frankly terrible statistics on refugees, civilian war casualties, widows, orphans, and the many other discrete categories of people disadvantaged by the war. These figures tell us, in cold abstract, dehumanized form, at least in part what more than a decade of conflict and violence have inflicted on the land and the people of South Vietnam. Conflict is not one-sided, and we are not now pointing fingers in accusation but rather delineating results and describing the dimension of the humanitarian problems now confronting the people of South Vietnam.

Mr. Chairman, this testimony is rather long, and I believe for the sake of time it might be well to abbreviate it.

Senator Kennedy, we will include it all at the conclusion of your remarks.

Mr. Klein. In developing this information the Study Mission consulted officials in the U.S. Mission both in Saigon and in the field. We also met with numerous officials and ministers of the government of South Vietnam. The Study Mission was able to travel extensively throughout Military Regions (MR) I, II, and III, [see following map.] Parenthetically, may I mention our appreciation for the many courtesies shown to us by the U.S. Mission personnel in facilitating our task. We visited as far north as Quang Tri and Hue, as well as Quang Nam, Quang Ngai, and Qui Nhon. Not only did we stop in the provincial capitals, we also visited many of the district and rural areas. In addition to these coastal areas we visited Kontum, Pleiku, and other areas in the highlands where Montagnard refugees are located. Finally, we visited a number of refugee and resettlement sites in the provinces of MR III. In our 12 days in South Vietnam we visited a variety of refugee centers, hospitals, schools, orphanages, rural dispensaries and other civilian facilities. We traveled freely and often arrived unannounced. We spoke with many Vietnamese civilians and with international voluntary agency personnel both headquartered in Saigon and in the field.
For the hearing record I shall submit statistical tables compiled by the Study Mission based on the subcommittee's earlier work, as well as statistics obtained on our recent trip. However, at this point let me briefly highlight our findings in quantitative terms.

Refugees: Surely the most enduring legacy of the Vietnam war will be its cumulative impact on the lives and the social structure of the people of South Vietnam. Over half of South Vietnam's estimated population of 18 million people have been forced to move as refugees, often many times over, since the war escalated in late 1964 and early 1965. As table I indicates, the cumulative total of refugees since 1964-65 now stands at 10,369,700.

**TABLE 1: STATISTICAL SUMMARY OF REFUGEE AND WAR VICTIM MOVEMENT IN SOUTH VIETNAM, 1965-73**

1. Newly registered refugees, by official GVN/USAID count:
   - 1965: 772,000
   - 1966: 906,000
   - 1967: 463,000
   - 1968: 464,000
   - 1969: 560,000
   - 1970: 129,000
   - Registered in 1970, but generated earlier: 281,000
   - 1971: 136,000
   - 1972: 1,320,000
   - 1973 (as of July 1): 718,700
   - Total: 5,809,700

2. Cambodian repatriates, ethnic Vietnamese expelled from Cambodia in 1970:
   - 210,000

3. Estimated casualty and damage claimants, including some 1 million temporarily displaced during Tet and May 1968 offensives:
   - 1,650,000

4. Displaced persons in PRG controlled areas and other nonregistered refugees from the 1972 offensive:
   - 700,000

5. Estimated nonregistered refugees, including some 1 million in Saigon ineligible to register as refugees since 1964:
   - 2,000,000

Cumulative total since 1965: 10,369,700

How many of these refugees are still in refugee status is a matter of definition as well as numerical count. At the time of our visit in March of this year there were 659,600 refugees officially acknowledged to be in temporary refugee sites with another several hundred thousand estimated in "out of camp" situations. As table III documents, nearly half a million refugees are still in officially identified camp locations.

As always, the most accurate index of conditions in the countryside is the number of refugees fleeing the countryside and the number of civilian war casualties filling hospital wards. By this measure, the daily average of new refugees during the study mission's visit—some 6,000 a day—resembles the level of violence during last year's offensive. As table IV indicates, 1,654,800 refugees have been generated since the beginning of the offensive on March 31, 1972. In comparison, the rate of post-cease-fire refugee flow is still between 1,000 and 2,000 per day. Further, recent reports from Saigon indicate that the current flow of refugees is still at the weekly rate of 7,000 to 14,000. In June, for example, in one week 8,700 new refugees were forced to flee their homes, primarily from military activity in MR II and MR IV.
1 Officially reported hospital admissions include admissions to GVN hospitals, as well as admissions to U.S. military hospitals—the latter admissions, however, account for little more than 24,000 of the cumulative total. Officially reported hospital admissions grossly underestimate the overall civilian war casualty problem, including deaths—during much of 1972, for example, no civilian war casualties, based on hospital admissions, were reported from areas of heavy fighting such as Quang Tri, Kontum, and Binh Long (An Loc)—officially reported hospital admissions exclude all civilian casualties treated elsewhere, those not treated at all, and most significantly, civilians who are killed outright or die before reaching treatment facilities.

By official count since 1967, women and children made up a significant proportion of hospital admissions—during 1972, for example, up to 1/4 of civilian war casualties were females 13 years old and older, and up to 1/2 were children 12 years old and under—thus, over 50 percent of civilian war casualty hospital admissions were children.

By official count since 1967, some 27 percent of civilian war casualty hospital admissions were attributed to shelling and bombing, some 20 percent to gunfire and grenades, and some 53 percent to mines and mortars—the Refugees Subcommittee estimates that well over 50 percent of civilian war casualties were attributed to GVN and U.S. firepower.

1 Represent estimates, based upon hearings, field reports, and reports submitted over the years by the General Accounting Office.

<table>
<thead>
<tr>
<th>Year</th>
<th>Officially reported hospital admissions</th>
<th>Subcommittee casualty estimates including deaths</th>
<th>Subcommittee death estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>50,000</td>
<td>100,000</td>
<td>25,000</td>
</tr>
<tr>
<td>1966</td>
<td>50,000</td>
<td>150,000</td>
<td>50,000</td>
</tr>
<tr>
<td>1967</td>
<td>49,707</td>
<td>175,000</td>
<td>60,000</td>
</tr>
<tr>
<td>1968</td>
<td>58,263</td>
<td>300,000</td>
<td>60,000</td>
</tr>
<tr>
<td>1969</td>
<td>66,022</td>
<td>200,000</td>
<td>60,000</td>
</tr>
<tr>
<td>1970</td>
<td>59,683</td>
<td>125,000</td>
<td>30,000</td>
</tr>
<tr>
<td>1971</td>
<td>50,737</td>
<td>160,000</td>
<td>25,000</td>
</tr>
<tr>
<td>1972</td>
<td>53,861</td>
<td>200,000</td>
<td>65,000</td>
</tr>
<tr>
<td>1972 (through June)</td>
<td>25,076</td>
<td>40,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Total</td>
<td>482,263</td>
<td>1,390,000</td>
<td>425,000</td>
</tr>
</tbody>
</table>

1 Officially reported hospital admissions include admissions to GVN hospitals, as well as admissions to U.S. military hospitals—the latter admissions, however, account for little more than 24,000 of the cumulative total. Officially reported hospital admissions grossly underestimate the overall civilian war casualty problem, including deaths—during much of 1972, for example, no civilian war casualties, based on hospital admissions, were reported from areas of heavy fighting such as Quang Tri, Kontum, and Binh Long (An Loc)—officially reported hospital admissions exclude all civilian casualties treated elsewhere, those not treated at all, and most significantly, civilians who are killed outright or die before reaching treatment facilities.

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By official count since 1967, some 27 percent of civilian war casualty hospital admissions were attributed to shelling and bombing, some 20 percent to gunfire and grenades, and some 53 percent to mines and mortars—the Refugees Subcommittee estimates that well over 50 percent of civilian war casualties were attributed to GVN and U.S. firepower.

Represent estimates, based upon hearings, field reports, and reports submitted over the years by the General Accounting Office.

