And tragically enough, even if the war stopped today, we can predict without question that thousands more will be killed or crippled from the military ordnance that litters the lands of Southeast Asia.

And I am speaking now of children that haven't even been conceived.

Let me document these findings by some photographs and information I gathered in late September 1972. At An Loc, approximately 40 miles northwest of Saigon, are 11,000 montagnard refugees from above the An Loc area. Those were people caught in the crossfire when North Vietnamese and the Viet-Cong were attacking the provincial capital. These refugees took 2 months to journey through the jungles of enemy-held lines in order to get quartered at this refugee camp.

[Slide.]

In the first month of camp life there were 74 deaths; 64 were small children who died basically from malnutrition.

This child here has—or possibly had—because I imagine he is not alive today—kwashiorkor, a disease caused by inadequate protein instead of basically inadequate calories. He had a borderline caloric diet; it was low in protein and lacked essential amino acids to help build his body, as well as the fact that it was low in mineral and vitamins. His bladder is enlarged and filled with fat. There is fluid in his little belly; his ankles are swollen; his muscles are wasted; he is pale due to anemia; he has a poor appetite, and has nausea, vomiting and diarrhea.

Prevention of this disease is a combined public health and social and economic problem. A combined program by CARE, Vietnamese voluntary agencies and USAID of which Dean Dumpson spoke previously, has given these children a balanced feeding of milk, soybeans, and sugar, a quite tolerable mixture, and within a month the death rate of these children dropped precipitously.

These next three photographs show the feeding station.

[Slide.]

A similar remedy was just feeding these kids and giving them the protein that they need. This shows the montagnards in line. It was a good system set up by the voluntary agencies. The people were cooperating, and the children were getting fed.

[Slide.]

The big ones fed the little ones.

[Slide.]

And the last photograph just shows you the people standing in line to get basic water. Water is another group problem all over the refugee camps.

[Slide.]

Without funds to support the growth and rehabilitation of these children they will be ill-prepared to survive to fight the numerous diseases for which there is a lack of public health programs and also ill-prepared to take over their country.

Had this war not existed, or if it had not existed on the scale that it did, destroying crops and livestock, and preventing the people from obtaining fish and shellfish and protein from the sea, the problem would not be nearly so enormous.
Tragically, millions of Indochinese have marginal diets and hence die of starvation, and others will have tissue deformity the rest of their lives because of it.

[Slide.]

This next photograph is what I mean about the children. This is at the Can Tho Hospital in South Vietnam, Senator. We visited there together in 1968, as you will recall. This 14-year-old child is recovering from an amputation of the distal half of his right foot. This tragedy occurred while he was plowing a field, the plow struck some buried ordnance, and it exploded.

Many thousands of children have been killed and wounded as innocent victims. They examine a bullet, a bomb, a mortar shell, or the like, all over Southeast Asia.

This tragedy will be repeated a thousand times over.

How can I say that? I remember being in Ethiopia a few years ago and seeing there 10 children in the hospital, one with an eye out, one with a leg off, and so forth. This was the usual harvest from spring plowing.

And even back in that war, small by today’s terrible standards, 30 years later kids were picking up bombs in the fields and getting hurt.

We know in England and Germany today there are still demolition squads probing the countryside looking for the debris of war.

And when we are told that more bombs have been dropped in Indochina than in the rest of the World Wars put together, I shudder to think of how many children will be injured over the decade to come, even if the war were to stop today.

[Slide.]

The next slide takes us to Da Nang. And the night before my visit to Da Nang, 28 people were wounded by sapper attacks—that is, somebody comes along and throws an explosive charge in a restaurant and, bang, the over-crowded provincial hospital has been operating virtually night and day for over 10 years, trying to patch up the living. But then what?

Many of the wounded are children, many have lost arms or legs or hideous combinations of the loss of extremities.

In September 1972, USAID estimated to me that there were 100,000 amputees in South Vietnam, and only 4,000 were being fitted with prosthetic devices per year.

I think the number has picked up since that time, but suffice it to say that there is a long list of people waiting for artificial limbs, and there are many crippled people that have no access yet to rehabilitative services.

The South Vietnamese are attempting to do a commendable job in this regard, but we need to give them greater support and further training so that they can take care of their own.

It might be of interest for you to know that there are 30,000 blind in South Vietnam, 15 percent due to the war, but only in Saigon are there any facilities for the care of these people, and there is only a 87-bed capacity to hold 30,000 blind.

Now, we move on to the hospital at Hue.

[Slide.]
This is a hospital in Hue, one of the several provincial medical centers in that country. Here you see the tragic victims of burns, one of the greatest tragedies of the war.

These children are not getting the care they need; they are not getting antibiotics, dressing changes, nursing care, skin grafts, and so forth.

Suffice it to say that they need rehabilitation.

And that moves us to what I would really like to tell you about.

[Slide.]

The Barsky Clinic where the Children’s Medical Relief International was organized by Dr. Barsky, a renowned plastic surgeon from the Albert Einstein Clinic in New York, in 1968.

This clinic, funded jointly by USAID and voluntary agencies and donations from private Americans, is trying to put back together children that have been destroyed by war in the form of burns. And they are treating children that have a dread disease called noma. It destroys large portions of their faces, and they may need years and years of care.

Let us run through these pictures and look at this briefly.

[Slide.]

This shows a nursing unit. And I can say without doubt, having been in probably 100 hospitals in Indochina, that there are none that can compare with this magnificent unit.

When I was there, there were seven Western staff and 40 Vietnamese staff, and today there is only Vietnamese staff. It is the one thing I can say that was “Vietnamized,” if I may use the term, and that is that here the Vietnamese have been trained to take care of their own.

And I would stress the great need to support an institution such as this, because not only are they taking care of their own, but they are training plastic surgeons, anesthesiologists, nurses, et cetera, here, so you get a double-yield for the training, let alone the rehabilitation.

[Slide.]

This little girl here is one that you have all seen a picture of. Her name is Pham Thi Kim Phuc. This 9-year-old girl in June 1972, was the victim of a misdirected napalm strike by a South Vietnamese bomber on the village of Tram Bang.

Her little brother was killed and she was sent running down the highway screaming in pain as a human torch. Her photo was seen all over the world. Through the care here at the Barsky Clinic, she has been rehabilitated, and she is now a well person.

The only tragedy is, soon after she returned to her home village, her house was destroyed by another bomb.

[Slide.]

This shows the little girl closer up. You see, her arm had to be stretched out here in order to prevent the growing of the arm to the chest wall. She had to have skin graft, and she needed blood, which are too often unavailable in most Vietnamese hospitals.

[Slide.]

This is what happens to the youngster when he has the misfortune to be hit in the back by a bomb fragment. Tragically, he is para-
lyzed from the waist down; he has no control over his bowel and his bladder; he will never have sexual function.

[Slide.]
This is another child who was hit by a napalm strike and burned, and his arms are in slings.

[Slide.]
This child can't have the weight of even a sheet on his body because of the pain from burns. He will be in the hospital for years getting skin grafts and getting rehabilitated.

[Slide.]
Again a couple of young people with burns.

[Slide.]
A child with a burned face. That child had most of her face destroyed by a nutritional disease and an infection process called noma took away half of her face. And it will take years to repair. You must bear in mind that there is a 10-year waiting list for children to be cared for.

[End of slides.]
I would like to read you, in closing, a note that I received from Dr. Barsky several days ago:

We have just returned from Saigon where we entered into negotiation with USAID for the new contract covering fiscal year 1973-74. It is our understanding that if it is at all possible, CMRT will receive approximately US $211,000 and $14 million Vietnamese plasters, but to date the new amendment has not been signed.

We had requested, as part of our "bare bones budget," approximately US $220,000 and $19 million Vietnamese plasters.

We are presently awaiting further word. Needless to say, any funding will in great part depend on the allocation granted by Congress to the United States Agency for International Development (USAID). A bill is presently pending in Congress that would provide funds for the construction of a Burn Center.

Which I think, Mr. Chairman, you can see from these photographs is desperately needed.

