RELIEF AND REHABILITATION OF WAR VICTIMS IN INDOCHINA
PART II: ORPHANS AND CHILD WELFARE

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
MAY 11, 1973

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RELIEF AND REHABILITATION OF WAR VICTIMS IN INDOCHINA

PART II: ORPHANS AND CHILD WELFARE

FRIDAY, MAY 11, 1973

U.S. Senate,
Subcommittee on Refugees and Escapes of the Committee on the Judiciary.
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 2226, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman), presiding.

Present: Senators Kennedy (presiding), Hart, and Fong.
Also present: Dale S. de Haan, counsel; Jerry M. Tinker, staff consultant; Patricia Carney, secretary to the subcommittee; Marc Ginsberg, assistant; and Mrs. Dorothy Parker, assistant to Senator Fong.

Senator KENNEDY: The subcommittee will come to order.

Today's hearing resumes, the subcommittee's inquiry into the people problems of Indochina.

Nearly a month ago—on April 16—the subcommittee considered the deteriorating situation in Cambodia, where the number of war victims dramatically escalates each day the bombing and conflict continues. This morning we shall focus on the most pitiful of war victims—the children of Indochina, especially those in South Vietnam.

Nothing so graphically reminds us of the human debris in Southeast Asia—and of our national responsibility to help heal the wounds of war—than the cries for help from homeless orphans, young refugees, and maimed children—who are scattered by the hundreds of thousands over the face of Indochina—in North and South Vietnam, in Laos and Cambodia.

For many years their cries for help fell on deaf ears. The problems of child welfare and the needs of orphans went unattended—because governments were too preoccupied with making war.

As early as 1965, witnesses before this subcommittee told of a growing need for child welfare programs, trained personnel, and long-range planning for children in South Vietnam. And in 1967, at the urging of this subcommittee, a special AID social welfare task force was dispatched to South Vietnam to make program recommendations for the children and others disadvantaged by the war. And we will hear this morning from the Chairman of that task force. But as with so many other reports on humanitarian needs in Indochina,
task force’s recommendations were filed away and all but ignored—as conditions among the children and others in need continued to deteriorate. It was only the active humanitarian concern of many private Americans—and the leadership of voluntary agencies in this country and South Vietnam—that in recent months has finally turned our Government around—and at least moved it from lip service to tokenism in its concern for young war victims in South Vietnam.

As members of the subcommittee’s recent study mission to Indochina will report this morning—because of past failures and neglect, we are faced today with a back-log of responsibilities toward the youngest war victims in South Vietnam and Indochina. We are faced with a regional crisis of children. We are faced with an urgent need to redouble our efforts to help them—through international channels and voluntary agencies in the field.

In 1965, as we began our massive involvement in the war, children were born in Indochina. Some of these children survived and today are at least 7 or 8 years old. But because of the war some are now orphans. Some are half-orphans. Some are abandoned in the streets by parents unable to care for them. Some are stunted in mind and body from malnutrition and disease—and from the squalid conditions of the refugee camp or shanty town where they may have lived for many years. Some are burned or maimed. And some are without limbs. But they all represent the crisis of children in Indochina—millions of children in need. And we must not walk away from our national responsibility to help them.

Our first witnesses this morning will be members of the subcommittee’s recent study mission to South Vietnam.

We are pleased to welcome Dr. James Dumpson, Mr. Wells Klein, and Dr. John M. Levinson.

Dr. Dumpson is dean of the Graduate School of Social Service at Fordham University, New York, and has a long record of service both in social welfare and in connection with problems of refugees and war victims in Vietnam.

In 1967, Dr. Dumpson served as Chairman of a special Social Welfare Task Force that went to South Vietnam. He has testified before this subcommittee on the findings of that special task force.

Dr. Dumpson served for 7 years as commissioner of Public Welfare for the city of New York, and he is the immediate past president of the National Conference on Social Welfare.

I also wish to welcome the second member of the study mission, Mr. Wells Klein.

Mr. Klein is the executive director, American Council for Nationalities Service, New York, and was previously a consultant to the subcommittee. He has long experience in dealing with the problems of children in South Vietnam, both in the work of voluntary agencies and Government agencies. He was associated with the American Branch of International Social Service, an organization with long experience in the problems of the children in Vietnam.

And our other witness, Dr. John Levinson, is a private physician and gynecologist from Wilmington, Del., and a member of the Subcommittee Study Mission to Indochina. He has served as consultant to the subcommittee on several occasions since 1968. In fact, I trav-
eled with Dr. Levinson to South Vietnam in 1968. We spent 10 days together there, when he was a consultant with this subcommittee, and he had served in Indochina for a number of years prior to that time, and has had considerable experience in the medical and social needs of refugees and civilian war casualties.

We will start with Dean Dumpson.

STATEMENT OF DR. JAMES R. DUMPSON, DEAN, SCHOOL OF SOCIAL SERVICE, FORDHAM UNIVERSITY, NEW YORK, AND MEMBER OF THE KENNEDY STUDY MISSION TO SOUTH VIETNAM, ACCOMPANIED BY MR. WELLS KLEIN, EXECUTIVE DIRECTOR, AMERICAN COUNCIL FOR NATIONALITIES SERVICE, NEW YORK, AND MEMBER OF THE KENNEDY STUDY MISSION TO SOUTH VIETNAM; AND JOHN M. LEVINSON, PRIVATE PHYSICIAN IN GYNECOLOGY AND PAST CONSULTANT TO THE SUBCOMMITTEE, AND MEMBER OF THE KENNEDY STUDY MISSION TO INDOCHINA

Dr. DUMPSON. We recently visited Vietnam in our private capacities as members of the study mission this subcommittee dispatched to investigate postwar humanitarian needs in Indochina. Both Mr. Klein and I have worked in or visited Vietnam on numerous occasions in the past and have observed, at first hand, the steadily deteriorating conditions of children in Vietnam over the last 8 years. We come before the subcommittee this morning, as individuals and as Americans, deeply disturbed over the welfare of children in Vietnam and deeply disturbed by the lack of sensitivity and responsible initiative our Government has shown to even the most minimal needs of these children.

Since 1965 witnesses have come before this subcommittee to testify as to the growing needs of children in South Vietnam. I myself testified nearly 6 years ago after heading a Social Welfare Task Force to South Vietnam on behalf of the Agency for International Development. But despite this subcommittee’s concern—and the concern of others in the Congress and countless Americans—little was done to meet their needs, even as the numbers of orphans and homeless children increased.

Mr. Chairman, before presenting to the subcommittee our testimony this morning, we believe it would be helpful to pause for 5 minutes to show the subcommittee a brief film that helps capture the sense of the problem, a visual sense of the difficulties orphanages in South Vietnam face today.

The scenes were taken by a correspondent for NBC News, but are in areas which we visited and which we will show with our own photographs later on.