TABLE III: VIETNAM REFUGEES IN IDENTIFIED LOCATIONS—STATUS ON JUNE 14, 1973

| Mr. I:        | Thua Thien (including Hue)  | 47,400 | Mr. II:    | Phuoc Long | 5,200 |
|---------------|-------------------------------|--------|           | Long Khanh | 4,400 |
|               | Quang Nam                      | 11,000 |           | Bien Hoa  | 400   |
|               | Quang Tri                      | 16,500 |           | Bien Duc  | 35,500|
|               | Quang Ngai                      | 44,100 |           | Bien Long | 2,600 |
|               | Danang                         | 239,200|         |           |       |
| Total         | 360,200                       |        | Total     | 46,000    |       |
| Mr. II:       | Binh Dinh                      | 80,400 | Mr. IV:    | Chau Doc   | 8,400 |
|               | Darlac                        | 3,100  |           |           |       |
|               | Kontum                        | 12,000 |           |           |       |
|               | Pleiku                        | 6,600  |           |           |       |
|               | Khanh Hoa (including Nha Trang)| 0      |           |           |       |
|               | Phu Yen                        | 4,300  |           |           |       |
| Total         | 106,400                       |        | Total     | 521,000   |       |

Note. This chart shows provinces where refugees have been accounted for in identified locations, which is not necessarily where they were generated.
### Table IV: Estimated Vietnam Refugee Generations—Since Mar. 31, 1972

<table>
<thead>
<tr>
<th>Province</th>
<th>Total affected</th>
<th>Current at home</th>
<th>Status displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR I:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quang Nam</td>
<td>300,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quang Ngai</td>
<td>121,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thua Thien</td>
<td>77,100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quang Tinh</td>
<td>16,100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quang Ngai</td>
<td>231,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>790,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MR II:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binh Dinh</td>
<td>199,100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kontum</td>
<td>94,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phu Yen</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thua Thien</td>
<td>9,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>331,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MR III:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binh Long</td>
<td>45,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phuoc Long</td>
<td>7,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tac Nho</td>
<td>70,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binh Duong</td>
<td>29,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hai Nghe</td>
<td>26,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phuoc Tay</td>
<td>36,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>247,700</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note.—This chart shows provinces where refugees were generated, which is not necessarily where they are presently located.

### Table V: Post-Ceasefire Victims of Military Action—Status on June 14, 1973

<table>
<thead>
<tr>
<th>Province</th>
<th>Total affected</th>
<th>Current at home</th>
<th>Status displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR III:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binh Hoa</td>
<td>6,000</td>
<td>6,000</td>
<td></td>
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<td><strong>Total</strong></td>
<td>135,200</td>
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<td><strong>National</strong></td>
<td>368,700</td>
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Note.—This chart shows by province, the total number of people affected by military activity since the Jan. 28, 1973, ceasefire, the number who have been able to remain in or return to their home villages, and the number still displaced, including those who have entered SVN refugee camps.
<table>
<thead>
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<th>Tons</th>
<th>Bomb Totals Compared</th>
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<tr>
<td>7,000,000</td>
<td>7,800,000 TOTAL</td>
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<td>6,000,000</td>
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<td>5,000,000</td>
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- Indo-China
- World War II
- Korean War
As you know, Mr. Chairman, the ink was hardly dry on the Paris Accord last January when massive offensive operations erupted in 33 of South Vietnam’s 46 provinces. Both sides offended as each tried to shape a cease-fire line to its own advantage. This process apparently continued though on a reduced scale, despite the “renewed” cease-fire agreement. One could detail the military activity and its refugee and civilian casualty fallout at much greater length. But the overwhelming impression one receives in Vietnam today is that nothing much has changed except the absence of American uniforms. When we were in Da Nang in mid-March, the South Vietnamese admitted to firing 10,000 rounds of artillery daily, most of which was not to counter operations from the other side, but primarily H.I. fire—harrassment and interdiction.

Civilian casualties: Again, it is too early to tell what effect the recent accords will have on the level of military activity in Vietnam. Assuredly, as we have said before, the basic problems, as seen by the Vietnamese, have not been resolved. The number of civilian casualties seem to remain high. According to the most recent official statistics on the admission of war-related casualties to hospitals, some 3,000 to 4,000 civilians are being admitted each month. This is a very dry, meaningless statistic, unless you just happen to be one of these 3,000 to 4,000 people or part of their family. This is not meant as melodrama—I just wish to emphasize that we are talking about people, not numbers.

As in the past, however, these officially reported hospital admissions exclude civilian casualties treated elsewhere, those not treated at all, and most significantly, those civilians who were killed outright or died before receiving treatment, to lie buried and never counted. Taking these factors into account, and based on some of our observations at provincial hospitals, it is estimated that civilian war casualties, both killed and wounded, would probably range between 6,000 and 8,000 per month. These 6,000 to 8,000 civilian casualties must be added to the total of 1,390,000 civilian war casualties since 1965, as shown in table II.

Inevitably, tens of thousands of civilian casualties who have survived are now totally or partially disabled and in need of rehabilitation. Official statistics probably fail to record all in this category, but as of the signing of the second peace agreement in June, there were over 80,000 amputees in South Vietnam, with 75 percent still in need of prosthetic devices.

To continue the recitation, there are over 8,000 paraplegics, nearly 1,000 of whom we saw wasting away in clinics in Vung Tau and elsewhere with little rehabilitative treatment and scarce hope. The war has also left some 40,000 people blinded or deaf—what more can one say—there is essentially no rehabilitation for these people whatsoever.

Mr. Chairman, the various human problems created by this war cannot be neatly categorized as refugee or civilian war casualty or war widow problems. Taken together these problems constitute—and I use the term advisedly—a massive, long-term, social and rehabilitative problem involving literally millions of people and affecting the entire population both in terms of physical well-being and economic
productivity. Mr. Chairman, I would like to break my testimony at this point and ask my colleague Dr. Dumpson if he would comment on what has happened to the social fabric of Vietnam and to the quality of life of the Vietnamese people as a result of this war.

I believe Dr. Dumpson will also report to you on what I am pleased to refer to as a "quantum jump" in the administration's response to the particular problems of children in Vietnam, since this subcommittee's hearing on May 11. After Dr. Dumpson's report I would like to return to my testimony and describe some of the specific conditions the study mission encountered and discuss some of the implications and conclusions which must be drawn from the present situation in South Vietnam.

Dr. Dumpson. Thank you, Mr. Chairman.

As Mr. Klein has indicated, a significant first step has been taken by AID toward assuring provision of needed service for a group of children in Vietnam for whom we assigned the highest priority.

In my testimony before this subcommittee on May 11, 1973, I identified my concern and that of my colleagues concerning the well-being of those children in Vietnam, fathered by Americans and who already have been abandoned to orphanages. We estimated the number to be in the neighborhood of 1,000. Particular attention was given to 500 of these children who give complete evidence of having been fathered by nonwhite American fathers.

We submitted a number of reasons why we believe this group of children face serious problems of rejection based on their physical difference. We called for the establishment of a consortium of experienced and professionally competent voluntary agencies to facilitate and expedite intercountry adoption of Vietnamese children for whom adoption is legally possible and clearly the best plan. We urged that particular priority should be given to the racially mixed child. In making this and other recommendations relating to American fathered children, we strongly emphasized that whatever efforts are made to deal with what is admittedly a relatively small number of disadvantaged children, must be done within the context of the pressing needs of all disadvantaged children in Vietnam whether they are in orphanages, refugee camps, or at home with their families. They are all war victims and as such demand care and protection during their rightful period of dependency.

After several consultations with me, representing this subcommittee's study mission to South Vietnam and within its own organization, AID convened a 2-day meeting on July 25-26 of the established voluntary agencies providing adoption and other child welfare services in South Vietnam. Two major assignments were given to those attending the meeting: (1) To identify the issues and problems involved in intercountry adoptions for American fathered children in Vietnam; and (2) to identify and make recommendations to AID on practical steps that might be taken to expand the network's adoption placements in the United States with particular reference to those Vietnamese children fathered by black Americans.

An extremely significant step was taken by AID in setting up these meetings. For the first time, agencies in the United States with their roots in and mandate from the black community were invited to
participate in the development of program proposals to meet the adoption needs of these children. As a result, AID brought together a new aggregation of potential resources for meeting the needs of American fathered children in Vietnam.

At the close of the 2-day meeting, a majority of the voluntary agencies gave their support to the concept of a consortium of voluntary agencies charged with assuring adoption services to American fathered children with high priority assigned to those American fathered children whose fathers can be presumed to have been nonwhite.

AID has agreed to approve a grant to International Social Services for the purpose of having developed by a subcommittee of the representatives to the meeting a proposal for the delivery of adoption services for this first target population group of children in Vietnam and for assisting orphanages in which these children presently reside to upgrade the quality of their services to all of the children to whom they give care.