** And the fact that nothing of certainty has developed in this respect.

In conclusion, I think what we have to say is that there is a terrible aftermath of this war in the form of rehabilitation that remains to be done at the present time.

We can calculate unfailingly that thousands more will be injured and harmed by the armament left in the ground in Southeast Asia, and I think we have a very clear obligation to do something to help.

I only hope that this subcommittee can be instrumental in helping the Congress appropriate such help.

Thank you, Senator.

Senator Kennedy. Thank you very much, Dr. Levinson, for your testimony.

From the people you saw burned, did you reach any approximation of the percentage that were a result of kerosene stove burns versus those that were war-related burns? And whether it was caused by the North Vietnamese or South Vietnamese?

Dr. Levinson. I think that is terribly important. The majority of burned people in my experience in South Vietnam have been burned from what I would call an indirect effect of the war.
There has been a shortage of cooking oil used in the traditional hut; not only to cook, but as in lamps to read by and for children to study by.

With the inaccessibility of the usual cooking oil, they use kerosene or jet fuel, and—bang!—it explodes, and then there is a tragedy.

So I think we have had a real responsibility, in that, had there not been a war, they would not have been using the wrong fuel and there would not have been the tragedy.

One other instance of this comes to mind—the tragic case of a child I saw in Laos. It bothers one's conscience. They showed me a child standing there with his arms fused to his body, with scars up and down his chest and up and down his body. And he was waiting in line to get a plastic surgeon to repair him.

His story is as follows: Of 15 cases brought out from the jungle, he was barely alive from a fuel oil fire. Had Americans not been there, he would have been using the right cooking oil and it wouldn't have happened.

But Americans were there, and the war was there, and he was burned. Through Operation Brotherhood he received blood and antibiotics and survived.

Now, according to oriental philosophy, if you save one's life, you are obligated to care for that person. That child is now waiting to have plastic surgery.

If our operation is discontinued, he will be a cripple for life, and a nonfunctional member of society.

Many people think he should have died rather than be left this way. So we have to think the way the Asian thinks too. We have saved that child, and we now have an obligation.

I feel we do.

Senator Kennedy. Thank you very much, doctor. We could go into a lot of other areas, but I think you have presented the basic problems very eloquently.

And I want to thank you very much. We will, as we have in the past, be relying on you to help us from the legislative point of view support these programs, and also to stay after the administration in ways that we can be constructive.

I want to thank you very much for your testimony.

Dr. Levinson. Should the subcommittee wish, Senator, I have additional photographs taken this past month.

Senator Kennedy. We will include them in the subcommittee file.

We would like to have them.

Dr. Levinson. Thank you.

Senator Kennedy. Our next witness is the Honorable Robert H. Nooter, assistant administrator, Bureau for Supporting Assistance in the Agency for International Development. He has been a frequent and very helpful witness to us.

And we appreciate your being with us again this morning and for your willingness to let us hear from the other side.

We want to thank you for your patience.

I sit on a number of different committees, and usually we have the administration first. And they are entitled to be heard first.

I want to recognize that for the record. But I have always found that it is most helpful, at least to me, and I think it is for the sub-
Mr. Nooter. That is quite all right, Mr. Chairman; as you suggest, it is useful and helpful.

With your permission, I would like to present a statement for the record.

Senator Kennedy. We will include it in its entirety in the record. Perhaps you would like to highlight it.

Mr. Nooter. All right.

I would like to go through it at least in summary form, because I think it does have some important bearing on the questions raised here today.

We indicate in the statement that we also recognize the dimension of the problem in roughly the same terms as the previous witnesses, that is, first of all some 50 percent of Vietnam's entire population is made up of children 16 years and younger.

We estimate that the number of orphans, if one includes children with one parent, is perhaps even a little higher, something like 889,000 children. Most of these do live with their mothers or relatives, and are cared for in the extended family system.

However, some 19,000 live in officially-registered orphanages, and another 5,000 in non-registered orphanages.

Our estimate of racially-mixed children is also around 19,000, and about 1,000 of those are living in orphanages.

Let me give a little background, which I think is important to put the problem in perspective. The government of Vietnam has undertaken, starting in the early and mid sixties, some rather massive programs of a general nature that have affected many more children than some of the more specific programs which are being described here today.

Specifically, the expansion of the school system has been quite dramatic. From perhaps 10 percent of eligible elementary school children in school in 1954, some 93 percent are now in school. School opportunities have opened up for many more children than was true in the past.

In the health field the government has undertaken a plethora of programs. They have undertaken to provide hospitals for each of Vietnam's 44 provinces, and have established a widespread network of health clinics and dispensaries.
As I recall there are over 8,000 health facilities altogether throughout the country.

The refugee program, of course, affects a large number of children, given the high percentage of the population which is made up of children.

I won’t go into that in any detail, since we have covered that in other testimony. But I would like to mention that in those refugee camps that I visited last November—and I visited camps that included perhaps a third of all the Vietnamese refugees—every camp had educational facilities and health dispensaries in them.

By no means were the conditions in those camps totally adequate; I don’t mean to imply that they are. Indeed, in some cases the schools weren’t able to handle all the children in camp, but in each case the Vietnamese government had helped the camp people to try to carry on as nearly as possible normal life while they are in a refugee status.

The Government also enacted a law in 1969 which has done more than any other single program to provide help to the orphans of Vietnam. This is what is called the Vietnamese Disabled Veterans, Dependents, and War Veterans Law. Some 55,000 Vietnamese orphans receive Government benefits under this law, because their fathers were soldiers who were killed.

The Government, through the Ministry of Social Welfare, also provides benefits to the 133 officially registered orphanages, and some 201 day care centers. More than 42,000 children receive assistance through these institutions.

The day care centers provide meals and supervise recreation while permitting the mothers to work so that they won’t have to abandon their children or turn them over to full-time orphanages.

The Ministry supports a foster home program in an effort to find homes for those children who don’t have families. And they believe that that is preferable to placing children in orphanages.

The Government of Vietnam also has a school feeding program through the school system where over 1 million children receive a diet supplement. And incidentally, the food is made available through Public Law 480 title II assistance.

The Government of Vietnam, has established, with our support, the National Center for Plastic and Reconstructive Surgery, which you already heard about this morning. This facility is directed specifically toward children; over 80 percent of the patients are minors.

A new health campaign called “Bringing Health to Villages” is now run by the Government, and has some 365 mobile health teams which go into the villages and provide inoculations, medical treatment, and examinations for healthy children as well as sick ones.

They also have a program called the “Under Six, Years of Age” program. This is an extension service of the Department of Pediatrics of the Saigon Medical School. In addition, maternal and child health clinics are being established in all urban areas, and provincial capitals this year, with the help of the AID family planning program.

Briefly, in terms of U.S. assistance, we have supported a whole range of social programs over the years. The school program and
the health program have been supported at a total cost of some $222 million of U.S. Government funds over the past 9 years.

Senator KENNEDY. Of that $222 million, can you tell us what specifically has been allocated for child welfare?

Mr. NOOTER. This is an amount which includes all of the health care programs and all of the educational assistance which we have provided.

For education, almost 100 percent is directed toward children. The amount for the health program cannot readily be separated between children and other programs. This includes the clinics and the facilities and the medicines that are used to treat the entire population. But, as we said, some 50 percent of that population is children. And so it is something in the order of that percentage of the health programs that would be beneficial to children.

In addition, we have been urging and encouraging the Ministry of Social Welfare to assess the problems, develop plans, priorities and so on, to move ahead in programs which are more specifically directed toward child care activities.

We have indicated that we will support these programs through local currency grants and Public Law 480 title II food grants.

At the same time we have encouraged the Ministry to undertake new and broader child care activities and allowances for orphanages and day care centers.

And, of course, we have financed the services of Children's Medical Relief International, and a whole range of other generalized health activities.

I would like to mention—in an effort to save time here, I am skipping over some of this—but I would like to refer to that part of the statement which talks about some of the problems that we have in this area, not only that we have, but which the Vietnamese have.