We believe this short film will help, visually, to set the scene for our testimony this morning.

Senator KENNEDY. Fine. We will see the film.

[Showing of film.]

Mr. Chairman, when we speak of the children of Vietnam, we are speaking of half the total population—that half, 14 years and
The gravity of the situation of children in Vietnam should surprise no one who can put two and two together and reach four: What surpasses surprise, however, is the insensitivity of our Government, with some few exceptions which we shall detail later—the insensitivity to the situation that exists in Vietnam and to public concern here at home.

Senator Kennedy. Dr. Dumpson, why do you think we have been so insensitive? Certainly the American tradition and concern about children has been a very essential part of our ethic since the earliest days of the Republic.

Is it because of governmental policy; is it inertia; is it higher priorities in other areas?

Certainly the American people, I think, have an enormous sense of compassion and concern about children in this country and throughout the world. We have shown that throughout our history.

Why is it so different in this case?

Dr. Dumpson. I think, Mr. Chairman, in my judgment it has been because of our order of priorities—a preoccupation with military concerns and with the political concerns in Indochina—and the lack of concern about humanitarian considerations.

Also, except for this subcommittee, in my judgment, very little has been said to the American people about the plight of children in Vietnam.

One has to pore over the records to find the kind of concern to which you refer, ever expressed by our Government for the children in Vietnam.

And as we will point out in our testimony, the efforts that have been made have been made pretty much in response to crisis situations—short-term situations—that might explode and embarrass someone somewhere if something wasn't done.

But there has been no effort directed toward a comprehensive approach to deal with the long-term humanitarian concerns of Vietnam, and particularly to the needs of children.

Senator Kennedy. It is such an irony to me that, as we run through the justifications of many administrations for our involvement in the war in Southeast Asia, we are always talking about helping the people, and trying to justify our policy because we are concerned about people.

And yet, the people, in this particular case the children, are really the forgotten individuals. And this has been true almost from the beginning. What does self-determination mean to a refugee or an orphan?

But you have a good statement; would you continue?

Dr. Dumpson. Following up on your question, we would submit, Mr. Chairman, that these children do not represent a political problem to be dealt with in terms of partisan politics, nor do they represent a problem in the allocation of resources. They are simply a
large number of children for whom we share a responsibility—who desperately need our help—help which is not now forthcoming. At the end of this testimony, we shall submit some specific recommendations which we hope this subcommittee, the Congress, and the administration will consider as immediate steps which can be taken to alleviate some of the pain and heartbreak, and damage, and begin to turn the situation around so that the children of Vietnam may have a future.

We have spoken of 8 million children, but who are these children—what has happened to them—what are their needs?

Wherever one observed children in Vietnam, one observed children deprived of their birthright to grow and develop in security with the sustained support of one or more meaningful adults in their lives. There are over 700,000 orphans or half-orphans in Vietnam. They have been torn by years of war from their families or have seen their families decimated about them. Their circumstances vary, but in most every case they lack the minimum physical and or emotional requisites for healthy growth and development.

We have heard much of the need to establish “stability” in Vietnam. By this is meant economic stability with the various supply and demand factors in some order of balance. The need for such economic stability is not disputed. But what about social stability? What is stability for 700,000 orphans? It is more than solving a balance-of-payments problem; it is an environment in which they can grow and mature with adequate food, clothing, shelter, physical and emotional security, and human contact.

Today, over 750,000 persons are crowded into approximately 128 refugee camps in South Vietnam. Half of these are children. In camp after camp, one observes children suffering from malnutrition, children with scarred bodies, eye sores, eye cataracts, missing limbs, scarred face or limb tissue, some naked or half naked. One observes children who are hungry because of bureaucratic red tape or sheer malfeasance. And if this were not enough, the refugees and their children face a particularly bleak future in this would-be postwar era—an era often referred to by some of the South Vietnamese as that of “ceaseless fire.”

They are pawns in the game of who controls the most population. For most of these children there is no prospect of returning home. They are subject to the relentless pressure of defacto physical confinement in squalid, unbelievably crowded conditions. Children need to play—to move—they need stimulation and new experiences. They need physical and emotional security. The refugee children have none of this, and as time passes, inevitably the lethargy syndrome becomes more and more entrenched and their prospects for healthy development become less and less possible.

Some 28,000 children are known to be in orphanages. With rare exceptions, the care of these children is deplorable. The serious, dangerous overcrowding, particularly in group care for infants, is nothing short of shocking. In one institution designed to care for less than 100 children, we found nine dedicated nurses, four of whom are practical nurses, caring for 120 infants below 1 year of age, 95 children between 1 and 2, and 75 or more children over 3 years of age.
In another institution equipped to accommodate not more than 150 children by the most minimal standards, we observed 400 children cared for by nine nuns, and a small component of female custodians. Among these children, as in other institutions, were numerous severely retarded or handicapped children who need and should have intensive care and protection on a 1-to-2 or 1-to-3 basis.

Mr. Chairman, there is another particular group of children in Vietnam deserving of our concern, the some 25,000 children of mixed parentage whose fathers abandoned them or never knew of their existence, but who bear the indelible imprint of their heritage. These children can be seen in the streets of Saigon and Danang, in the refugee camps and resettlement sites. Some 1,000 of these children are in orphanages, living under the conditions described above. Half of the American-fathered children in orphanages obviously had black American fathers. The remainder of the American-fathered children, black and white, at this time are living with their mothers and families in the general population.

For a variety of reasons, the needs of children of mixed parentage, particularly those already abandoned to orphanages and those whose fathers were unquestionably black, command a high priority in our concerns for the well-being of Vietnamese children. While the great majority of the American-fathered children have not been abandoned by their mothers—and we saw much love and warmth for many of these children—as they grow into school-age and adolescence, in all probability their physical difference will give rise to problems among their peers—for the black child, because he is black, and for both the black and white child, because their mothers, "did business with the Americans," as was expressed by one of the children's grandmothers in a refugee camp.

Of very real concern is the black child. There is no question that the black Vietnamese child will face serious problems of social rejection based on his physical difference. The experience and present social position of children fathered by French Senegalese troops during the 1945-54 period presents supporting evidence to this contention. Furthermore, there is no black community in Vietnam. These children will grow up and live in relative social isolation, as have their French-Senegalese predecessors.

Meeting the needs of these children presents a number of issues that must be recognized and ultimately resolved by the Government of Vietnam, hopefully with real and substantial assistance from the Government of the United States. First, recognition must be made of the fact, frequently noted by Vietnamese officials, that these are Vietnamese children and the government affirms its ultimate responsibility for all Vietnamese children. This position, in our judgment, must be supported by the Government of the United States and all of the voluntary agencies concerned with child welfare in Vietnam.