Mr. Chairman, neither AID nor the representatives of the agencies that met last week at the invitation of AID have, for a moment lost sight of the position we took before this committee in our May testimony: "That we cannot single out for special attention the unique needs of the American fathered child and ignore that large number of other children who have a right to our concern and assistance. To do this would be unethical and in our opinion, un-American in the true sense of that term."

AID indicated to all of us in attendance at the meeting that it plans to convene another meeting of voluntary agencies to give attention and prepare recommendations for the ways and means whereby the American people, through their voluntary organizations in participation with the Government of South Vietnam and hopefully, multilateral international mechanisms might increase and facilitate capability for carrying out our responsibility to the children and their families in Vietnam. The suggestion was made, and I support it, that serious consideration be given to holding this meeting or a session of it in South Vietnam. This would enable us to build on the responsibility that the Government of Vietnam carries for the well-being of all its children and provide the opportunity for joint planning on the part of the Ministry of Social Welfare and Vietnamese voluntary welfare agencies. As we stated earlier, while the United States through its Government must continue to provide major budget support, the Ministry of Social Welfare must be helped to carry the policy and program development initiative and responsibility.

Mr. Chairman, at the close of the July 25-26 meeting, as a member of the study mission to Vietnam, I commended AID for taking the leadership role in initiating planned, coordinated effort and hopefully service provision on the part of the American Government and American voluntarism in meeting the needs of this relatively small but significant group of Vietnamese children.

Mr. Chairman, while I have expressed sincere satisfaction with the leadership role that AID has taken in initiating program development for American fathered children, I view this but as a beginning.
Sharing equal priority claim on our leadership with the Government of Vietnam and continued budget support for humanitarian programs, are the following insofar as the crisis needs experienced by children in Vietnam chiefly as the result of the war:

1. It is essential that there be established in Vietnam a core of common health, social, and legal services designed to expedite the movement of children legally and socially eligible for intercountry adoption.

In this context, I would call attention particularly, to the need for funds for medical services, supplies and facilities essential to the movement of children into adoption. The voluntary adoption agencies in Vietnam met in preparation for our AID July 25-26 meeting and sent to us a recommendation that this request be accorded appropriate priority. I can report to you that those attending the meeting were unanimous in support of this recommendation.

2. It is not enough, Mr. Chairman, to urge support of increased adoption activity or provision of social and medical services to facilitate adoptions. Every conceivable effort must be made to prevent the abandonment of children by their mothers. The inherent strengths of the Vietnamese family must be supported by pre- and postnatal counseling that builds on the mother's thrust to do what is best for her child. This committee has been given evidence of the marked reduction in abandonment of babies in hospitals when this counseling service was available to the mother prior to her discharge from the hospital.

Obviously, counseling is no substitute for adequate subsistence. As the Government of Vietnam is helped to provide a care of basic social supports to revise the damage done to family life by a prolonged war, pre- and postnatal counseling for mothers that helps them identify realistic alternatives to abandonment is essential.

3. A third priority, Mr. Chairman, relates to the provision of Vietnamese personnel to do the social welfare tasks that must be done if a whole generation of children are not to be socially and psychologically destroyed. No social service can be better than the quality of the personnel selected to provide it. A variety of training programs preparing personnel for a variety of levels of competence must accompany every program effort we make in concert with the Government of Vietnam in behalf of children and their families. These efforts require personnel not only with technical competence but personnel that can provide leadership within the governmental bureaucracy and that can engender confidence and trust among the people, as they continue the thrust toward increased levels of individual, family well-being and overall social development in Vietnam.

4. The fourth priority I would identify is the need for discussions between our Embassy in Vietnam and the Government of Vietnam to assure that highest, possible priority is given by the Government of Vietnam in the allocation of its material and manpower resources to the welfare of all its children—those refugee camps, those in orphanages, those in crowded streets of its cities—wherever disadvantaged children may be.
5. I would urge that our AID welfare office be staffed with an experienced, high-level social welfare person to complement the thrust toward social policy and program development now underway in AID—a person who can give full-time, exclusively to our humanitarian concerns in Vietnam; able to provide leadership and technical direction to the various agencies of our Government that must be involved, to the American voluntary agencies whose basic policies and efforts are developed here at home, and who would maintain liaison with efforts in Vietnam both governmental and voluntary, as well as with those multilateral efforts within and outside the United Nations.

It is my belief that we can make no greater contribution to the children and families of Vietnam than to help repair and strengthen the social institutions of that country and to assist the Government, through its Ministry of Social Welfare, to develop the capability from providing the social and economic supports that people in every modern-day society need. Related to this is the essential importance of seeking a multilateral mechanism for providing material and technical assistance to Vietnam. To fail to do this is to tacitly encourage frustration and eventual hostility that comes when an individual or a nation of individuals must rely on the benevolence of another.

Mr. Chairman, I wish to address briefly a few comments, as requested, on the general social health of the Vietnamese society. Undoubtedly, one of the most tragic and poignant aspects of the war in Vietnam, and one that is likely to effect negatively the social, economic, and political developments in Vietnam for years to come, is what happened to those who were civilians in that country and in particular those who were children in that country during 2 decades and more of war.

However governments may define “war victims” or “war casualties,” in my judgment those terms must include the great majority of civilians and the children of that nation. As one moves about Vietnam, from the DMZ to the depth of the Delta, one cannot escape the continuing plight of these war victims. In every city, in every provincial town and village, one sees, today, small groups of children moving about in groups, struggling to be free, to laugh and to play—to be carefree as children have a right to be, but struggling also to survive. The clothing they wear is threadbare; in many instances the children are naked. Some go unwashed; many are without shoes. Many if not all are deprived the basic essentials for healthy growth and development by any standards. As one observer described it, despite the gradual process of animalization, in their process to maintain a semblance of dignity, they are beautiful human beings. These are the children in Saigon and Danang and the urban centers of Vietnam. They have come to the urban centers with their mothers, many of whom have had to turn to prostitution and forced the children into the streets to fend for their own.

We have reported about those children who have been abandoned to hospitals or orphanages. There are children, hundreds of them, who have run away from hunger, deprivation, and family disorgani-
zation. Family life, as defined by Vietnamese standards, is nonexistent for these children and their parents. Children, most of the children in Vietnam, have been amongst the most tragic victims of the Vietnam war. In 1966, observers reported that there were some 88 children's homes and orphanages caring in many instances at substandard levels of care by any standards for 11,254 children. In 1966, it was estimated that this represented, at a minimum, an increase of some 1,000 children over the number institutionalized during the previous year. In testimony before this committee earlier this year, Wells Klein and I reported that in 1973-7 years later—there are 133 registered institutions. There were not 11,000 children but 25,000 children placed for care away from their own families. These data, however, interpreted as evidence of breakdown of existing social systems are but a small part of the social indicators that Vietnamese society is in serious social difficulty.

Mr. Chairman, I cite these conditions to call attention to a troublesome and disturbing possibility: that the traditional functions of the family in socializing as well as caring for children and the variety of other social systems that support the general welfare of a people may well have been seriously and negatively affected if not destroyed by a war in which we had such a prominent part. We do not know the full extent of the impact of continued war on the organization, function, and strength of the family in Vietnam. We do not know the full impact of Western intrusion on the traditional patterns of Vietnamese life. Wells Klein and others have given reliable evidence of the plight of a million or more people, a large number of whom are children, who are living in refugee camps where the traditional functions of the family in Vietnam cannot possibly be performed.

Any society in which the family, as a social institution, is threatened insofar as its assigned functions are concerned is indeed in serious trouble. It is not enough to focus on the plight of 25,000 in orphanages. It is not enough to be concerned about 1,000 children whose fathers are presumed to be Americans. The task that lies ahead for Vietnam is the strengthening of those social institutions, of which the family is undoubtedly the most important—the most essential for the reintegration of the social fabric of South Vietnam. The process of modifying old social institutions, of creating new social institutions to meet the human needs of children, of their families, in my judgment, must command the allocation of the same level of material and manpower resources as were committed to the prosecution of the war.