Social programs of this kind require complex and time-consuming procedures and controls if they are to be administered properly, as we have learned in our own U.S. welfare programs.

The Vietnamese are training people and setting up mechanisms to deal with these programs, but they cannot take on responsibilities which exceed their ability to administer.

Second, the Vietnamese are deeply concerned that they not embark on social programs so expensive that they cannot be continued after U.S. financial support is withdrawn.

And, third, it is important that welfare recipients do not receive benefits in excess of regular members of the society. This would lead to a mass influx of those on the public welfare rolls.

Thus the constraints in the area of child welfare are not financial, and the funds we have offered to make available to the Government of Vietnam during the last year or two for these programs has not been fully utilized.

These constraints are being addressed and gradually overcome, but we need to bear in mind that it is necessary to proceed on the basis of sound programs with good administration, and to be supportive of Vietnamese efforts while permitting them to take the lead, if the programs are to succeed.

I think in this respect we are essentially in line with the previous witnesses—Dr. Dumpson made some of the same comments—that these have to be Vietnamese programs if they are to be successful.
We also include in our statement a number of the voluntary agencies which are working in Vietnam on a number of different childcare programs, and in each case are receiving assistance in the form of AID counterpart funds which permit them to expand those activities and move along at a faster rate than they otherwise would be able to.

I refer in the statement to the problems of adoption. Again, I think our statement is essentially the same as some of the previous witnesses on this point, that is, it must be done with great care for the benefit of the individual child. This is no mass formula solution to this problem.

I will mention that AID has tried to help here by providing a grant of funds to International Social Services, so that it could expand its staff in order to help on the adoption problem.

Their personnel are very competent, very professional, and they do a good job of counseling and assisting the Vietnamese mothers and foreign prospective foster parents. They review each case very carefully and only recommend adoption when it seems to be in the best interests of the child.

There are two other private groups which are now operating in Vietnam. This whole adoption process seems to be moving along much better and much more rapidly than in the past.

So 500 orphans were processed for international adoption in 1972, which is more than double the total number for both of the previous 2 years. Of that, a little less than 400 were processed for adoption in the United States.

[The full text of Mr. Nooter's statement follows:]

STATEMENT OF HON. ROBERT H. NOOTER

Mr. Chairman and members of the committee: I appreciate this opportunity to appear before you this morning in regard to the children of Vietnam.

Vietnam has undergone major disruptions and changes during the past several years. Families have been forced to flee from their homes, many of them have moved from rural areas to the big cities, and soldier-husbands have been separated from their families for long periods. Urban life has been found to be disruptive in Vietnamese society as it has been in ours and others. These changes have been particularly difficult for the children of Vietnam. While the problems of children cannot be isolated from the problems of the society as a whole, I will try to describe the magnitude of this problem and the measures which are being taken to deal with it.

First, it is worth noting that more than 60 percent of Vietnam's entire population is made up of children 16 years and younger. There are an estimated 880,000 orphans in Vietnam, a figure which includes those children with one parent. Most of the orphans live with their mothers or other relatives in the extended family system. 19,000 children, however, live in officially registered orphanages and another 5,000 are estimated to live in non-registered orphanages. There are an estimated 10,000–15,000 racially mixed children fathered by foreigners, about 1,000 of whom live in orphanages. And last, the disruptions of the war have produced special problems of nutrition, education, and health for the children of Vietnam as well as for their parents.

VIETNAM'S APPROACH TO MEETING THE PROBLEM

The war brought with it an increased social awareness in Vietnam. During the 1960's the Government embarked on major programs of expanding education and health care on a massive scale, with substantial amounts of U.S. assistance.

In spite of the war, the school system expanded from a primary school enrollment of 400,000 children representing 10 percent of the primary-aged
population in 1964 to 2.0 million children or 98 percent in 1972. Secondary enrollment has expanded from 33,000 (38 percent) in 1964 to 80,000 (63 percent) at the present time. College level enrollments are 9,000 compared to 2,000 in 1954. Most of these schools are financed and supported by the Government of Vietnam and provide an opportunity for Vietnamese children from all walks of life to advance themselves and hence their society in the years to come.

In the health field, the Government undertook to establish hospitals in each of Vietnam's 44 Provinces. It greatly expanded its facilities for training doctors, dentists, and nurses and established a widespread network of rural and urban dispensaries throughout the nation. The Government also undertook substantial programs for assisting refugees as has been described in previous hearings before this Subcommittee.

These programs had a major impact on the children of Vietnam which, as noted previously, make up more than 50 percent of the entire population.

In the middle 1960's, the Government of Vietnam broadened the functions of the Commissioner of Refugee Affairs into a Ministry of Social Welfare in an attempt to address more fully the many human problems which became apparent at that time. For a number of years, this Ministry had to devote its major attention to refugee and displaced persons situations. During the last three years, however, the Ministry has recognized and has begun programs which address the particular social problems faced by the children of Vietnam.

The Government has stated forcefully that the care of disadvantaged Vietnamese children is of top priority. While the Vietnamese believe that a person's first duty is to his family and that children should be cared for within the extended family system wherever possible, it has also recognized that not all individual needs can be met in this way. The Government has moved ahead, therefore, with a series of programs aimed at meeting these special needs.

In 1969 the Government passed into law the Vietnamese Disabled Veterans, Dependents, and War Veterans Law aimed at providing pensions and allowances to disabled veterans and dependents of those killed in the war. Under this law, allowances are paid to 655,000 children of deceased soldiers.

The Government, through the Ministry of Social Welfare, also provides benefits to 133 officially registered orphanages and 201 day care centers. More than 42,000 children receive assistance through these institutions. The day care centers provide meals and supervised recreation while permitting mothers, many of whom are widows, to work without having to abandon their children to full-time institutions. The Ministry also supports foster home programs to provide homes for those children without families of their own. The Ministry has recently established minimum standards for child welfare institutions, and is conducting a survey of the orphanages to determine their understanding of compliance with the standards.

The Government of Vietnam, through the Ministry of Education, has also undertaken a massive school lunch program with U.S. assistance. 1,200,000 children receive a diet supplement through the program.

The Government of Vietnam has also undertaken a series of health programs directed toward children. Children's Medical Relief International supports the Vietnamese National Center for Plastic and Reconstructive Surgery through an overseas staff of six consultants. The National Center is the only modern medical facility in South Vietnam specifically designed for treatment of children requiring plastic and reconstructive surgery as a result of war injury, domestic violence, or disease and as a result of the war in the Chinese-occupied North.

A new health campaign called "Bringing Health to Villages" was started in March 1978. To date, 366 mobile health teams made up of Vietnamese staff from provincial and district health facilities provide comprehensive health services to the people each week in approximately 800 villages a week. Each week some 150,000 patients are examined, 18,000 home visits are made, 26,000 well children and 9,000 pregnant women examined, 145,000 vaccinations are given and 90,000 posters and leaflets distributed. This is in addition to the normal in-patient and out-patient treatment at the 3,800 fixed health facilities.

The Vietnamese are proceeding with a plan to improve health services to orphanages throughout Vietnam. They are now performing surveys on numbers, age groups, nutritional status, qualifications of staff, and adequacy of existing medical care. The next step is to provide training to personnel, expand sanitary facilities and improve medical services.
An "Under: Six Years of Age" clinic has been started in Saigon as an extension service of the Department of Pediatrics, Saigon Medical School. Maternal and child health clinics are being established in all urban areas and provincial capitals by the end of this year with the help of the A.I.D. Family Planning project. Plans call for such clinics in all districts by 1976.

Immunizations for children are being provided. In 1972, 2,524,000 immunizations were provided for polio, tuberculosis, diphtheria, pertussis and tetanus through the Ministry of Health. It is clear that the Government of Vietnam has become increasingly aware of the social needs of its people and has embarked on a wide range of programs aimed at meeting these needs. Schools and health clinics have been built, teachers, doctors, nurses, and social workers have been trained, and buildings have been constructed at a rapid rate. Much remains to be done and many pressing needs still exist, which is not surprising in a country of an average annual per capita income of about $175. Nevertheless, encouraging progress has been made.