Any program, however well motivated, that does not accept this fact, does violence to the welfare of all the children in Vietnam.

Second, serious questions must be raised concerning the capability of the Government of Vietnam, at this time, to meet the special needs of these children. A statement of public policy is one thing, translation of that policy into a meaningful program, for those for whom it is designed, is quite another matter. In the foreseeable pres-
out, the needs of children of mixed parentage, particularly those whose fathers are black and who already have been abandoned to orphanages, cannot be met. Alternative acceptable care to a continued orphanage existence must be found.

Third, while high priority attention must be given to this relatively small number of disadvantaged children, it must be done within the context of the pressing needs of other disadvantaged children in Vietnam who are not racially mixed, who may or may not live in orphanages or refugee camps, and who may not be abandoned. This issue underscores the war-induced plight of the great majority of Vietnamese children. They are all war victims as are their mothers and most other adults in Vietnam. 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 the term.

Mr. Chairman, before proceeding to our recommendations, it may be useful to detail exactly what our Government has or has not done, in regard to needs of children in Vietnam. Until 18 months ago there was essentially no U.S. Government program directed towards these children.

Senator KENNEDY. At this point, you know our Government has been supporting the prisons over there in South Vietnam, as I understand, since the mid-sixties.

We have provided, as I understand it, approximately $6.5 million to keep political prisoners in prison in South Vietnam, but we have been unwilling until relatively recently to begin to embark upon any kind of a program to do anything to help orphans in orphanages.

What is your reaction to this reality?

We talk about being able to get bombs and machines of war over there and deliver those to places at the earliest possible time, and the kind of support our Government has given to the prisons. And yet we are unwilling to do much about the children. It just amazes me.

Dr. DUMÉZÉ. Children around the world. Mr. Chairman, have had few advocates, and in Vietnam up until fairly recently, children have had no advocates.

The few voluntary agencies that have been in Vietnam attempting to meet the needs of these children, the religious groups that have been there, have not had, up until quite recently, the full support of the Government of Vietnam, nor, I must say, of our own Government except when a crisis arose, or when it would hit the press, and we would be embarrassed or the Government of Vietnam would be embarrassed.

Political prisoners, of course, have a certain appeal. They represent political leverage for governments wherever they are. But children, unfortunately, do not as yet have political leverage.

While some assistance has been available to children through Public Law 480 food distribution and through the refugee program, this was indirect assistance not primarily designed to meet specific child welfare needs.

Also, at one time, the U.S. Government gave substantial support to U.S. and international voluntary agencies working in Vietnam, some of which was directed towards children. By the spring of 1971,
however, it was no longer U.S. Government policy to support the voluntary agencies. This was the process of deescalation, and with some sort of incomprehensible logic, our Government chose to deescalate voluntary agency support and the already minimal assistance going to children as one of its first steps.

In a way, the timing of this deescalation was fortuitous, for it came at the very moment when a large segment of the American public was becoming increasingly concerned for the welfare of children in Vietnam. The downgrading of voluntary agency support and humanitarian assistance to children dramatically highlighted the lack of U.S. Government concern.

Thus, in the summer and fall of 1971, several events occurred simultaneously which resulted in a dramatic reversal of Government policy vis-a-vis children in Vietnam. A number of separate pieces of legislation were introduced into the Congress which, in one form or another, called on the Government to respond to the needs of Vietnamese children. At the same time, a group of voluntary agencies made strong representations to the Government requesting priority and funding for services for these children.

Finally, and perhaps most important, the media and a significant and vocal segment of the general public began to focus attention on child welfare concerns, in effect demanding action from our Government.

As a result, since the fall of 1971, or some 18 months ago, it has been Government policy that the United States has an obligation to help the children of Vietnam. This has meant the beginning—just the beginning—of funding and priority to implement child welfare programs.

In the past 18 months the Agency for International Development has done a commendable job of initiating responsible child welfare programs and engaging the Vietnamese Ministry of Social Welfare in developmental child welfare planning.

This brings us to the present. It is important to note that we have commended the AID response in the past 18 months but not that of the Government as a whole. Quite frankly, in our opinion, AID has gone about as far as it can without support from the U.S. Embassy in Saigon and from the White House and State Department in Washington. For the present, at least, some U.S. Government funds for child welfare purposes seem to be available. However, these funds cannot be utilized effectively unless the Embassy in Saigon gives the matter of children reasonable recognition in its own priorities and reasonable support to AID and to the Vietnamese Ministry of Social Welfare.

Senator Kennedy. Explain to us why you give one part of the Government, AID, some applause for the work that they have done, and then you indicate that another part, the Embassy in Saigon and the State Department, and even the White House, have been reluctant to continue this support.

What are the American people to understand by such a statement as that?

Dr. Dummer. We observed when we were in Saigon, that AID was attempting to give high priority to the concerns of children and to support the Ministry of Social Welfare.
On the other hand, we found that that same sense of high priority is not present on the part of the Embassy in Saigon. Our Embassy must recognize that the best way to help children in Vietnam, in the first instance, is to support the Ministry of Social Welfare in its attempt to assume overall responsibility for programing, for legislation for children, and for the allocation of government resources.

But that kind of understanding has not been present in our

Senator Kennedy. Does that go back to what you said earlier about the role of priorities as far as the Embassy is concerned?

Dr. Dumpson. That's correct.

As a matter of fact, at the time of our visit, the Embassy and AID were at loggerheads with the real danger that the Embassy might pull the rug from under much of the responsible programing AID has initiated.

There is nothing useful to be gained by discussing the details of this matter, except to say that in the immediate sense, and in the long run, most of what we can do for children in Vietnam can only be accomplished through Vietnamese institutions. It is, therefore, imperative to strengthen the Vietnamese Government and voluntary agencies at the same time we are addressing ourselves directly to the immediate needs of children. This must be our policy if our assistance to the children in Vietnam is to be in their interest rather than simply a short-range response to political pressures on our part—which seems to characterize the Embassy's views.

To illustrate our testimony, Mr. Chairman, we would like to share with you and members of the subcommittee a few photographs that we took while we were in Vietnam.

The first group of slides, of which there will be six, show that the problem of children in Vietnam is part of the whole problem of refugees and war victims.

[Slide]

Senator Kennedy. Are those bunks, or beds, on the left and the right?

Dr. Dumpson. Yes; this shows the children living in crowded conditions in the refugee camp. This is one long room in which there are many, many families crowded together.

Senator Kennedy. How typical is that?

Dr. Dumpson. This is quite typical, particularly in the montagnard areas.

As you know, the montagnards prefer to live in what we refer to as communal dwellings. But if one sees a normal montagnard house, where they have full access to building materials, and so forth, it is nothing like this. And one can imagine children growing up and living in this kind of condition with adults and animals and all of the personal belongings that the families have crammed into a long corridor of this kind.