There is an urgent requirement that efforts be made and supported by material resources and trained personnel to deal with those social problems that have been fostered and aggravated by the war, that prevent the integration of millions of displaced refugees into the community life of the nation; that militate against the restructuring of the life experience potential of millions of families so as to assure maximum opportunity for them to care for their offspring within the social and cultural mandates of the Vietnamese society, to provide assurance of assistance to these families as they are called upon to adapt to the changing socioeconomic environment of their country.
Mr. Chairman, I would not have this subcommittee fail to understand that there are a number of social problems facing Vietnam of which the plight of refugees and the deprivations of its child population are but dramatic and quantifiable evidence of the failure and, I daresay, inability of the usual social systems to function and fulfill their function for people. We have properly focused on children and the refugee population. But what about the special problems of youth, of teenagers and young adults? The strengthening of the social and physical well-being of these groups may well determine the source and quality of the country's future leadership.

Little attention has been given by our study committee and others to the deprivations being suffered by youth in the rural areas and whose movement from these areas are contributing to serious problems in the burgeoning urban areas. There has been public attention directed to the problems of young adults, in the area of unemployment, as demilitarization proceeds. But drawing attention to these problems does not assure that the needs of these people are or will be met. There are reports and one easily observes gangs of wandering youth in Saigon and other cities juvenile delinquency is and will continue to plague the cities and towns of Vietnam, and destroy the valuable human potential of so many of the delinquents as long as basic human needs are neglected, as long as opportunities are denied for meaningful participation in the social and material productivity of the country. The mushrooming of bars, "bar girls," and prostitutes, the strips of bars and cafes that developed outside military areas in all parts of the country—all of this cannot help but have left scars on the fabric of Vietnamese family life.

One of the most dramatic developments in Vietnam and one that harbors almost unlimited potential for serious social disruption is the unattended, unplanned increase in urbanism. One need only recall that the Saigon/Cholon area in 1954 had less than 500,000 people. It now has an estimated population of more than two million. To a lesser degree but exhibiting the same growth clusters are the areas surrounding Hue, Danang, Qui Nhon, Vung Tau, and others. Vietnam is experiencing the same inevitable development facing all nations of the world—the increasing flow of rural people into metropolitan areas seeking economic opportunities and higher standards of living. I do not share the view of some that this trend will be reversed now that the war is officially ended and that most new urban dwellers will return to the land. This influx has created a host of problems in housing, water supply, sewage and garbage disposal, traffic congestion, and fire hazards. Increases in family disorganization in health problems, in delinquency and in crime, are some of the indices of personal tragedy, of social systems failure, of rapid urbanization. They are the phenomena that gnaw at and seriously weaken if not destroy the social fabric of any nation.

Mr. Chairman, I merely wish to draw attention, again, as we did in the Report of the Social Welfare Task Force in November of 1967, to those phenomena, those experiences of the child, youth, aged—the families in Vietnam, the ruptured human relationship between and among people, between people and its government that
spell social disruption, that can but further tear apart the social fabric of this country.

During my visit to Saigon in 1970 for the Unitarian Service Committee, I met for a full day with the student body of the National School of Social Work. At the end of a day’s discussion of the social problems facing Vietnam the students agreed to send me a statement summarizing the problems in postwar Vietnam that must claim priority on the allocation of the total resources of the country, if the war for human survival is to be won, if the quality of life is to be healing and strengthening, if the cultural heritage of the Vietnamese people and the social fabric that supports it is not to be totally destroyed. I would like to end this part of my testimony by quoting from the students’ written statement to me.

“We can summarize some main objectives of the post-war social development program: normalizing the life of all classes of people (professions and living standard) and normalizing community activities, (regulating and distributing the population in accord with the economic demand, helping people return to their old communities or set up their homes in new areas). And this normalization program at the same time, must fit a larger social economic development program.

Another point of great importance which we cannot discuss here is that the war has not only created an upset in the people’s life materially, but also spiritually. It has caused disorder in communities, a change of living conditions, customs, thoughts, concept of life and individual values. This has led to malpractice (corruption), selfishness, greediness for money and a critical division in the country that disheartens even the most willing individuals who are deeply concerned with the social betterment.

This statement of Vietnamese students successfully and, I believe, adequately states the challenge that faces the GVN, and its people, with the continued assistance of the U.S. Government, of other governments and people of the world, to repair the social fabric in Vietnam and to move toward an acceptable level of social stability.

Thank you, Mr. Chairman.

Senator Kennedy: Mr. Klein, do you want to continue?

Mr. Klein: Thank you, Mr. Chairman.

I am aware of the fact that we have a time frame to work in, and I will try to speed my presentation along and perhaps, again, skipping over some of the written testimony.

Over the years, one of the primary concerns of this subcommittee has been refugee conditions in Vietnam. At periodic intervals the subcommittee has heard testimony describing these conditions and repeatedly urging rectification. This morning I shall add the latest installment to the long litany of human suffering, but with the addition of this explicit if rhetorical question: With all of the experience we and the Vietnamese have gained over the past years, why has so little changed?

According to AID statistics, as of July 13, 471,400 refugees were living in identified locations, primarily in MR I, especially in and around Da Nang. As in the past, this total represents only those in “identified locations” where refugees have registered and are still receiving assistance. However, many other thousands of refugees remain in completely dependent status though their entitlement to benefits has expired and they are no longer reflected in refugee statistics. To put the case bluntly, refugee statistics bear little
relationship to who has been displaced by the war or to what portion of the population is economically independent and viable.

Once upon a time Vietnam looked like most other, agricultural countries. There was a direct relationship between the population and the land, people lived near on the land they tilled. From the air lowland Vietnam was a patchwork quilt of paddy land and small family compounds. Today an aerial view gives the impression of an askewed cats cradle. In many parts of the country, particularly MR I, and MR II, the population has been totally displaced and strung out along the roads for physical security from both sides. This dislocation of population far exceeds anything reflected in any refugee statistics.

The Study Mission spent a considerable portion of its time in refugee camps and relocation sites, particularly in the northern regions and the highlands. I regret to say that with few exceptions the problems confronting the newest crop of refugees, those resulting from the spring 1972 offensive and from the post cease fire confrontations, all too closely resemble those problems faced by much earlier generations of refugees with whom I worked nearly a decade ago.

Mr. Chairman, you will remember the Cathedral Camp in Qui Nhon from your visit to Vietnam in 1968. It was deplorable. Today, a camp called Phu Tai No. 1 only a few miles away looks almost identical to the Cathedral Camp of yesteryear.

Much has been made of the ability of the Vietnamese Government to handle emergency influxes of refugees, and by inference, of our own ability to support Vietnamese efforts. This contention is largely true. With our assistance the Vietnamese have developed a reasonable capability for responding to the emergency needs of new refugees in terms of food and temporary housing. Also, some progress can be reported relating to sanitary facilities, water supply, dispensaries, and, in a few cases, special cooking facilities. I would like to comment tangentially on this last point.

In my refugee experience relating to Vietnam, AID has not been reknown for self-evaluation of program effectiveness. To the contrary, in the area of Vietnam refugee assistance, AID has only seemed to respond to prodding and criticism from either the media, this subcommittee, or the two in combination, and often the response has been sluggish at best. However, in the past year there have been two internal evaluations of the refugee program by Washington-based AID personnel. These are known as the “Goodwin” and “Wiesner” reports. They were highly critical of the refugee program and resulted in the deployment of the “impact teams” which were responsible for some of the significant camp upgrading referred to above. The process of internal evaluation is logical, effective, and certainly should be encouraged by this subcommittee.

While the Vietnamese Government was able to respond to the 1972 and 1973 refugee emergencies with temporary assistance, and while the “impact teams” had a salutary effect in the fall and winter of 1972, all of this was an immediate response to what was considered essentially a temporary situation. By the time of our visit the temporary success of the emergency relief effort had deteriorated into
the miserably overcrowded squalor, with its attendant lethargy, that these now permanent refugee camps evidence. This has been the history of the Vietnam refugee program. Time and again reasonably effective response to an immediate crisis was followed by an almost total neglect. We have seen a decade of “temporary” refugees living in “temporary” quarters for a decade.

The Study Mission saw several examples—quite striking examples of this around Vietnam. The Phu Tai camps located outside Qui Nhon, and in a number of other areas we saw situations in which temporary facilities were turned into permanent, sloppy, crowded, almost uninhabitable camp situations.

I will skip over the description of the campsites that we saw, but let me add one thing relating to these camp conditions. One must ask, as Dr. Dempson has asked, what happens to people under these conditions, what happens to the family, to interpersonal relationships with no privacy. These are inhuman conditions. They violate the unit of the family.