U.S. ASSISTANCE EFFORTS

The United States Government has assisted the Government of Vietnam in most of the programs mentioned in the previous section. We have helped Vietnam expand its school system and its health care through a wide range of programs; which I will not elaborate on here, at a total cost of $223 million in material and technical support over the past nine years.

In addition, we have been urging and encouraging the Ministry of Social Welfare to: assess the problems, develop plans and guidelines, establish standards, and create a system of grants and contracts utilizing voluntary agencies to implement child care activities. We have indicated that we would support these programs through the allocation of local currencies and material support through PL-480 Title II Food Grants. At the same time, we have encouraged the Ministry to undertake new and broader child care activities and allowances for orphanages and day-care centers. We have financed the contract services of the Children's Medical Relief International in the establishment of the Center for Plastic and Reconstructive Surgery. Indirectly, U.S. economic support has made possible the whole range of Government activities in the fields of education and health mentioned previously.

There is, of course, much more which needs to be done. On the whole, however, I believe that we can be proud of the U.S. role in support of these humanitarian programs during time of war.

As we consider how next to proceed, we must recognize some constraints and limitations which are inherent in the situation.

First, social programs of this kind require complex and time-consuming administrative procedures and controls if they are to be administered properly, as we have learned in our own U.S. welfare programs. The Vietnamese are training people and are setting up administrative mechanisms to deal with these programs, but they cannot take on responsibilities which exceed their ability to administer. Second, the Vietnamese are deeply concerned that they not embark on social programs so expensive that they cannot be continued after U.S. financial support is withdrawn. And third, it is important that welfare recipients do not receive benefits in excess of the regular members of society, which would lead to a massive influx of those on the public welfare rolls. Thus the constraints in the area of child welfare are not financial, and the funds we have offered to make available to the Government of Vietnam during the last year or two for these purposes have not been fully utilized. These constraints are being addressed and gradually overcome, but we should bear in mind that it is necessary to proceed on the basis of sound programs and good administration, and to be supported, of Vietnamese farmers, who are permitting them to take the lead if the programs are to succeed.

In the voluntary agencies, of which there are 210 in Vietnam, child welfare programs in Vietnam also receive valuable assistance from the International Voluntary Agencies. Frequently, they are supported, in these efforts by funding supplied by A.I.D., which is in addition to their own contributions of manpower and material. These programs include the following:

International Social Service (ISS)—VN$4 million in A.I.D. counterpart support to establish family service unit in an existing community center in an area with large population of racially mixed children.
CARE—VN$44 million in AID counterpart support to provide fresh milk and lunch program for underprivileged pre-school and school aged children.

Foster Parents Plan (FPP)—VN$4 million in AID counterpart support to provide monthly nutrition supplement for FPP families.

International Rescue Committee (IRC)—VN$10 million in AID counterpart support to provide training widows and establishing home day care activities.

World Vision (WV)—VN$2 million in AID counterpart support to the "Street Boy" program in Cam Ranh City and Nha Trang.

Christian Children’s Fund (CCF)—VN$2 million in AID counterpart support to expand vocational training in Nha Trang Orphanage to serve neighborhood children as well as orphans.

World Relief Commission (WRC)—VN$1.5 million in AID counterpart support to expand vocational training in Hue and to serve neighborhood children as well as orphans.

Catholic Relief Service (ORS)—VN$23 million in AID counterpart support has been allocated to establish five social work units in provincial hospitals to prevent child abandonment.

ADOPTIONS

There has been intense interest in the U.S. during the past few years in regard to adoption of Vietnamese children, particularly those children fathered by Americans. It is also of considerable concern to the Vietnamese, and I would like to give this problem special attention in this presentation.

I mentioned earlier that there are estimated to be 10,000 to 15,000 racially mixed children fathered by foreigners. Only about 1,000 of these are in orphanages. The rest are living with their mothers or with Vietnamese families. It is important to recognize the strong attachment which the Vietnamese have for their children and the sense of responsibility of the extended family for its members. The Government of Vietnam, in recognition of these strong Vietnamese sentiments, considers that children born in Vietnam to Vietnamese mothers are Vietnamese regardless of parentage or legitimacy. It provides social welfare benefits to them when needed without racial distinction and insists that foreign assistance be provided on the same basis.

It opposes large scale overseas adoptions and approves such adoptions on a case by case basis when it determines that the best interest of the child will be served.

Prior to 1972 this situation was further complicated by a Vietnamese adoption law and procedures which set out standards which were extremely difficult to meet. During the past year, these procedures were relaxed somewhat, which greatly facilitated the processing of adoptions. Furthermore, in 1971 AID provided a grant of $100,000 to International Social Services (now called Travelers Aid International: Social Service of America) so that ISS could increase its professional staff in Vietnam for the handling of intercountry adoptions. It considers its function to be the counseling and assisting of Vietnamese mothers and foreign prospective foster parents, in reviewing the cases of individual orphan children, and, where appropriate, in processing children for adoption.

There are now two other private organizations providing similar services; the Holt Adoption Program and the Friends of Children of Vietnam. Again, we understand that the emphasis of these organizations is on child care in general and adoption when deemed best for the child.

Intercountry adoption is, as might be expected, even more complicated than is adoption in our several states. The requirements of the state have to be met, and also the Government of Vietnam has to be satisfied that it is in the best interest of the child. Sometimes this procedure has been slow for the reasons mentioned earlier. However, because of the changes in procedure, the work being done by International Social Services and others, nearly 500 orphans were processed for international adoption in 1972 which is more than double the number for 1970 and 1971 combined. Of this number, 397 were processed for adoption for the United States.

Mr. Chairman, I hope that this provides you with an overview of this complex and important area of AID activity. I will, of course, be glad to answer any questions which you have.

Mr. Nooter. If I could make a few comments on the statements of the previous witnesses, then I will be glad to answer any questions.
I won't try to do this comprehensively for lack of time, but I will speak to a few of those points.

Senator Kennedy. If you would like to submit anything in addition after you have had a chance to review the record, you are more than welcome, and it will be made a part of the record.

Mr. Noreen. Thank you very much.

First, I appreciate some of the kind words Dr. Dumpson used in describing AID's role in the recent past. I would comment, however, that there have been quite a number of these programs which were started and underway before 1971. The Barsky unit, of course, was started before that. The program to provide orthopedic devices preceded that by some years, and incidentally provides some 10,000 such devices each year, and has for the last several years. The School of Social Work which was referred to was started about 4 years ago. Of course, the voluntary agencies with AID support were working on that time.

Dr. Dumpson mentioned some disagreement between AID and the Embassy. I really wasn't aware of a problem on that point. There have been no policy differences that impeded our programs. I did learn a day or two ago that there was some difference on one rather narrow point. That had to do with the approval of a private adoption agency in Vietnam. In this case, though, I think it was more of a difference of technical opinion than a policy difference.

In fact, the Embassy was pushing to try to get approval by the Vietnamese Government for this group to operate in Vietnam, and our welfare people were being somewhat more cautious in saying that they wanted to make certain that the group would function in a professional way.

So I think the difference was not about the policy question of concern for children; it was a rather more professional one about whether a particular agency was or was not qualified to perform a certain service.

If anything, the Embassy could be accused of an excess of zeal. But I think that is the kind of daily problem that comes up and which we work out.

Certainly, I have not found, in the administration of these programs, any inhibitions whatsoever, because of restrictions imposed or implied by the Embassy or any other part of the U.S. Government. I would particularly like, in spite of some of the differences with Dr. Dumpson's statement, to point to a broad area of agreement on how these programs will be handled and supported in the future. We do concur that there is a U.S. role and a U.S. obligation here, and that adequate funding to make the programs function should be provided.

I would like to expand that and say that given the nature of the problem—and as it has been described today, I think it makes it quite clear—it is impossible to separate these children programs from other programs of economic support to Vietnam in most cases.