One can see what I mean when I say that these are conditions that do not contribute to the health, growth and development of children, whatever their culture.

[Slide]

This again is a scene in a refugee camp. And one of the things that disturbed Mr. Klein and me particularly as we went through
those refugee camps is the lack of concern as to what is a natural
need of children, and that is the opportunity for play, for activity,
and for some simple toys, or whatever the culture would require.

As one can see here, this is the way these children live day in and
day out, with no opportunity for exercising the birthright of every
child—an opportunity to be free, to move, to roam, and to relate to
individuals.

[Slide]

This gives you again a sense of the physical surroundings of chil-
dren in the refugee camps.

And this scene, of course, could be reproduced a hundredfold.

[Slide]

This I can only say is a montagnard child without the milk of a
mother in a refugee camp in Phu Bon, a montagnard area. You will
notice the physical condition of this child.

Again I would say to you Mr. Chairman, that this is not atypi-
cal; one can find children in this condition throughout South Viet-
nam.

[Slide.]

Senator Kennedy: These show, of course, enormous problems in
malnutrition.

But we have seen, for example, under the United Nations, what
they were able to develop in these A and B milk feeding stations in
Bangladesh, they started even during the time of the war itself, and
are now rather sophisticated, and in a wide area all over Bangla-
desh. They have been adopted in India also.

So it shouldn't be a problem, I would think, to get this kind of
nutritional program going.

It isn't really a technical problem; is it just a question of will and
priority?

Mr. Klein. Mr. Chairman, if I may comment on that, one of the
problems facing the children in refugee camps is that ever since
1966, both the American Government and the Vietnamese Govern-
ment have continually considered the refugee phenomenon to be a
temporary phenomenon, and if it is a temporary phenomenon, then
there is no need to establish elaborate programs of child feeding and so
forth.

But we know after 8 years that it is not a temporary phenomenon
in Vietnam; but it is still being dealt with in this manner. That is, it
is assumed that the refugees will go back soon or they will be reses-
tled, and there is no need to establish long-term systems for people
to be supported in refugee camps.

But after 8 years, I think this policy should have proved itself to
be inadequate.

Senator Kennedy: And we always hear the wonderful logic that
we don't want to make life too good for them in the camps, because
then they won't be willing to go home again. You usually hear that
argument made.

But, of course, what we have seen in relationship to refugees all
over the world is that no matter if you are giving them three square
meals a day, which they rarely get in any refugee camp, the desire
to return to their homelands, with the burial ground and so forth, is
so overwhelming, that they go back the minute they can. This was
true with the 10 million refugees that came into India; in a month
or 6 weeks after the violence that drove them out ended, they started
back to Bangladesh.

Of course, in the refugee camps in India, when they developed
these milk stations, the argument was always made that the people
in the local area were also in need, and they permitted those in the
local communities that were in need of milk and food supplements
to get some help. This was under the U.N., with the strong support
finally of the United States. And it worked out very satisfactorily.

It just seems amazing to me that with the kind of influence and
control that we have had in Vietnam, that this kind of program
doesn't exist in the refugee camps.

Dr. Dumpson. We did see, Mr. Chairman, in South Vietnam, a
very excellent feeding station of the kind you have just described.

And if my memory serves me right, this was a voluntary effort.

I remember there was a high school teacher with some high school
students, some nuns, and they set up an excellent feeding station.
And they go every Sunday to supplement the feeding that is done
on a regular basis at this camp.

Senator Kennedy. You remind me—one of the tragedies in
Bangladesh was that even if you gave milk out in a feeding station,
you could go 25 yards from where a milk station was and see a child
suffering from malnutrition because the mother wouldn't come—
because of her training or views about milk, and so forth.

Is this much of a problem in Vietnam?

Dr. Dumpson. I didn't sense this as a problem.

I think if the bureaucratic red tape that keeps some of the sup-
plies available from getting to children were eliminated, I think we
would have less malnutrition among children.

The mothers even in the refugee camps want very much to give
the best to their children; it is a matter of making it available.

[Slide.]

The next set of pictures will show the condition of children in
orphanages. And of course, there will be particular reference to
what we are referring to as the American-fathered children, those
children who were obviously fathered by black or white Americans.

[Slides.]

Here I want to call your attention to the problem of infant chil-
dren, whether the children are American-fathered or not. You will
notice, Mr. Chairman, the number of infants that are in care just, as
one sees them here, rows and rows of cribs, making it almost im-
possible for an attendant to get to these youngsters and give any sense
of affection or warmth to them.

One room might have as many as 75 to 80 of these cribs jammed
closely, one beside the other.

This is a scene, Mr. Chairman, of a hospital—

Senator Kennedy. What does this do, Dean Dumpson, to the
people that work in these orphanages?

You see the Sisters over there; just psychologically, doesn't it
have enormously depressing effects on some?

Are they able to withstand it?

Dr. Dumpson. Mr. Chairman, I guess if I have ever seen saints, I
have seen them among the women in attendance in these institutions,
those who are Catholics, those who are Protestants, and those who are Buddhists. They want but one thing, and that is the tools to do the job they need in order to meet just the basic needs of the children in their care. But none of them are depressed, and none of them seem frustrated, none gave any evidence of giving up. They spend a disproportionate amount of their time running around trying to get milk and the things children need.

[Slides.]
This is not an untypical institution. Obviously, this child is mentally retarded and needs a special kind of care. And yet he is there among a group of 125, 200 or 300 normal children, and left without adult supervision or care.

Senator KENNEDY. Of course, as we know, retardation can be experienced not only genetically but also from the denial of nutritional support.

[Slides.]
Dr. DUMPSON. This picture is particularly significant, Mr. Chairman, because in spite of the fact that these children are living under the conditions that they are, this grandmother whom we talked to gave us a great sense of how the adults feel about their children, given even a slight chance of caring for them.

We talked to this grandmother, and she said the mother was coming down to the camp in another couple of weeks. This child was obviously fathered by a white American.

And then she told us, yes, the mother is coming down with the other child, who is black. And I asked her, what would the mother do with these children?

And she said, "Take care of them as long as we can. These are our children."

One got a sense that in spite of the physical difference of these children, there was an attempt made by the family to accept them and care for them.

And this is the grandmother, incidentally, who made the statement that I quoted earlier in our testimony, that her daughter "did business with the Americans."

And this was not said in a derogatory sense.

But one of my concerns is, and I am sure Mr. Klein's concern is, that as these black-fathered children grow into adolescents, the real problems are going to develop.

[Slides.]
This picture and the one which will follow, shows how with a very simple device some of the basic needs of children, particularly in the area of play, can be provided.

This is a makeshift maypole, if you will, a swing. And these children are having a perfectly delightful time.

This is one of the few times we saw in a refugee camp that someone had a sense of children's needs in this particular area.