There are exceptions to this general pattern—Phu Cuong in MR III is one. An inert refugee population without adequate employment is unacceptable by definition. But within this context Phu Cuong is a striking example of what can be done to enhance the quality of life, even of the refugee with no apparent future.

An Loi, the much touted showpiece camp is a different situation. Within a short driving distance of Saigon, An Loi received extensive assistance from the voluntary agencies, and the foreign community, as well as from AID and the Vietnamese Government. There is an effective feeding program and an excellent dispensary, yet the living conditions at An Loi are miserable and it reportedly has the highest per capita death rate of any refugee camp in Vietnam.

I first saw the An Loi camp in August of last year. Despite “upgrading” An Loi was as bad this March as 7 months earlier. It was the same syndrome of some pre-existing structures but primarily rotting and torn army tents. No new housing construction has been started until the week before we arrived. We were given a candid explanation for the delay in refugee housing construction by one of the American refugee officials. Though most of the An Loi refugees were from completely destroyed An Loc or Loc Ninh no new housing had been put up “because it was anticipated that the refugees would be returning home soon.” It was only with the breakdown of the first cease-fire agreement and the renewed heavy fighting in MR III that a decision was made to upgrade An Loi with critically needed new housing.

Most of the An Loi refugees are Montagnards. One has the clear impression that they are disintegrating as a people in prolonged refugee status. Many are dying from no apparent cause. Their special plight is so grave that it moved one U.S. refugee official to say that “it would be better to resettle them in their villages in Viet Cong areas and pay the VC to help them than to let them stay here any longer.”

Mr. Chairman, we have some slides of numerous camps and other situations, and I would like to ask your opinion on whether they
should be shown at this point or whether we should continue with the testimony?

Senator KENNEDY. How many slides do you have?

Dr. CAPER. We have about 30 or 35.

Senator KENNEDY. Could we go through them very quickly, and

maybe you could just summarize the latter part of your statement.

We have to be out of the hearing just before noon. We want to
give the administration witnesses at least an hour or so, and I have
some questions, and I am sure Senator Fong has also.

I think these might tell the story, and then, if you can possibly
incorporate the latter part of your testimony, including what
comments you think are important----

[Slides.]

Dr. CAPER. Thank you, Mr. Chairman and Senator Fong.

These are slides we took in South Vietnam. The first group shows
generally the conditions under which the refugees live. This is Da
Nang, and it illustrates the crowding which exists. Thousands of
refugees are housed in large structures, living in family units
separated only by fabric partitions which have been improvised.

I was struck all throughout South Vietnam with the large number
of children everywhere.

Another slide showing inside Camp Baxter at Da Nang. The
ubiquitous presence of GVN flags are also important and illustrate
the problem of identifying territory which belongs to one side or
the other at the time of the cease-fire.

This is Phong Phu' camp, also in Da Nang, one of the better re-

fugee camps we saw located on a sand bar on the coast.

This is a picture taken in a Bru Montagnard section of the
Marble Mountain camp situated on abandoned marine air field which
had been opened for the purpose of housing refugees also in Da
Nang.

This is a hangar housing thousands of refugees.

This is a shot taken in the camp in Hue.

Again, another striking feature of life in the refugee camps is the
presence of some entrepreneurial activity, even though a very small
minority were employed in these activities, but stores and distribu-
tion of food and so on, show a very industrious people who attempt
to work where they can and how they can.

This is a water carrier constructed of barbed wire. This girl is
removing the barbs and will then use it as a frame to carry water.

This is an elderly man with a flag painted on his hat. This is
characteristic.

This is a school also in Hue. We saw schools in a number of the
camps, and as an example of how the Vietnamese, even though
terribly crowded, attempt to conduct their life as normally as possible.
Certainly there is some social structure within these camps.

This is a picture inside one of the buildings in the refugee camp
in Hue, again. There is a remarkable degree of crowding here, a
child taking a bath in a plastic dishpan.

This is a refugee camp in Quang Ngai. Although we attempted as
much as possible to observe things in their natural state, it is very
difficult to accomplish this and occasionally preparations were made in anticipation of our visit. This gentleman was standing next to a sign and flags which had been erected, I think pretty much for our visit. This one struck us as ironic; the sign says: "war victims of My Lai hamlet thank very much the American people." I think the significance to us escaped the people who put it up, but it was very striking. Obviously, refugees from My Lai hamlet were housed in this camp.

These were the people's self-defense force, adolescent girls in Phu Tai. This is another shot of the camp at An Loi, which Mr. Klein described, again just tremendous crowding, no privacy, and an incredible amount of boredom, which is a very serious problem in these refugee camps. People just have nothing to do. This is an air view of the tents of the An Loi camp, another shot of the An Loi camp from the air.

This is a picture of a paraplegic veteran at the Vung Tau facility, an abandoned provincial hospital now used for housing 400 paraplegic veterans. These veterans live here, are housed and fed by the government, and their families move in with them. This is a veteran's son. Veterans will frequently live in, again, tiny spaces, curtained off, with their families, chickens, dogs, and so on running around under the beds, in and out of the rooms.

One of the major problems; even though war-related injuries are certainly an important public health problem at the present time in Vietnam, is the incidence of diseases which have long since disappeared from the United States. This child suffers from polio. This picture was taken at the Saigon Rehabilitation Institute. Polio is a major problem in Vietnam, and diseases which we really don't have in this country any more are a major source of morbidity throughout Vietnam. There are still very high occurrence rates of malaria, influenza, typhoid, food poisoning, diphtheria, plague, tetanus, rabies, cholera, and tuberculosis, all throughout South Vietnam.

This is a Montagnard village which was attacked in November of the year preceding our visit to Vietnam. It had still not been reconstructed. The Montagnards lived across the road on which I was standing; in tents and had received little, if any, aid at the time of our visit.

This is a picture of a Montagnard woman with all her belongings packed and waiting to be evacuated to another refugee site.

Dr. Dumpson described the problem of orphans in North Vietnam. These are pictures taken in an orphanage in Da Nang. The child in the background is an Afro-Asian child; this child was also seen in the orphanage with kwashiorkor—a distended abdomen, thin hair, numerous insect bites, and he had a large infection on his thumb which was treated shortly after this picture was taken. He looks also as if he is suffering from marasmus which is thought to result from deprivation of human contact in infancy. They lose interest in their surroundings and they seem to wither away and die.

This is a mentally retarded child in the Da Nang Catholic orphanage, who is also physically retarded. He got around by crawling.
This is a child in a refugee camp in MR III, also a Eurasian child. This is the grandmother holding the child. The mother of the child apparently worked in Saigon with the Americans, and had given up the child to the grandmother. The grandmother had integrated the child into her family, and was raising it as her child. This is not uncommon at all in Vietnam.

This is another Eurasian child in the same camp, also a similar story.

This is still another Eurasian child, a blond child, obviously American fathered or European fathered. There she is with her brother in a refugee camp in MR III, South Vietnam. The amount of destruction all throughout South Vietnam is striking. This is a picture of the district in North and South Vietnam between Hue and Quang Tri, showing extensive bomb destruction. These bomb craters are common, can be seen throughout South Vietnam, particularly in the northern sections of South Vietnam. This is what is left of Quang Tri which was a city destroyed as a result of the fighting following the offensive in the spring of 1972. There is nothing left standing in the city.

This is highway 1, which used to connect Saigon and Hanoi, now littered with military debris, shell casings in this case.

And this is Sa Huyn, a small coastal village which we visited south of Quang Ngai, which, again, was involved in the cease-fire hostilities and in the land grab which occurred just following the January cease-fire. It was under bombardment by both sides for a total of 3 days.

Again, the destruction in this village is just massive; here are more bomb craters.

Finally, these are some photos of some of the medical facilities in South Vietnam. This particular slide is a maternity infirmary dispensary in Hoi An. This is their primary medical care. Capability for administering intravenous solutions and antibiotics, but very little else.

This is a picture taken in the Quang Ngai provincial hospital. This is a burn victim. Again, I am told by physicians in the field that 8 percent of the beds in South Vietnam are occupied by burn victims, largely as a result of the explosion of oil stoves. They use kerosene or jet fuel rather than oil, and they blow up and the result is severe burns.

This is the Quaker rehabilitation center in Quang Ngai. This shows that the Vietnamese do have some capability for fashioning these prosthetic devices to a great extent. There is still a need for them to be able to fashion them in Vietnam.