About a fourth of all the goods and services which the Vietnamese population consumes comes through U.S. economic programs. And the continuance of those programs is absolutely essential to provide the basic wherewithal for Vietnamese society to continue, for the
children as well as the adults to be able to have a decent life and make their way in the future.

Incidentally, our 1974 program will be coming up to the Congress in a few days. It will include a separate section on those programs particularly directed toward children, as well as the broader program that I mentioned.

But I want to emphasize again that the concern I have is that we not simply think in terms of providing the several millions of dollars necessary for child programs in specialized areas, but that we also need the money which will help the entire Vietnamese society sustain itself.

Senator Kennedy. But isn’t part of the problem of just providing general economic aid and support is that it includes the importation of Hondas and television sets and all the rest, as well as the importation of some of the rice?

What we have seen is that unless we have been willing, unless the Congress has been willing to earmark funds, that there has been a virtual lack of priority for either child welfare programs or generally for refugee programs.

And quite frankly, Mr. Nooter, a lot of nice things have been said about AID’s leadership and what has been done recently, but I am sure that you do not want to be in a position now, either with regard to this administration, or let me say very candidly, with regard to the previous Democratic administration, of trying to defend the kind of priority that has been given to humanitarian programs in Vietnam since the beginning of the war. Because the record is indefensible, and it is tragic.

It serves no useful purpose to go over this past ground—perhaps it does in relationship to understanding the failure of a policy—but, as these men have testified here this morning, and as the subcommittee has pointed out, our funding priorities over the years has virtually abandoned the children, refugees, and war victims there.

I think there is enough blame to go around for all of us, Congress included, in failing to identify this, and in failing to give the support needed.

I think the sole exception has been the voluntary agencies, and the church groups, and some excellent people, your people in the field, all of whom have performed, I think, superbly.

But outside of that our humanitarian record isn’t very good. We see, for example, in the GAO report, going back to 1970 and 1971, that the refugee and social welfare program in the GVN budget, provided from U.S. funds, was only 3.2 percent in 1970 of the total and in 1971 only 3.7 percent of their budget. And of that 3.7 percent of their budget, social welfare got only 4 percent of that; and of the 4 percent earmarked for social welfare, only 25 percent of that was ever spent; which comes to less than $927,000.

So when we talk about the general kind of economic aid and assistance, which includes TV sets and Hondas, we must remember that does not help the kind of people in the films which you have seen here this morning.

But we are hopefully turned around now, and we are trying to do some positive things. And I am not interested in going back over the old ground.
What I want you to do now, is to take the recommendations, which I think are really superb, which have been worked out by our study mission—and which I think are very reasonable—and have AID formally comment on them.

Can you give us a written reaction to each of these, suggesting what will be implemented, and if they can't be implemented, the reasons why they cannot be? [See appendix I.]

Secondly, you have announced a lot of these programs; what I am interested in is whether they are actually working.

In October of 1971, for example, the South Vietnamese had a plan or a program for aid and assistance in the child welfare programs. But that wasn't even responded to by AID until April of 1972—over 6 months delay. And they were only talking about a $4.5 million program.

We see it takes 6 months for a response for aid to children, but we can ship bombs over there in a minute, And the public safety program and prison support; they're well funded and actually expanded. These are the things, I think, that are troublesome to many of us.

But let me ask you this: You have indicated in your statement today the different items that are actually being funded here. Now, what I am interested in is, how many of these programs you list on page 9 of your testimony—how much of that money which has been earmarked for those particular agencies is there at the present time?

Because it is my understanding that even though with your announcement and earmarking of funds, that they haven't yet received the money, or many of them haven't received the money.

Mr. Nooter. It is my understanding that those programs listed in my statement have all been approved and the money has been made available in each of those cases.

There are a number of other programs which are still under review, in process. And as I said in my statement also, we have made available more money to the South Vietnamese Government for programs than they are able to work out administratively.

Senator Kennedy. Do you have one of your aides here that can speak to that, say on the Catholic Relief Services, for example; $23 million AID counterpart support for five social work units, provincial hospitals, to prevent child abandonment? Can you tell us when that money was actually given to CRS?

Mr. Goodwin. My name is Donald Goodwin. I am the Director of Technical Development in the Supporting Assistance Bureau.

Senator, under the process that they use in Vietnam, these funds are made available to the Government of Vietnam under the American Aid Chapter of the Budget, and they have to be obligated under that process before the completion of the calendar year, in this case 1972.

So those funds were obligated. After obligation there is a time period in actually distributing the funds. This is an administrative problem that exists in Vietnam, but the funds have been obligated. Senator Kennedy. That is exactly what I am asking about. Of these programs here which you have indicated as receiving U.S. funds, I want to know exactly the status of them.

Can you submit that for the record? Because it is my information that various voluntary agencies, or at least several of them, have not seen the money, the agencies which have been outlined here.
We ought to know that. You have made representation that these programs are actually funded, and people assume that they are, and there are various programs going on now, but many of them are not yet funded.

And I think we want to know which ones are and which are not functioning today, and to have your best judgment as to when the money will actually be released.

Would you supply that?

Mr. Goodwin. I would be glad to do that.

Senator Kennedy. What can you do to shorten up the time, from the time you obligate funds until the time they are actually made available?

Is there anything that you can do to reduce that period of time?

Mr. Goodwin. We will pose that question for the mission at the same time, because these are GVN funds. They have been turned over to the GVN. When we inquire about the status of allocation of funds, that is, when they will actually be turned over to the voluntary agencies, we will ask that same question, sir.

Senator Kennedy. What has been the track record in the past—say over the last year?

"How long has it taken from the time you have made money available to the time it is actually distributed to the agencies? How long has that taken within the GVN?"

Mr. Goodwin. This program described here is a relatively new program just formulated in the last year. So we have no track record.

[Subsequent to the hearing, the following information was submitted:]

Grants are made to voluntary agencies by the Ministry of Social Welfare upon the receipt and acceptance by MSW of proposals by the voluntary agencies to undertake specific tasks. In 1972, extensive discussions were held by the representatives of eight foreign voluntary agencies and twelve Vietnamese voluntary agencies and private groups. Funds were allocated by the Ministry of Social Welfare for the total of 20 organizations pending the acceptance of proposals and completion of negotiations.

Six foreign voluntary agencies completed negotiations with the Ministry and funds were received by them as follows:

1. CARE—Amount agreed for CY 72 funding, VNS 44 million; date of agreement, Nov. 9, 1972; funds received by CARE, Jan. 15, 1973; VNS 24 million; Jan. 22, 1973, VNS 20 million.
2. Foster Parents Plan—Amount for CY 72 funding, VNS 4 million; date of agreement, Oct. 6, 1972; funding received, Dec. 28, 1972.
5. World Relief Commission—Amount for CY 72 funding, VNS 1.5 million; date of agreement, Sept. 20, 1972; funding received, Dec. 19, 1972.

The other voluntary agencies are still in the process of presenting their programs to the Ministry of Social Welfare.

After receipt and approval of the proposal of the voluntary agency by the Ministry of Social Welfare, the funding documentation is sent, in accordance with GVN budgetary procedures, to the Directorate General of Budget and Foreign Aid (DGBFA). That agency determines that funds are available, approves the transaction, and sends a notice of approval to the Ministry. The Ministry then prepares and issues a decree and then prepares the check.
Lengthy processing of budgetary documents within the Government of Vietnam is a long-standing problem which has been yielding slowly to U.S. advisory efforts.

Senator Kennedy. Now, as you are aware, there has been a freeze on hiring trained personnel within the GVN in the Ministry of Social Welfare; is that correct in that?

Mr. Goodwin. There has been a freeze in the entire government and social welfare included; yes, sir.

Senator Kennedy. One of your internal memoranda says that the main stumbling block in developing child welfare services has been the shortage of trained personnel.

To quote the memo:

The major stumbling block to developing child welfare services in Vietnam is trained personnel and until recently the prohibition of the GVN on the MSW hiring new staff (whether funded by the National Budget or the American Aid Chapter) meant, in effect, that all new programs would have to be carried out by the private sector. Under this constraint the MSW soon reached its absorption capacity for new funds for child welfare.