[Slide.]
This again shows that with some simple pieces of wood and some rubber, how crutches can be made.

These braces that this child has on were made right there in Vietnam as part of the training of a group of young Vietnamese who
are being trained to make devices of this sort.

[End of slides.]

Proceeding now to the future, we would suggest that any child welfare program in the immediate future—

Senator Kennedy. Do you have any estimate of the number of children in need of prosthetic devices?

Dr. Dumpson. No; I do not, Mr. Chairman.

Senator Kennedy. They are certainly in the tens of thousands, aren't they?

Dr. Dumpson. That's correct.

Senator Kennedy. I don't know whether Dr. Levinson has something on that or not.

I know that this is one of the problems we have seen there for years.

As you know, a team went out there with Dr. Howard Rusk, who of course is one of the most distinguished doctors in this area and runs a clinic in New York. They found you could set up one of these little cottage industries over there for $2,000 and provide the kind of prosthetic devices that children need.

And then, as I understand, from a medical point of view, you have to change them anyway fairly frequently; I think it is every 6 months for a child that is growing up to 14 to 16 years of age.

But you see, again the most extraordinary lack of attention to these needs. It is just a few thousand dollars to provide those kinds of devices.

It is just another area of child welfare that has not been developed.

Dr. Dumpson. And which just underscores, Mr. Chairman, where one puts his priorities, because these are not terribly expensive things to produce, and we know that selected Vietnamese can be given the know-how to make all kinds of prosthetic devices if that priority is high enough on the agenda of the government.

We have been talking quite a bit about a child welfare program. There are five elements, ingredients which must be in that child welfare program.

I would like to identify them. In Vietnam, we are talking first about programs and measures designed to prevent the abandonment of children. Among other considerations, there is need for counseling services to mothers to help them identify what is in their best interests and the best interests of their children. Mothers and their families should be helped to identify realistic alternatives to abandonment.

Improved institutional care for those children who require such care.

Improved maternal and child care including expanded day-care facilities.

And may I say that the Vietnamese have moved considerably along the way in the development of day-care facilities. We saw some excellent programs, particularly in the DaNang area.

We are talking about programs designed to reunite families with high priority assigned to children in orphanages and to programs designed to maintain children with their families.
Facilitation of adoption on a case-by-case basis for those children for whom this is the best alternative. These are immediate child welfare goals for children in Vietnam. To achieve these goals, the United States on its part must undertake the following:

One, ensure reasonable priority by all elements of the U.S. Government for child welfare and translate that priority into realistic and meaningful programs with assurance of adequate long-term funding.

Two, raise the issue of the welfare of children with the Vietnamese Government at the highest level so that child welfare programming will receive equivalent priority on the Vietnamese side. At this point, the Vietnamese Ministry of Social Welfare is at the bottom of the Government's administrative structure and receives scant support in terms of funds and personnel. It is essential that the Ministry be able to hire and train competent personnel to implement reasonable and responsible programs within a Vietnamese context.

Three, support and encourage American and international voluntary agencies to expand their programs of service to Vietnamese children in cooperation with the Ministry of Social Welfare, and under the general supervision of that Ministry.

Four, seek out multilateral mechanisms within the United Nations family and/or the international voluntary agency structure through which to channel continuing child welfare assistance in Vietnam. While the United States must continue to provide major budget support for such endeavors, our Government can best discharge its responsibility by working through multilateral mechanisms where direct U.S. involvement is minimal.

Senator Kennedy: Is it your impression that other countries would be willing to help and assist in the development of these programs?

Dr. Dumphrey: That is my judgment. And indeed, the School of Social Work that was set up in Saigon about 4 years ago was set up by funds from both the U.S. and two countries in Europe.

And I have no doubt in my mind that we would find ready supporters of this in other areas.

Mr. Chairman, in very specific terms, we propose the following immediate steps. These can and should be implemented within the next 2 or 3 months. To the best of our knowledge, no new policy formulations or funds are required. It is simply a matter of acting with a concerted rather than a divided effort, and with a sense of priority.

First, invite the establishment of, and fund, a consortium of experienced and professional competent voluntary agencies to facilitate and expedite intercountry adoption of Vietnamese children for whom adoption is legally possible and clearly the best plan. Particular priority should be given to the racially mixed child. The primary bottleneck with regard to intercountry adoption at present is the lack of adequate services and staff in Vietnam. We view this as an urgent requirement, though we recognize that adoption must still be handled on a case-by-case basis to protect all parties concerned. However, expensive services for the few at the expense of the many is unconscionable. Therefore, the consortium must
equally concern itself with providing counseling services to mothers who may be considering abandoning their children, and with the immediate upgrading and improvement of child care services and institutions in Vietnam.

Second, expedite the intercountry adoption process by assigning one additional officer to the INS regional office in Hong Kong, so that U.S. Government formalities will not represent a bottleneck as they have, on occasion, in the past. INS is planning to transfer 1,000 inspectors to the U.S. Customs Bureau in the near future. We ask that one of these be diverted to Hong Kong.

Third, the U.S. Government, through its Embassy in Saigon, should urge the Government of Vietnam to expedite passage, or interim implementation by decree, of sound adoption legislation which, we understand, is presently in draft form.

Fourth, the Government of the United States should formally transmit to the Government of Vietnam a clear statement of intent of support for programs designed to assure the welfare of children in Vietnam. This recommendation will have the dual effect of indicating American commitment particularly in terms of funds on a more than a year-to-year basis, and of stimulating the Government of Vietnam to give its own child welfare programs and Ministry of Social Welfare reasonable support and priority. One of the persistent problems is that U.S. funding is only available on a year-to-year basis. The Vietnamese, understandably, are reluctant to commit themselves to long-range programs with only a few months of funding in sight.

Fifth, the U.S. Government should strongly urge the Vietnamese Government to lift its present restriction on hiring new personnel within the Ministry of Social Welfare. At present, the Ministry does not have adequate personnel, in terms of numbers of professional competence, to supply many of the child welfare services needed.

Sixth, AID should be authorized to proceed with direct hire from outside its own personnel resources in order to replace departing child welfare personnel in Vietnam and expand the AID child welfare advisory and support program by several additional positions.

Seventh, the Subcommittee on Refugees should review the various pieces of legislation addressed to the needs of children of Vietnam which have been introduced over the past 2 years to determine whether modification of previously proposed legislation, or new legislation, is warranted to insure that we can and will continue to exercise our responsibilities to the children of Vietnam.

Eighth, the appropriate Subcommittee of the Judiciary Committee should be asked to explore some modification of our present Immigration and Nationality Act in order to enable American-fathered children in Vietnam to obtain American citizenship, if they so wish, upon reaching their majority.