This is one of the Quaker workers. You can see there are frequent multiple patients to a bed. This is particularly alarming when you understand that infectious disease is a major problem and the transmission of disease in a ward such as this is frequent.

This is a picture of a victim that lost his left foot as a result of stepping on a mine. These mines continue to be active in the field. This particular individual had been working in a rice paddy, had stepped on the mine, and it had blown his left foot off. The pepper-
ing of his right foot and legs is characteristic of this injury and will be there for life to a great degree.

This is a picture of the Montagnard Hospital run by Pat Smith in Kontum. She had to leave it when the city was about to be overrun. Again overcrowding, very little capability for treating infectious disease, particularly gastrointestinal disease and tuberculosis.

Finally, a picture of the interior of this hospital, one aisle running down the center of the ward, wall-to-wall patients otherwise.

[End of slides.]

Senator KENNEDY. Mr. Klein, do you want to summarize now?

Mr. KLEIN. Yes; I will read just two or three paragraphs, Mr. Chairman, which I think are the meat of the testimony and leave the rest for the record.

Mr. Chairman, one must now ask why do these conditions persist, why are refugee conditions today so similar to those in 1965 and 1966? With all that we have learned over the last 9 years why has so little changed? The answers to these questions are critical to our future role in refugee assistance in Vietnam, and I would like to suggest two possibilities for the subcommittee’s consideration.

Since the fall of 1964 with the floods in MR I and the military escalation in early 1965, refugees have always been considered a temporary phenomenon by ourselves and by the GVN. This was part of our political-military self-delusion that we now at last had the right formula to achieve our desired goal. This was the can-do delusion. It was felt that with the application of sufficient resources and the right formula, by whatever name—ink blot, civic action, pacification, Vietnamization—security would somehow prevail and the refugees would be able to return to their villages. With the advantage of hindsight how could we have viewed refugees as other than temporary without facing the realization that the war would be protracted and that genuine pacification and return to village could only result from a resolution of those basic problems between the Vietnamese contestants which have been generic to the conflict for decades. Thus, no permanent refugee facilities were built, and no broad nutritional programs were developed. We did little in the areas of refugee vocational training or the development of alternative development opportunities of refugee families. These considerations which are basic to most refugee assistance programs were conceived of as unnecessary in Vietnam because we were dealing with a population only temporarily dependent.

Secondly, our whole approach to dealing with the refugee problem in Vietnam has been to view the solution to this problem as part of a broader political and paramilitary program to rout out Viet Cong infrastructure, to win the hearts and minds of the population and to pacify the countryside. Refugee care and assistance was not fundamentally considered a humanitarian obligation apart from the general cause of denying them to the enemy. This position was clearly reflected in the command structure in Saigon. Refugee assistance was taken from USAID and placed under military direction in CORDS even though the Vietnamese counterpart agency was the
civlil Ministry of Social Welfare and despite the fact that AID was responsible to the Congress for refugee assistance programs without operational authority in the field.

Mr. Chairman, with the cease-fire agreement and the withdrawal of American military personnel from South Vietnam we have reached a fundamental turning point in our relationship to that country. In signing the cease-fire agreement we are publically committed to a political reconciliation between North and South. Although it would be naive to suggest that the United States does not have a continuing interest in South Vietnam, it is time that we clearly reevaluate the purpose of our economic assistance program and particularly that of humanitarian assistance. We have passed a watershed and we must cut the Gordian knot that ties humanitarian assistance to Vietnamese political and military objectives—objectives which are theoretically no longer those of the United States.

In all candor, Mr. Chairman, the Study Mission saw little indication of a changed American role in the field, although admittedly our trip was 3 months ago and not long after the first cease-fire agreement. We have the impression, however, that change has been superficial. CORDS has become SAAFO—Special Assistant to the Ambassador for Field Operations—but the same warriors are riding to battle still referring to “our side” and the “enemy.” Granted that there must be a period of transition, but with U.S. refugee assistance now under civilian control and with authority and responsibility again vested in AID, and finally, with the Foreign Aid bill under consideration by the Congress, now would be the time to clearly enunciate a new foreign aid philosophy and posture vis-a-vis South Vietnam.

In specific terms, if the United States is paying the bill for refugee assistance in Vietnam on the basis of humanitarian concern, as I think we must, then we should request a quid pro quo that refugee assistance be used for humanitarian purposes. It was the Study Mission’s observation that the refugees are very much voiceless pawns in a political and territorial tug-of-war between the GVN and the PRG. They represent an important bloc of votes in the event of an election and perhaps more important, besides the army, they represent the only available potential for establishing de facto territorial control in the recently intensified struggle now focusing on land as well as people.

In short, we should not support programs which are clearly intended to achieve political or military objectives as against programs designed to upgrade refugee conditions or achieve resettlement or return to village which is clearly in the refugee’s best interest. True, many lines may be difficult to distinguish, but a clear statement of policy which we and the GVN understand is a prerequisite for normalizing our humanitarian assistance. Perhaps, Mr. Chairman, these are considerations to which the Congress, as well as the administration, should address themselves.

There are several other important considerations which we would like to bring to the subcommittee’s attention but for which there is insufficient time this morning. However, they will be detailed at greater length in the Study Mission report.
Senator KENNEDY: Thank you very much, Mr. Klein, Dr. Dumpson, and Dr. Caper.

This is an extremely comprehensive report which you have reviewed here for us, and it has a great deal of meat to it, which I am sure will be enormously valuable and helpful to us in our consideration of future assistance to South Vietnam.

Just a couple of points I would like to raise.

It would appear, in the early part of your testimony, when talking about the numbers of refugees, that as of July 1, there were 718,000 refugees this year. It would appear, if it were to keep at this level for the remaining months, projected out at that level, that it would be one of the highest totals since 1965, even as of the first 6 months. It is about the fourth highest since 1965, just considering the first 6 months.

I think this comes as rather a startling statistic. I would imagine that most Americans would think that the flow and flux of refugees must have been reduced rather dramatically with the peace agreements. But your observations and material show that the number and quantity of refugees is still very significant.

Mr. KLEIN: The post cease-fire hostilities, the struggle for territory, was very intense; it was nearly of the same order as the 1972 Spring offensive in many places. It is continuing, but I believe at an abated level.

Senator KENNEDY: It would appear from one of your comments that, of course, the civilians were caught in the cross-fire of the war itself, and they suffered very serious casualties and enormous kinds of disruption and uprooting and lost homes. Now, it would appear from your later comments in your statement that they are once again caught in the crossfire of political struggle, and once again they are the victims of the political battles as they have been the victims of war battles in earlier times.

Mr. KLEIN: I think they are probably caught more seriously now than at any time in the past. Previously they were the “hearts and minds” to be one, but territorial considerations did not enter in. Today, however, they represent the potential for control of territory. In this process of demarcation and trying to establish areas of influence they are a potentially mobile population, and there is a real danger they may be used for political purposes. Either they will be moved into areas for political purposes or they will be denied access to areas for political reasons.

This is, I think, of great concern, particularly in the post cease-fire period, when we feel the nature of our humanitarian assistance ought to be disassociated from political and military objectives, as I suppose was unfortunately logical during the wartime years.

Senator KENNEDY: What impression did you gather—if refugees wanted to return to their home communities, to their little rice paddies or fields or homes that may have been destroyed in the course of the war, but that area is now under Viet Cong control, but there is no battle there? Assume that area is now quiet, and there is no contest. Did you gather any impression as to whether they would be able to return to those areas?
Mr. Klein. That is a question which we addressed ourselves on a number of occasions. I think there is not a single answer, but perhaps several answers.

First of all, the GVN does not want the population now under its control to move under the control of the PRG. Therefore, the overwhelming impression we gained was the refugees would not be allowed, certainly not encouraged, to return to PRG-controlled areas.

To this it must be added that many of the refugees, if not all of them, suggested that they would not now want to return themselves to PRG territory. Whether or not they were reflecting their real feelings or responding to us as Americans in the company of Vietnam officials is impossible to say.

But, again, one has the very distinct impression that these people could not move of their own volition. I think this control phenomenon probably applies to the other side and what is happening there as well. People are being used for national purposes rather than the nation being used to assist the people.

Senator Kennedy. Did you gain any impressions about the conditions of people who lived in South Vietnam, but who lived in areas controlled by the Viet Cong—as to their well-being, their health, and their condition?

Mr. Klein. Not definitive by any means, Mr. Chairman.