What kind of priority does this show towards child welfare—a freeze on hiring new personnel? How can you train personnel or obtain new people if you can't hire them? Was there a freeze on hiring police during this period?

How do you expect to be able to implement the new program?

Mr. Goodwin. As I said, there is a governmentwide freeze on employment. AID has taken this step of providing funds for hiring people through the American Aid Chapter; and the personnel so hired are, the social action cadre and not regular government employees.

Several hundred of them are already employed, and the Government proposes to acquire another 100 this year by using the social action cadre device.

These are not regular government employees, but they are employed and working for the Ministry of Social Welfare.

Senator Kennedy. Mr. Neeter, we have heard that there is some conflict between AID and the Embassy in Saigon. Can you make any comments on that?

Mr. Neeter. Only the one I already commented on. The only difference of opinion that I am aware of—and I will be glad to check that further—is not a policy question, but a question having to do with the approval by the Vietnamese Government of a particular private adoption agency as to whether it was or was not desirable to move ahead with it.

And the Embassy, as I mentioned, had perhaps an excess of zeal in waiting to move forward on something it thought was going to be helpful to the children of Vietnam.

Our social welfare people were somewhat more skeptical about this particular agency.

But this was certainly not a matter of policy or anything that inhibited our programs in a fundamental way.

Senator Kennedy. I suppose it is not a matter of policy, but of priority, isn't it?

I am sure that the policies, as suggested earlier, are the same within the government. But it is really a question of whether you
are going to get priority behind a certain stated policy. It doesn’t take very long to get the approval of money for the bombing strikes; but we see it takes months to get approval for social welfare and children programs.

Mr. Nooter: But in this instance it was the Embassy that was pushing for more rapid approval. And our social welfare people had professional doubts about this particular agency.

So it really was not a question of a lack of feeling of priority on the part of the Embassy; it was a difference of opinion at the professional level.

Senator Kennedy: There may be a disagreement at the professional level about a specific case, but I am talking about a record that shows a total lack of planning or priority in this area generally, so much so you would wonder what they have been really doing all this time. Why has it taken the Embassy so long to wake up to the needs of children?

It isn’t like they have developed a highflying, first-rate meritorious program, and then another idea came up, and there is some controversy over it.

The record has been to date, that child welfare programs haven’t been developed, that there was never anything to argue about between AID and the Embassy and the GVN.

Mr. Nooter: We haven’t had any difficulty with the Embassy over this. This is AID’s responsibility to carry out, and we have been proceeding with it, and there hasn’t been any difficulty with the Embassy suggesting that we go slow or not do any of the things that we are suggesting here at all.

Incidentally, I will plan to meet with Dr. Dumpson sometime when he is available and we will explore this further to see if there is any other aspect of this that he may have come across that I am not aware of.

Senator Kennedy: I think there is. Now, you indicated last year to the Foreign Relations Committee—you talked about international or multilateral assistance to South Vietnam as an alternative to bilateral assistance—and you said it did not appear to be feasible now.

Has anything happened in this area since?

Mr. Nooter: We are continuing to encourage UNICEF to operate in the child welfare area. And of course our whole thrust and strategy now is to proceed with these programs on the one hand through the Vietnamese Government, and on the other hand with the help of voluntary agencies and multilateral—U.N. and other agencies.

In other words, a less direct U.S. involvement is appropriate, given the situation in Vietnam. And these other institutions do have manpower and they have the interest, they have the professional skills, and we think they should be supported. And we are proceeding along this line.

Senator Kennedy: What has been the reaction from UNICEF or the U.N. specialized agencies in this area?

Mr. Nooter: Perhaps Mr. Goodwin can speak to individual programs of the U.N., and UNICEF. In the broader sense of how to proceed with Indochina in a post-cease-fire era, the U.N. still has that under study. I think they are weighing the political and military developments to see how deeply they should become involved.
But from our viewpoint, we think that their involvement is desirable, and we continue to encourage it.

Do you want to speak to UNICEF?

Mr. Goodwin. Recently UNICEF, I understand, did a survey of the Laotian, Cambodian, and Vietnamese programs. And they called for a setting aside of an additional $3 million contribution for those areas. This was presented to the executive board just this last week.

My understanding is, and I haven't seen the minutes of the meeting, but it is my understanding that the UNICEF executive board has accepted this new degree of priority for Indochina and will allocated $3 million of funds.

Senator Kennedy. How much of that is U.S. funds, of the $3 million?

Mr. Goodwin. I don't know.

Senator Kennedy. Of course, there is nothing that says—as a matter of fact, there is a lot that says that you can, as I understand it from an administrative point of view—to contribute directly to UNICEF, or any of those specialized agencies that are in Vietnam even during the height of the war, any donor country can make a contribution to fund their programs.

Mr. Nooter. And we have done that in the past.

Senator Kennedy. But I am wondering why we don't at the present time try to get them more heavily involved. We have heard here earlier today about the vast problems in caring for the refugees and the children of refugees, in a wide variety of different areas—education, public health programs, etcetera—therefore why don't we get UNICEF and the other specialized agencies involved. And then come up to Congress and say, these are child programs, humanitarian programs, and give us the resources to do it, to help the U.N.

Mr. Nooter. It is difficult to give a generalized answer to that, Mr. Chairman.

In each case, in each program, we look at the requirements and the possible ways to carry them out, and proceed on that basis. In some cases, as in the case of the School of Social Work, it was reasonable for UNICEF to be the primary advisory agent. In some of the other cases voluntary agencies may be more suitable. Often, the government of Vietnam does not need nor desire help; sometimes it appears appropriate for AID to provide the advisory input. I don't think there is a general answer to that. In our 1974 program—

Senator Kennedy. There is a general answer, and that is because we don't ask them to do it.

Now, I went up—and you can file whatever response you want to give about what administration officials have done in making requests to the specialized agencies in the last 3 or 4 years—but I went up to New York and went around personally to see every one of the specialized agencies about 4 years ago. And not one of them had been requested by an administration official, by our U.N. Ambassador who was just down the corridor, to try and encourage them to become involved, even though every one of them from the top down, thought that there would be acceptable humanitarian programs in Vietnam that they could support. They were very much concerned about being involved in the politics and everything else, but they...
thought some programs would be acceptable just from the humanitarian point of view. But no one bothered to ask them.

But maybe this administration handled it differently; so I would be interested in whether our U.N. Ambassador has gone to see the head of these specialized agencies and asked them how they could help, and how they could support child-welfare programs, and ask them what money they needed, and then communicated it to the appropriate Congressional committee and made some effort to fight for it.

I don't think that has been done, Mr. Nooter. And I am wide open to be challenged on it. But I don't believe it has been done. And just to say it is a complex or difficult question is not going to resolve it.

Mr. Nooter. It was done, of course, in the case of Cambodia during the past few months, specifically with UNICEF and the UNDP trying to work out programs there for the refugees.

But let me supply something for the record on the more recent history.

Senator Kennedy. Could you find out and ask them why we don't try and do it? In Cambodia,—we had Ambassador Sullivan up here 1 year ago when 2 million refugees were flooding the countryside, and he wouldn't even acknowledge that there was a serious refugee problem. There was not 1 cent that was requested for refugee aid and assistance last year in the AID program, nor for the U.N.

And whatever has been done recently, I would be glad to hear about it. But I wonder why we don't ask these specialized agencies of the United Nations to accept this kind of a challenge, and then try and support them financially once they are willing to accept it, then go out and ask the other countries of the world to contribute to this effort.

Many of the Scandinavian countries and many other countries I am sure would be willing to try and work with this.

But from my visits and communications with them, they tell me that the U.S. is not going to make these requests, that they don't feel that they can move ahead in some of these areas, until our Government makes its intentions clear.

So I would like to know if we are making these kinds of requests, and if they have been made, when they were made, and what response have we received from them. And I am sure it would be enormously useful to explore this.

Mr. Nooter. We would be glad to submit something on that.