Ninth, until such time as multilateral mechanisms can be determined and utilized, the Agency for International Development should continue to work with the Government of Vietnam, particularly the Ministry of Social Welfare, in an advisory and supporting role, to assist that Government in carrying out its responsibility to the children of Vietnam—responsibilities which we share. After many years of inaction, AID has initiated a well-thought-out pro-
gram of child welfare assistance in Vietnam. The continuing effort of AID should be encouraged and supported by this subcommittee and by the administration.

Mr. Chairman, we have presented a review of the needs of the children in Vietnam, and we have made some specific recommendations for meeting those needs. We do not suggest that our review has been comprehensive or that our recommendations are by any means all inclusive. However, we have sufficient confidence in our own experience and judgment to suggest that careful consideration of the views and recommendations presented this morning will significantly enhance our Government's ability to meet our national obligation to the children of Vietnam.

Thank you, sir.

Senator Kennedy. Thank you, Dean Dumpson.

You have made an excellent statement, not only in describing the situation that exists but in analyzing the record of the administration, giving credit where credit is due to the AID, and in pointing up some of the problems which they face.

I think it is a very fair, very balanced, and a very compelling statement. And the suggestions and detailed recommendations I think are enormously valuable.

As might be expected, as a complete professional in the area of social welfare and child care, you have been able to go right to the nub of the problem in terms of your recommendations, and with great precision.

I think it is enormously useful to the subcommittee and to our efforts to work with the administration on this. We will urge them to respond to every one of your recommendations, and I will ask the members of the subcommittee to join me in asking for a response.

I would gather from what you have mentioned here—I have just one or two very quick questions, and then I would like to hear from Mr. Klein, if he would like to make an additional comment, and then Dr. Levinson on the medical questions—but as I understand what you have said here, this is primarily an administrative problem; it would appear that there is a need for a determination to really do something about these problems.

I wonder if I am correct that that is a fair observation, that it is a question of priorities.

It is going to take some additional resources, I know. But it doesn't seem to be overwhelming, because as you have pointed out, we haven't really drawn on the international community, where I have found as chairman of this subcommittee, and my conversations with the specialized agencies, and also my travels and talks with government officials around the world, a great desire to support efforts to reach out to these children and others in need. So we could expect some international support.

But what is really needed is an administrative decision to really come to grips with this problem.

And what is needed now is leadership in this area to really do something to alleviate the suffering and the plight of these war victims, the children, the orphans, the maimed in Vietnam.

Would you react to that, please.

Mr. Klein. Mr. Chairman, I think we quite agree with you.
The amount of money involved in assisting the children of Vietnam is nothing of the magnitude that we have spent on other far less productive programs in Vietnam.

And restating the testimony, it can be said that what is needed is a concerted rather than a divided effort.

And you are quite right, the one thing at this point that is needed, the most essential thing, is a concerted effort with high priority at all levels of the U.S. Government.

It would be a simple matter, Mr. Chairman, a very simple matter, if one person—the President—were just to scribble on a little piece of paper: “Mr. Secretary of State, please expedite the programs for the children of Vietnam,” and pass that down the line. That would give the priority, I think, that this program needs.

Senator Kennedy. So it really isn’t legislative hangups in this area; it is really—

Mr. Klein. Mr. Chairman, I think there may be some legislative initiatives which are warranted. But the legislative process, as we know, is a lengthy process.

And I don’t think the children of Vietnam have time to wait for our legislature to go through its process while they are starving and dying in Vietnam. And, further, it is not required.

Nor do I think the American people would want this. I think the indications are quite clear that the American people, from everything that has been coming out, are concerned with the welfare of children in Vietnam, particularly the American-fathered children.

I see nothing to indicate to the contrary.

Senator Kennedy. Last year, in the AID bill, we submitted some amendments which were accepted on the floor, but we have been operating under a continuing resolution since then, and they do not apply.

I would hope that sometime you would have an opportunity to sort of examine these amendments and find out whether they cover the kind of legislation you think would be helpful, which, in effect, earmark resources and funds for these types of programs.

I would be interested if sometime you would review these amendments and see whether you think they are appropriate.

It just impresses me that the Congress is willing to act, and the American people want to act, to help the people.

I think you have seen that in the response of Congress with regard to the refugees in Bangladesh, and you have seen it in other places.

And that is why I think, again, your thought about the need for administrative action in this area, a greater sense of priority, is of such importance.

I am interested in your counseling program of mothers to prevent the abandonment of children. Could you talk just a moment about one of the problems that you have been aware of, as to how real it is, the fact that mothers actually sell children in Vietnam.

Mr. Klein. This is true, Mr. Chairman.

Senator Kennedy. And also the problem of abandoning children. Is this true?

Mr. Klein. This is true, Mr. Chairman.
I think there is very clear evidence that there is the phenomenon of the sale of children in Vietnam for adoption.

The buying and selling of children is not done out of any sense of wrongdoing, I think, by the people that do it. In their estimation it is seen as a practical thing, but one that is not necessary.

What is desperately needed is assistance to those mothers, some of whom are in situations similar to those we saw in the film this morning.

The mothers are in dire circumstances. They have been deserted by their husbands or the various men they have been living with, and they have children that they need to care for, that they are responsible for, but they don't have money and they don't have resources for them.

And then they hear about the availability—somebody is willing to give them money if they will relinquish their racially mixed children for adoption.

They then proceed to contact the person or people and work out the details.

And the fact that the mother comes and asks to relinquish the child is used then as de facto proof of the fact that she is a bad mother.

There is a bit of circuitous logic here that does credit to nobody. There may be, in some cases, where adoption is the best thing—where the mother should relinquish a child for adoption.

But that mother, who is also a human being, as well as the child, needs assistance in determining what alternatives are available and what alternative is best for her and for the child.

There are ways that a mother with dependent children can receive support in Vietnam; there are distinguished American volunteer agencies, the Christian Children's Fund, and others, which will in many cases provide necessary assistance to help mothers keep children in such circumstances.

But the mother needs concrete, immediate assistance in identifying the alternatives available in making a decision for herself and her child.

Dean Dumper, do you want to add to that? I think it is a very serious problem, and one that doesn't do us any particular credit.

Dr. Dumper. Certainly at the hospital is the crucial point where this kind of counseling is needed. The mother has three, or four children, and she is about to give birth to a fourth one. There is no father because he has been killed or has returned to the States. It is almost understandable that this mother will give this child up, that it will be her interpretation of what is best for the child.

However, as Mr. Klein has said, if there is someone at that hospital, and there was indeed a program where a group of social workers were stationed at the hospital, the reduction of abandonment at the hospital would be phenomenal, because there would be people on the spot to say to the mother, these are the alternatives from which you may choose in the best interest of the child.