I think we have the impression that in a material sense many of the people that lived under PRG control were probably nowhere nearly as well off as people in GVN-controlled areas. This is the logical result of the material available and the money available and the false economy established by the war.

I think that is as far as I can go. We had no distinct impression.

Senator Kennedy. Was the recent increase in the number of refugees a result of people living in PRG areas being dissatisfied and leaving PRG areas, or did you form any impression as to the reason? Was it a result of combat activities? Did you draw any conclusions as to the reasons for the current increase in refugees?

Mr. Klein. I can remember no discussions on this trip, or from more than a dozen visits to Vietnam over the past 3 or 4 years, in which I ever heard of refugees leaving PRG-controlled territory simply because they did not want to live there, other than some instances when the PRG and the Viet Cong were quite obviously using the population under their control for corvee labor or where they were being heavily taxed. The primary reason for moving has always been a matter of physical security.

I have the impression, and I must say it is quite subjective, that the population of Vietnam really wants to stay where it is, or has wanted to stay where it was, except for reasons of physical security which required movement. The terribly unfortunate result of these many protracted years of warfare is that most of the rural population has been forced, for reasons of physical security, to move away from their homes once, or many times. Many of them are now string out along main highways away from their land and homes almost permanently. This is what someone called string town Vietnam.
Senator Kennedy. How do you account for the large increase in the number of refugees recently?

Mr. Klein. The level of fighting last year, and in the spring of this year, was extremely intense. It was back and forth. One town we visited along the coast, Sa Huynh, had been attacked, shelled, and mortared by the PRG immediately after the cease-fire agreement. The population was pretty badly hurt. Then the GVN counter-attacked with even heavier shelling and bombing and, again, the population was driven out with heavy casualties. At the time of our visit the GVN had a precarious hold on the town and very, very few people remained. Dr. Caper showed you some of this village in the slide presentation.

There was heavy fighting in recent months, and I think it must be remembered that in the last 2 or 3 years the PRG have brought in much heavier military equipment than they had earlier. They are using heavy artillery and rockets now which are disastrous when applied to populated areas.

Senator Kennedy. Senator Fong?

Senator Fong. Do you feel that the South Vietnam Government is holding these refugees for fear they will go with the Viet Cong?

Mr. Klein. I don't think over to the Viet Cong specifically. Senator Fong. I think the Vietnamese Government, at the time we were there, and there may have been some changes since, was reluctant to see refugees return to areas that they did not feel the GVN controlled, not only in terms of military control, but with the GVN infrastructure of popular forces and political control. So that we had the impression that refugees could not return to the southern provinces of Quang Tri before the Government set up its full apparatus.

Now, there are also reasons why the refugees themselves might well be reluctant to return. First, there were all the antipersonnel devices that Dr. Caper mentioned. It simply isn't safe to return to some areas.

Secondly, the Government was making a clear attempt to provide reconstruction materials to help refugees return to their former homes on the Government's own timetable.

In summary, I would say that the GVN, at the time of our visit, wanted to move refugees if they could be moved with assistance and political and military control. I think it would be highly unlikely that the GVN wanted people to trickle back to contested areas where they would readily come under the control or influence of the PRG.

Senator Fong. Has there been any trickling back?

Mr. Klein. It wasn't a trickle, it was a drop or two. In Quang Tri, where the Government was positioning lumber and where they had not yet cleared away antipersonnel mines, out of a population of 1,000 or 1,500 two or three people had thus far returned. One old man that was there had come back because he just wasn't about to be elsewhere; this was his home. He just looked that stubborn; and that is all there was to it.

One of the problems is to trickle back represents a transportation problem. These refugees were down in Hue, some distance away.
'Senator Kennedy. How do you account for the large increase in the number of refugees recently?'

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One of the problems is to trickle back represents a transportation problem. These refugees were down in the south some distance away.
Senator Fong. Down in Hue, for these refugees is not a real home?

Mr. Klein. I think that is right. And because the cease-fire agreements call for elections sometime in the future, and I don't think anyone knows when they will be held, because neither side is going to agree to elections until they have an advantage, and right now that seems sort of stalemated. These refugees represent a large number of votes which could be moved or allocated to particular areas. This is why we are concerned about this question of resettlement. I think there is a fight for the allegiance of these people, a continuing fight that has been going on for years. This is compounded now by what I feel is both sides' desire to establish territorial control as well as control over people.

Senator Fong. By the flight to the south, it shows where the people's heart is?

Mr. Klein. I would suggest not. I would suggest that people flee to where they feel they will be physically secure. By and large the greater firepower has been on what was then the U.S. and GVN side. So you flee, not away from the firepower, but toward it, because that way you don't get killed.

Senator Fong. I was very interested in your observation that we should cut out bilateral aid and get into multilateral assistance.

Mr. Klein. I feel this very strongly. We have established a dependent relationship both ways, but this is unhealthy for America and South Vietnam. Certainly we have an obligation to the people of South Vietnam, and I think it is clearly the administration's policy to continue rather massive assistance to South Vietnam. But I think the nature of that assistance ought to be changed. It ought to be humanitarian aid. I think our aid program ought to reflect the changed circumstances.

This does not suggest that we ought to reduce aid simply because of our military withdrawal, but that we ought to be very clear in our own minds what this aid is going for [see fig. 2], and require it be used for the purposes it is sent. We are not now tied to short-term political and military objectives as we were prior to the cease-fire.

Senator Fong. What assistance are they getting from other countries? What is the ratio—say, we put in a dollar, how much are other countries putting in?

Mr. Klein. I do not have the figures on that. I know there has been some input; [see appendix I]. I believe the administration and others should try to generate more multilateral assistance to South Vietnam, both through other countries as sovereign nations and through international consortiums or international agencies. I think, but I can't document this, that there has been some increase in this area. There was something in the newspaper this morning about future Japanese aid. There has been some increase in multilateral aid, but I would hope we will exert far greater effort to get other nations involved in helping this developing nation which is now, we hope, coming out of a protracted and horrendous war.

Senator Fong. If we did that it would be construed by the Vietnamese as if we were deserting them; wouldn't it?

Mr. Klein. I don't believe so, Senator. This is a personal observation. If we were active in developing other sources of economic...
South Vietnamese Budget for 1973
Total: $870-million

- Interior Ministry 6.8%
  (National Police, Prisons, People's Self-Defense Force, etc.)
- Public Health Ministry 0.9%
- Education Ministry 6%
- Ministry of Veterans 5.6%
- U.S. Funded Special Program 7%
  (Includes only small portion of United States aid)
- Social Welfare Ministry 0.32%
- Other Departments 20.4%

Total American Aid to South Vietnam
(Current fiscal year)
Total: $2.5-billion

- Agricultural Programs 0.16%
- Commercial Import Program 12.8%
- Public Health 0.5%
- Food for Peace 6%
- Education 0.14%
- Public Works 0.48%
- Miscellaneous 3.92%
support, I think this would be known to the South Vietnamese and probably appreciated by them. This, again, is a personal opinion, but I am not sure that the South Vietnamese individually are happy about being in this dependent, client status, vis-a-vis the United States. There has been a good deal of anti-Americanism in South Vietnam, and I think one of the reasons may be this massive dependence they have on us. I feel they would be much happier if they felt the United States was one of a number of sources of aid to their country.

Senator Fong. Thank you.

Senator Kennedy. Thank you very much, Mr. Klein, Dr. Dumpson, and Dr. Caper. We will include the full text of your statement in the record.

[Following is the full text of the statement by Mr. Wells Klein:]

STATEMENT OF WELLS KLEIN, MEMBER OF THE SUBCOMMITTEE STUDY MISSION TO SOUTH VIETNAM

Mr. Chairman, my name is Wells Klein and I am the Executive Director of the American Council for Nationalities Service. With me is Dr. James Dumpson, Dean of the Graduate School of Social Services at Fordham University. Dr. Dumpson and I recently visited South Vietnam in our private capacities as consultants to this Subcommittee, and as members of the Study Mission which the Subcommittee dispatched to evaluate post-war humanitarian problems in Indochina. The testimony and recommendations which we are presenting this morning are based on our individual findings and observations. However, I believe they represent the consensus of the Study Mission.