[Subsequently, the following information was submitted.]

A.I.D. maintains contact with the UN and its specialized agencies through the Office of the U.S. Ambassador to the United Nations in New York and in the countries of Indochina. The USAID officials of A.I.D. have an Office of International Assistance Coordination which works closely with the Department of State's Bureau of International Organization Affairs in maintaining liaison with all international agencies such as the United Nations and the World Bank.

The United Nations has multiplied offices in the Indochina countries during the conflict. Our Mission officials meet with UN representatives regularly to discuss programs to avoid duplication and to encourage the UN agencies to take on or expand their activities.

Meetings and discussions have been held at the central and country levels since 1970 with the World Health Organization to expand its activities in malaria control. In Vietnam, this will come to fruition in July 1978 as WHO phases in and A.I.D. assistance terminates. The USAID has been working
closely with UNICEF: for more than four years in the area of social welfare training in Vietnam, the United States provided $750,000 under a funds-in-trust arrangement to UNICEF for the construction of the National School of Social Work.

The Netherlands provided $500,000 to this trust fund, UNICEF has administered the fund and has obtained the services of training specialists for the school. A.I.D. through conversations with appropriate UN and UNICEF personnel and, in advisory services to the Ministry of Social Welfare, officials, has been encouraging UNICEF to expand its activities, especially in the training area and in advisory services to the Ministry of Social Welfare. If it undertakes an expanded program, it presumably will call upon the appropriate U.S. specialized agency to provide the advisors.

In our testimony on Cambodia, we referred to negotiations which have been taking place in Pimco Park, Washington, and New York for UNDP and UNICEF to undertake programs which would address the needs of refugees and other disadvantaged persons. Those negotiations are continuing. Meanwhile, we have given grants to another international organization, the Indochina Operations Group of the International Committee of the Red Cross, and to two U.S. voluntary agencies for relief activities in Cambodia.

In addition to discussions with U.S. specialized agencies on specific problems and programs, Department of State and A.I.D. officials have held discussions with senior UN officers on overall planning for relief and reconstruction in post-war Indochina. In these discussions there has been a frank exchange of views on the requirements of the area, and the capacities of the various agencies to meet them. Because of continued political and military uncertainties, much of the planning for both the U.S. and the UN has had to remain tentative. The discussions are continuing and we expect to continue to work closely with the United Nations and its agencies.

Senator KENNEDY. Let me ask—we heard the request about the Barsky Clinic's burn center. Is A.I.D. going to fund that this year?

Mr. Noorin. I would like to go into that, because it has received a lot of attention up here in Congress, as well as from ourselves.

The proposed burn unit, which would be an extension or an addition to the present Barsky Center, is one which the Vietnamese feel and Dr. Barsky also acknowledges they are not able at this time to operate and run. They don't have the trained manpower or the personnel for a unit of this kind. A high-intensive care unit which requires a large number of doctors and nurses per patient. Their feeling is that the overall health needs of the country are so great that they have to deal with their broadest priorities first.

The burn unit is very specialized. I understand there are only five or six units of this kind in the United States. I am not a professional in this field, and perhaps a professional should speak to it, but as I understand it, the principal purpose of the unit would be for emergency care for burns. This is something which is treated in the normal course of events at regular hospitals. A burn center in Saigon would only be able to deal with a very small part of the country.

The present Barsky unit is of course able to handle the plastic problems that result from burns, as in the case of the little girl in the newspaper story.

Dr. Barsky would like to go ahead with building a third floor, but he admits that, given the present situation, if it were built, it would only be used as an addition to the convalescent center for the present Barsky unit, and would not be able to go forward as a burn unit at the present time, and perhaps not for some years.

There are other convalescent facilities for the Barsky Center which are being used and which have been adequate.
For this reason we and the Vietnamese Government have had some serious doubts about whether this makes sense.

Senator Kennedy. With regard to the continuation of the present unit, is AID going to continue to support that?

Mr. Nooter. We intend to continue to provide outside assistance through the C.M.R.I. so long as necessary, until the Vietnamese can take over the operation completely. The Vietnamese provide all the doctors for that unit now, and most of the nursing care. There will be a period, I don't know exactly when, a year or two down the pike, when the outside assistance will no longer be needed.

But we are not going to desert it by any means. We are going to see that it gets the assistance that it needs to keep functioning in the highly competent manner that it is functioning in now.

Senator Kennedy. Are you going to get a chance to talk with Dr. Dumpson?

Mr. Nooter. Yes, we will.

Senator Kennedy. We want to first of all, thank you for coming up here, and commend you for the efforts which are being started in this area now.

I want to indicate to you and to the Department that our efforts, until we are able to get the kind of help and assistance to the children, and to the orphans of Vietnam—in the same kind of way that we are able to get the money and the help and the assistance either to the prisons or to the public safety programs of South Vietnam, or to the bombs in Cambodia—we are going to continue to press on in this area.

We are going to continue to work, hopefully, in a constructive and positive way, and press the administration, whatever administration that happens to be.

And we will pressure our colleagues in the Congress, and work with the voluntary agencies in attempting to alleviate the desperate plight and the suffering and the pain that is so much a part of the life of the children of Indochina.

And so we will look forward to your reactions and responses to a number of these questions and points that have been raised this morning.

And we look forward to working with you in attempting to see that America responds to its responsibility and to the very significant and perhaps appropriate question that Senator Hart asked earlier about whether we in this country are really going to care about what happens to the American-fathered child and all the other orphans in Vietnam.

Hopefully, it will be a solid affirmative answer. And we are going to make every effort to make sure that it is.

I want to thank you for coming.

The subcommittee stands in recess.

[Whereupon, at 2:35 p.m., the subcommittee recessed, subject to the call of the Chair.]
1. This recommendation and the discussion in the Hearings emphasized the urgent need to facilitate the intercountry adoption of some 600 racially mixed children now in orphanages. There was some discussion and certainly the intent on the part of Dean Dumpson was to assure that increased attention be given to all disadvantaged children. We agree with the intent of this recommendation. In Vietnam, the number of authorized intercountry adoption agencies has expanded rapidly in the recent past, from just one five months ago to four at the present time. This has permitted a rapid increase in adoptions, from 372 in 1971, to 500 in 1972, and an estimated 600-750 in 1973. The need for an expansion of services and staff in Vietnam thus seems largely resolved. These agencies have recently established a coordinating group to work out closer cooperation for child welfare and intercountry adoptions. We are consulting with the agencies, UNICEF, and with Vietnamese officials to determine the adequacy of the current arrangements. In these consultations we have been stressing the concerns raised by Dean Dumpson, and means which can be undertaken to improve conditions and hope for the disadvantaged children. So far in our discussions a new mechanism in Vietnam, such as a consortium, does not appear required, though somewhat increased and expanded activities by the several voluntary agencies may be helpful. We see the need for improved cooperation in the United States to assure that Vietnamese children, for whom intercountry adoption is the best alternative, can be rapidly processed and made available to the most suitable adopting parents or individuals. The present practices do not seem adequate. A coordinating mechanism in this country may be desirable. We are conducting intensive discussions and communications to determine what can be done.

2. (Response to be submitted by Department of State.)*

3. The draft legislation currently under study by the Government of Vietnam was prepared with a USAID supported grant by a committee headed by Madame Pham Thi Tu, Dean of the National School of Social Welfare. Work continues in reviewing this draft within the GVN. Moreover an advisory group composed of the Vietnam representatives of Travelers Aid—International Social Services, Holt, Friends of Children of Vietnam, and World Vision, USAID representatives, and the Consular Section Visa Officer is meeting to review the draft.

We will continue to urge that this legislation be perfected and then passed by the National Assembly. Inter-country adoption has a lower priority interest for the Vietnamese than for the U.S., however, and one opposition political party has shown an interest in making a political issue of racially mixed children. Thus passage may be difficult to obtain.

4. Congress has been reluctant to grant multi-year authority in the past, and we doubt that it is feasible to obtain in this instance. Even if such a commitment could be obtained as a Congressional intent or authorization, appropriations would no doubt remain on an annual basis.