But again, what is needed in Vietnam—and that is part of our plea this morning—is that the Ministry of Social Welfare be given the capability through trained personnel to provide these kinds of services.
Senator KENNEDY. As I understand, there are approximately 750,000 orphans that fall under your definition.

Could you tell us, of that number, what percent are American-fathered?

Dr. DUMFSON. First, let me say that no actual count, I think, in American terms has been made. The best estimates—and they are fairly reliable estimates—would place that figure somewhere between 15,000 to 25,000.

Some people have given the impression—

Senator KENNEDY. American fathered children?

Mr. DUMFSON. In Vietnam, yes. They are not all in orphanages; I want to make that clear.

We estimate that about 1,000 are in orphanages.

Mr. Klein tells me that he would go as high as 25,000 American fathered children. But I think what is important is, whether the figure is 15,000 or 20,000 or 25,000, the immediate concern are those 1,000 who have already been abandoned to orphanages, and these are the children for whom, we are recommending that within the next 2 or 3 months that this consortium be set up so that the best plans can be made for those children.

Senator KENNEDY. Are those the ethnically mixed?

Dr. DUMFSON. These are the ethnically mixed children, fathered for the most part by black or white Americans.

I think we are so accustomed in our country to say white and black, that we forget that we have other ethnic groups, too.

I am sure some of those children were fathered by Puerto Ricans or Asian Americans.

When we say black, we tend to mean nonwhite.

But I would like to point out that each day that these children remain in orphanages, under the conditions which you have seen here on the screen, is one more day of destruction for these children, and one more lost opportunity for their moving into an environment conducive to healthy growth and development and, ultimately, as contributing citizens of their country.

And it makes it much more difficult each day that we wait to take the child out of this cultural setting and adopt him in this country or any other country.

Senator KENNEDY. I want to welcome the questions that my colleagues might have here.

But we also have Dr. Levinson who has some remarks. He also visited North Vietnam. And it will be interesting to contrast what the particular problems are involving either orphans or the children in the North.

And, so we might have him make some comment, briefly, although we really had not planned to develop that in detail this morning, because we have the A.I.D. people here.

But I would be glad to proceed whatever way we can.

Dr. Levinson, just briefly, then, will you make some comments as to your understanding of the situation in the North.

And then we are going to have the A.I.D. people right after you.

But I think since we have Senator Hart and Senator Fong and myself here, it might be interesting if you could tell how this contrasts with the conditions in the North in regard to children.
Dr. LeVinson. Regarding the children in the North, there is a marked difference between what one sees in the South—

Senator Kennedy. Excuse me, Dr. LeVinson. I wanted to note that you were in the North as a part of this subcommittee's team.

All of these men went to Vietnam, and they were divided between North Vietnam and Laos and Cambodia and South Vietnam. And Dr. LeVinson went to the North.

Dr. LeVinson. I regret that I don't have any photographs, because my comment on the North is rather impromptu.

But there is a marked difference in what one sees in the children of North Vietnam and those in the remainder of Indochina.

I think one of the great things that they were able to do in the North was to anticipate the terrible bombing, and because of this they evacuated the children from major cities to the countryside.

This was done very carefully. And large families were dispersed, one to each different village, so that no matter what happened, the family integrity might be preserved.

There are virtually no orphans in North Vietnam, because when parents were lost, the child would be adopted by the relative with which the child was living, or adopted by other villagers.

So the great problem of orphans we have just heard about in the South is not seen in the North.

Certainly, the emotional needs of the children were well catered to, because they were put with parents and friends out in the countryside.

Their schooling was continued, something that we have not always seen in the refugee camps in the rest of Indochina.

As far as the nutritional needs of these children, Dr. Nevin Scrimshaw, who directed our team in the North, had the opportunity to examine very briefly some hundreds of these children—

Senator Kennedy. I would mention for the record that Dr. Scrimshaw is the head of the department of nutrition at MIT, and he is a world renowned expert in this field.

Dr. LeVinson. And Dr. Scrimshaw has developed a very rapid method of looking at a child, within a minute, and testing foravitaminosis on a clinical basis, nutritional needs, and so forth.

And it was quite amazing as I watched him in many of these examinations, to see that the children of the North were in good protein balance; they were getting proper nutrition, again in stark contrast to the Southern refugee children.

There was poor dental care in many of these children, but all in all, they were better off than the other children.

There are certainly far fewer war injuries to the children, I don't mean to say that there are not terrible injuries and many thousands of children lost through the bombing, but there were fewer injuries because they were dispersed to the countryside and were not left in large city areas which were so violently destroyed.

So all in all, the needs of the children of North Vietnam have been met by their people in a far more positive way than they have been in the South.

If we turn to Laos, with which I have a long acquaintance, I did some surveys there for this subcommittee, and conditions in Laos have to be described as nothing short of primitive and tragic.
It is the same old story that we used to hear in South Vietnam, namely, 50 percent of the Laotian children never survive to have a first birthday.

Diarrhea diseases are common. They are dying from all sorts of things because of the lack of public health measures.

To go back to the North, the children of the North have been well immunized against the usual childhood diseases, including polio. We see a great deal of polio in the South.

We have spotty immunization programs at best in the South and virtually none in Laos. But if you go to North Vietnam, they have fabricated their own vaccine for polio, and have been giving it to their children for some years.

So in the North, we had prophylactic measures in evacuations, prophylaxis in the form of public health measures that have been used in the North but which have not come along in the South.

And this subcommittee has heard testimony over the years about the public health needs, but unfortunately, there have never been moves which would have obviated many of these problems.

In Laos the average woman has seven children, only four of which will survive.

The average lifespan, I should say, is probably 35 years. It may be something like more than 20 years above that in North Vietnam.

In other words, the health is better there.

Senator Kennedy. Just while we are making these comparisons, Mr. Klein, do you want to make a comment about the orphan problem in Cambodia?

I know you were there, but this question is catching you out of the blue.

Mr. Klein. Well, if statistics are bad in Vietnam, they are almost nonexistent in Cambodia.

The Government of Cambodia gives us a figure which, if I remember correctly—maybe some of your staff, Mr. Chairman, could help me on this.

Senator Kennedy. 260,000, I think is the figure.

Mr. Klein. 260,000 may be high, in my estimation.

Senator Kennedy. That is orphans?

Mr. Klein. I would say that was orphans and half-orphans. It may be high for Cambodia. But it may not be high for long, Mr. Chairman, if this bombing keeps up.

The orphans are cared for probably better in Cambodia, despite the fact that there are far fewer material resources there. This is largely, because the integrity of the family has by and large been maintained in the Cambodian situation, whereas in the South Vietnamese situation, 8 years of war has almost literally pulled the family structure apart.

Senator Kennedy. Just as a final observation, one of the key differences between the North and the South seems to be the destruction of the social fabric of society and the family structure.