As you know, the original purpose of the Study Mission survey was both to assess the current humanitarian problems of refugees and civilian war victims in South Vietnam, as well as to consider future requirements for post-war relief and reconstruction in light of the cease-fire agreement. Sadly, at the time of our visit in March, and since, the cease-fire has been more in name than in fact. On our first day in Saigon we were introduced to the term “ceaseless fire”, a term used by a senior Vietnamese official to reflect his evaluation of the conditions then pertaining. We soon learned that the prospects of focusing primarily on post-war humanitarian problems, as distinct from wartime concerns, was impossible in view of the continuing violence and the steady toll of refugees and civilian casualties.

Whatever the recent “reinforced” or “renewed” cease-fire agreement may mean in terms of lowering the current level of conflict, it is clear that most of the old political dilemmas and the attendant military and territorial problems remain unresolved. These issues have been at the root of the problem in Vietnam for two decades, and they are unlikely to disappear without resolution simply because of the cease-fire agreement. In other words, the basic confrontation in Vietnam remains much the same although thankfully, the nature of our direct involvement has changed.

With these considerations in mind, a major focus of the Study Mission became the question of what is our appropriate role in helping the South Vietnamese people meet their massive problems of relief, rehabilitation, and reconstruction within a moral and political framework which is at once both practical, and acceptable to the American people and the people of South Vietnam.

Mr. Chairman, before going into the question of our future role I would like to report to the Subcommittee on our assessment of the current refugee problem and discuss some of the factors which we believe have, and which continue to contribute to what, in the blondest terms, must be described as an unacceptable situation—unacceptable as measured by what could and can be done, as against what has and is being done.

To understand the current crisis that confronts the people of South Vietnam, as well as to begin to assess the needs for future relief and rehabilitation, it is necessary to review some of the frankly terrible statistics on refugees,
civilian war casualties, widows, orphans, and the many other discrete categories of people disadvantaged by the war. These figures tell us, in cold abstract, dehumanized form, at least in part what more than a decade of conflict and violence have inflicted on the land and the people of South Vietnam. Conflict is not one-sided, and we are not now pointing fingers in accusation but rather delineating results and describing the dimension of the humanitarian problems now confronting the people of South Vietnam.

In developing this information the Study Mission consulted officials in the U.S. Mission both in Saigon and in the field. We also met with numerous officials and ministers of the government of South Vietnam. The Study Mission was able to travel extensively throughout Military Regions (MR) I, II, and III. Paraphernally, may I mention our appreciation for the many courtesies shown to us by the U.S. Mission personnel in facilitating our task. We visited far north as Quang Tri and Hue, as well as Quang Nam, Quang Ngai, and Qui Nhon. Not only did we stop in the provincial capitals, we also visited many of the district and rural areas. In addition to these coastal areas we visited Kon Tum, Pleiku, and other areas in the highlands were Montagnard refugees are located. Finally, we visited a number of refugee and resettlement sites in the provinces of MR III. In our twelve days in South Vietnam we visited a variety of refugee centers, hospitals, schools, orphanages, rural dispensaries, and other civilian facilities. We travelled freely and often arrived unannounced. We spoke with many Vietnamese civilians and with international voluntary agency personnel both headquartered in Saigon and in the field.

For the hearing record I shall submit statistical tables compiled by the Study Mission based both on the Subcommittee’s earlier work, as well as statistics obtained on our recent trip. However, at this point let me briefly highlight our findings in quantitative terms.

REFFIGES

Surely the most enduring legacy of the Vietnam war will be its cumulative impact on the lives and the social structure of the people of South Vietnam. Over half of South Vietnam’s estimated population of 18 million people have been forced to move as refugees, often many times over, since the war escalated in late 1964 and early 1965. As Table I indicates, the cumulative total of refugees since 1964–1965 now stands at 10,369,700.

How many of these refugees are still in refugee status is a matter of definition as well as numerical count. At the time of our visit in March of this year there were 660,000 refugees officially acknowledged to be in temporary refugee status and several hundred thousand estimated in “out of camp” situations. As Table IV documents, nearly a million refugees are still in officially identified camp locations.

As always, the most accurate index of conditions in the countryside, of the level of conflict and violence, is the number of refugees fleeing the countryside and the number of civilian war casualties filling hospital wards. By this measure, the daily average of new refugees during the Study Mission’s visit—some 6,000 a day—resembles the level of violence during last year’s offensive. As Table IV indicates, 1,088,000, refugees have been generated since the beginning of the offensive on March 31, 1972. In comparison, the rate of post cease fire refugee flow is still between one and two thousand per day as shown in Table IV. Further, recent reports from Saigon indicate that the current flow of refugees is still at the weekly rate of 7,000 to 14,000. In June, for example, in one week 8,700 new refugees were forced to flee their homes, primarily from military activity in MR II and MR IV.

As you know, Mr. Chairman, the ink was hardly dry on the Paris Accord last January when massive offensive operations erupted in 33 of South Vietnam’s 46 provinces. Both sides offended as each tried to shape a ceasefire line to its own advantage. This process apparently continued through on a reduced scale, despite the “renewed” ceasefire agreement. One could detail the military activity and its refugee and civilian casualty fallout at much greater length. But the overwhelming impression one receives in Vietnam today is that nothing much has changed except the absence of American uniforms. When we were in Da Nang in mid-March, the South Vietnamese admitted to firing 40,000 rounds of artillery daily, most of which was not to counter-operations from the other side, but primarily H & I fire (harrassment and interdiction).
Again, it is too early to tell what affect the recent accords will have on the level of military activity in Vietnam. Assuredly, as we have said before, the basic problems, as seen by the Vietnamese, have not been resolved. The number of civilian casualties seem to remain high. According to the most recent official statistics on the admission of war related casualties to hospitals, some 3,000 to 4,000 civilians are being admitted each month. This is a very dry, meaningless statistic, unless you just happen to be one of these 3,000 to 4,000 people or part of their family. This is not meant as melodrama, I just wish to emphasize that we are talking about people, not numbers.

As in the past, however, these officially reported hospital admissions exclude civilian casualties treated elsewhere, those not treated at all, and most significantly, those civilians who were killed outright or died before receiving treatment, to lie buried and never counted. Taking these factors into account, and based on some of our observations at provincial hospitals, it is estimated that civilian war casualties, both killed and wounded, would probably fall to record all in this category, but as of the signing of the second peace agreement in June, there were over 60,000 amputees in South Vietnam, with 75% still in need of prosthetic devices.

To continue the recitation, there are over 8,000 paraplegics, 1,000 of whom we saw wasting away in a Vung Tau clinic with little rehabilitative treatment and scarce hope. The war has also left some 40,000 people blinded or deaf—what more can one say—there is essentially no rehabilitation available for these people whatsoever.

Mr. Chairman, the various human problems created by this war cannot be neatly categorized as "refugee" or "civilian war casualty" or "orphans" or "war widow" problems. Taken together these problems constitute—and I use the term advisedly—a massive, long term, social and rehabilitative problem involving literally millions of people and affecting the entire population both in terms of physical well-being and economic productivity.

Over the years, one of the primary concerns of this Subcommittee has been refugee conditions in Vietnam. At periodic intervals the Subcommittee has heard testimony describing these conditions and repeatedly urging rectification. This morning I shall add the latest installment to the long litany of human suffering, but with the addition of this explicit if rhetorical question: with all of the experience we and the Vietnamese have gained over the past nine years, why has so little changed?

According to AID statistics, as of July 13th, 471,400 refugees were living in identified locations, primarily in MR I, especially in and around Da Nang. As in the past, this total represents only those in "identified locations" where refugees have registered and are still receiving assistance. However, many other thousands of refugees remain in completely dependent status though their entitlement to benefits has expired and they are no longer reflected in refugee statistics. To put the case bluntly, refugee statistics bear little relationship to who has been displaced by the war or to what portion of the population is economically independent and viable.

Once upon a time Vietnam looked like most other agricultural countries. There was a direct relationship between the population and the land, people lived near or on the land they tilled. From the air lowland Vietnam was a patchwork quilt of paddy land and small family compounds. Today an aerial view gives the impression of an askew cats cradle. In many parts of the country, particularly MR I and MR II, the population has been totally displaced and strung out along the roads for physical security from both sides. This dislocation of population far exceeds anything reflected in any refugee statistics.

The Study Mission spent a considerable portion of its time in refugee camps and relocation sites; particularly in the northern regions and the highlands. I regret to say that with few exceptions the problems confronting the newest crop of refugees, those resulting from the spring 1972 offensive and from the