It would appear that the family unit has been reasonably well preserved, from what you have said, Dr. Levinson, up in the North, and I think the other witnesses have pointed out that it has deteriorated tragically in the South, and in Laos.
This seems to have a major impact in terms of the care of the children between the North and South.

Senator Fong. Isn’t this because the war was fought in the South and not in the North?

Dr. Levinson. The comment I would make, Senator Fong, is that there is such a stark contrast between the situation in the South and the North.

Senator Fong. Because the war was in the South.

Dr. Levinson. The war in the South caused millions of injuries; it caused millions upon millions of refugees, squalid camps around the cities.

And families were destroyed because of the American servicemen often being involved with the women of the country, and everything went downhill.

So the fabric was destroyed. Everybody moved centrally to the cities, and the great culture of the countryside was lost, and much of the land was devastated.

If you go to the North, what happened? We destroyed cities, but they moved, prophylactically, their people to the countryside. And throughout this evacuation and movement, they continued their schooling, they upgraded their rural health and, as a result, the fabric of their society strengthened.

So I think the moral fiber of the people in the North has, if anything, improved, while we have seen a degradation in the the South. And this is going to be a great problem for the future.

Senator Fong. Because of the tremendous number of refugees moving from devastated areas in the South.

Dr. Levinson. Right.

We saw fields abandoned, and people moved into squalor, cardboard huts around the cities, and their family life was destroyed.

In the North it was not destroyed. The cities were evacuated due to American bombing. But by and large, the people got along. And their moral fiber was strengthened.

Senator Fong. May we hear from the AID representatives?

Senator Kennedy. Sure.

Senator Hart, did you have some questions?

Senator Hart. No; but I am grateful to you for bringing us this report.

I don’t want to sound a pessimistic note, but I am sure all of us here, everybody in this room, feel we have a concern for the welfare of these children.

Mr. Klein made the flat statement that the American people are deeply concerned about the welfare of these children, especially the American-fathered children. But I am not sure we could document that.

Mr. Klein. We hope, Senator; we sincerely hope that we can.

If your fears are correct, then I think we are in really serious trouble.

Senator Hart. I hope I am dead wrong, but we don’t do very well by mixed children in America.

Senator Fong. Dr. Dumpson, you made a statement here that AID has done a wonderful job in 18 months, and then you took a
crack at the State Department and the White House, that the Government hasn't done anything.

Isn't AID a part of the State Department?

Dr. Dumpson. Yes; I suppose, Senator, that there does seem to be some conflict here.

And yet I am talking about AID in terms of what they did in the field. Where they got their instructions, I am not informed. But I am troubled by what really was a conflict between what AID was doing on the ground in Vietnam and what our Embassy was doing there—and they were not moving on the same level of concern for children.

How one explains that kind of conflict within an administrative structure, I cannot answer.

Senator Fong. The money came from the Government, from the Administration, didn't it?

Dr. Dumpson. The money comes from the Government, that is correct, sir. And also the money from the Embassy comes from the Government. But I think that AID is moving—as we observed it in the past 18 months—is moving along with its humanitarian concerns and attempting with the Ministry of Social Welfare, to develop plans that are sound in terms of child-welfare needs.

And on the other hand, as I have said, our Embassy was responding, I am sure, in fact I was told, to certain political pressures in terms of the adoption of children, the release of children that were not always in the best demonstrated interest of those children.

And that is a sorry picture, when we get two conflicting moves.

But I think it represents, Senator, something that is missing. That is a clear-cut policy on the part of our Government, and a commitment of the total Government, not just pieces of it, or branches of it, but a commitment on the part of the American Government and its people for doing what must be done in terms of the welfare of children in Vietnam.

Senator Fong. Do you know how many Korean orphans were adopted by Americans?

Dr. Dumpson. No; but I think Mr. Klein may be able to answer that for you.

Mr. Klein. That is a tough question offhand. The number of Korean orphans since the end of the Korean War, would be on the order of 25,000.

Senator Fong. How many came to the United States?

Mr. Klein. On the order of 20,000, I would suggest.

Senator Fong. Even if we adopt the same number that we adopted from Korea, that would still leave a great number of half-American children.

Mr. Klein. This is one of the points that Dean Dumpson and I feel very strongly about.

The number of American-fathered children who are now available for adoption is really only a relatively few.

There are some 1,000 American-fathered children in orphanages in Vietnam. Of that number, maybe half or more, as we saw in some of the commentary on the film this morning, are for one reason or another not legally available for adoption.
In other words, they have families; they have friends; and they could not be adopted.

So we are really talking about the adoption of, let us say, 500 children, who may be available for immediate adoption, and for whom this may be the best plan at this point.

But 500 children is not a large number of children in comparison with 8 million children who are the children of Vietnam.

Now, I think that we very clearly have an obligation to expedite the placement of these 500 children in American homes which are available, and to get them out of the very serious circumstances they are in.

But as Dean Dumpson said, to do this, to concentrate on a few at the expense of the many, is not ethical. For we must at the same time think about those children for whom adoption is not an alternative, and for whom the future is indeed bleak.

And it is not only the remaining 23,000 to 25,000 children in the orphanages, it is the 750,000 other orphans or half-orphans; these hundreds of thousands of children in refugee areas whose psychological and physical well-being is seriously endangered by this state-mated political situation which we are in, that means that the refugees sit and sit with no prospect of moving.

So while we are emphasizing the need for intercountry placement, and that is one of our 10 or 11 recommendations, we do not suggest that this should be taken out of the context of the broader needs of all children from Vietnam. And we are not in an either-or situation; we can do both if we decide to do it.

Senator Kennedy. Dr. Levinson has, I know, some testimony about the medical conditions of the children, and then we will hear from AID.

Senator Hart, raised the question about the real care and concern in this country for these children; in your report, Mr. Klein, that I saw here earlier, which you did a few weeks ago—

Mr. Klein. The critique on Vietnamese children?

Senator Kennedy. Yes; you point to what the French did. They are continuing their responsibility for French orphan children. And there are today some 400 Vietnamese that are still getting benefits from the French Government. They have recognized their responsibility for the education of those young people, and have outlined a kind of bill of rights for those that have been fathered, orphaned, and left behind by Frenchmen, which is really quite interesting.

And I think as Senator Hart has touched on, it is really going to be a question about our own society, the degree of interest we are going to have for these children in the years to come.

I thought that was a terribly interesting point. Dr. Levinson, could you begin your testimony?

Dr. Levinson. Thank you, Senator.

Since 1965, this subcommittee has estimated that approximately 1½ million civilians in South Vietnam alone have been killed or wounded in the cross fire of this still-continuing conflict.

How many hundreds of thousands of these wounded are children is virtually unknown.

We only know that in addition to continuing acute care needs, there is a desperate nutritional and rehabilitative need for these children even if the war ceased this moment.