5. We have tried unsuccessfully in the past to get GVN agreement to raise MSW personnel ceilings, and will continue to try. The Government of Viet-

*At the time of printing in July 1978, no response has been received by the Subcommittee from the Dept. of State.
nam's freeze on new employment extends to all civilian agencies. If the number of military personnel can decrease, as envisioned in the Government's Four Year Plan, presumably civil employment will increase.

The problem is not only a matter of an employment limitation, which we and the Vietnamese have partly overcome through the employment of Social Action Cadre under the American Aid Chapter of the GVN Budget. Availability of qualified, professional and technical personnel is critical. The Government's Ministry of Social Welfare does not plan to employ large numbers of specialists but prefers to have highly qualified personnel to help establish family and child welfare policies and guidance. The private sector, along with relatively few government institutions need social workers, nurses, therapists; it will be the largest employer.

Under the 'funds-in-trust' contribution by the U.S. Government to UNICEF and through the American Aid Chapter of the GVN Budget we have been assisting in developing the capacity of the National School of Social Work and other training programs to increase the number of competent personnel. On-the-job training by all groups and agencies can be expanded, we believe, as an approach to augmenting current training efforts.

6. We do not believe that an increase in A.I.D. direct hire positions is necessary or desirable and runs counter to our general policy of reducing U.S. personnel in Vietnam. We will continue to keep a small number of highly qualified individuals there to guide the program, relying on voluntary agencies and contractors for the balance of the requirements.

7. This recommendation is made to the Judiciary Subcommittee on Refugees. In undertaking its review of the various pieces of legislation we suggest the Subcommittee also review the testimony presented by the Administration before the Senate Foreign Relations Committee on April 5, 1972.

A.I.D. has commented on several pieces of legislation concerning child care over the past fourteen months. Our comments, in general, have stated (1) we oppose earmarking of funds for special purposes, (2) a special Vietnamese Children's Care Agency would duplicate programs already underway, and (3) insufficient numbers of Vietnamese trained for child care work is the most serious limitation rather than availability of funds.

We have had many discussions and correspondence with concerned Members of Congress, prospective adoptive parents, voluntary agency representatives, Vietnamese and other government officials and heads of orphanages and day care centers. Needless to say, all do not look at the problems in the same way. We believe, however, that we have the support of the most experienced social welfare people in our efforts to help the Ministry of Social Welfare address the problems of Vietnamese disadvantaged children rather than concentrate on a special group. The Vietnamese claim children born in Vietnam of mixed or unknown parentage to be Vietnamese citizens. While they welcome help, they do not want assistance for a select few to overshadow the help needed for the many. Most proposed legislation we have reviewed has indicated the necessity for close discussions with GVN officials before embarking upon an expanded inter-country adoption process. We would suggest a further preliminary step, that U.S. legislators consult with appropriate GVN officials and GVN legislators before introducing legislation for attention to Vietnamese children and particularly for inter-country adoption and the question of offering American citizenship to some.

8. (Response to be submitted by Department of State.)

9. This recommendation is in line with our intent and continued concern as expressed in our comments on previous recommendations.
APPENDIX II

STATEMENTS OF U.S. VOLUNTARY AGENCIES ON CHILD WELFARE NEEDS IN SOUTH VIETNAM

NOTE.—On May 7, 1973, the Subcommittee chairman invited American voluntary agencies with programs for children and orphans in South Vietnam to submit their views and suggestions for the record. Presented here are those statements of U.S. voluntary agencies on child welfare needs in South Vietnam received in reply to the subcommittee chairman’s letter.

[Text of Senator Kennedy’s letter to the voluntary agencies]

UNITED STATES SENATE,

As you know, the Senate Subcommittee on Refugees has long been concerned over the impact of the Indochina war on the land and people of the countries involved, and particularly on the children. In March, the Subcommitte dispatched a Study Mission to Indochina to assess war-related humanitarian problems, including those of orphans and children, especially in South Vietnam.

On May 11th, the Subcommittee has scheduled a hearing to receive the Study Mission’s report on child welfare needs and to review with the representatives from the Agency for International Development current U.S. assistance programs in this important area of public concern. Knowing of your organization’s interest and experience in this matter, the Subcommittee would like to invite you to submit, for the hearing Record, your views and suggestions regarding the child welfare needs in Indochina and the kind of effort our country should make in helping to meet these needs.

The hearing Record will remain open to receive your comments until Monday, May 21st. Hopefully, we can have the benefit of your concern and experience.

Thank you for your consideration, and best wishes.

Sincerely yours,

EDWARD M. KENNEDY,
Chairman, Subcommittee on Refugees.

CATHOLIC RELIEF SERVICES,
UNITED STATES CATHOLIC CONFERENCE, INC.,

Senator EDWARD M. KENNEDY,
Chairman, Judiciary Subcommittee on Refugees,
New Senate Office Building, Washington, D.C.

DEAR SENATOR KENNEDY: I wish to express my appreciation for your kindness in extending the date so that the statement of Catholic Relief Services on child welfare in Vietnam could appear in The Record.

I hope you will find our enclosed statement of interest and that you will find in it many of the very things that have been the focus of your Committee.

With kind personal regards, I am,

Sincerely yours,

EDWARD B. SWANSTROM,
Executive Director.

Enclosure.

STATEMENT OF CATHOLIC RELIEF SERVICES ON CHILD WELFARE IN VIETNAM

Catholic Relief Services of the United States Catholic Conference, the official overseas agency of American Catholics, is strongly committed to programs and projects in the area of child welfare as an essential priority for any effective
contribution to the reconstruction and rehabilitation of Vietnam. Catholic Relief Services, having had its personnel, program and projects totally operational within the Republic of South Vietnam since 1954, and prior to that, with offices in Hanoi, is convinced from this experience that the Vietnamese challenge is one that demands our immediate attention to those services and programs that are focused on the child.

Recently, Catholic Relief Services received from its various counterpart agencies in the private sector in Vietnam, a comprehensive plan which addresses itself to immediate, as well as long-term goals for the welfare of children. After careful evaluation, analysis and study, Catholic Relief Services agrees with these Vietnamese programs and projects as necessary for establishing a solid base that guarantees the life, the rights and the development of the child. The plan embraces both immediate needs within the area of child welfare, as well as suggested improvements within the existing institutional structures and systems of Vietnam. Catholic Relief Services views these as necessary to insure the proposed projects and programs will make a permanent contribution to the entire area of child welfare in Vietnam.

In participating in this private, internationally sponsored, total plan for reconstruction and rehabilitation, Catholic Relief Services sees this focus on child welfare not as an imposition of sophisticated programs from outside Vietnam upon those unable to implement them, but rather an opportunity to provide the services which the Vietnamese themselves feel are necessary for their children. Catholic Relief Services feels strongly that the Vietnamese are unable to respond to these needs without external assistance, in the form of professional personnel and financial resources.

From its long experience in Vietnam, Catholic Relief Services is convinced that, just as it has been demonstrated in the United States, lasting contributions within the area of child welfare in the Republic of Vietnam must find their initiation, trial and positive demonstration through the private sector, rather than through the Government.

With this background, Catholic Relief Services is pleased to present for the record the following priorities within the area of child welfare as suggested by the CRS counterparts in Vietnam:

1. The institutionalized child.—Provide for transition from custodial care in orphanages to individual care by:
   (a) The development of schools and educational opportunities within orphanage compounds.
   (b) The decentralization of large institution populations into small groups.
   (c) The foster home placement of children in institutions.

2. The adoptive child.— Expedite the international adoption processes within the Republic of Vietnam so that in those individual cases, where international adoption provides the best solution, adoption may occur without difficulty and delay, yet at the same time, maintain the highest possible level of professional service.

3. The upgrading of existing facilities.—
   (a) Assist in the licensing and upgrading of orphanages.
   (b) Improvement of medical services in orphanages with special emphasis on nutrition and basic child care.

4. Special Programs.—
   (a) For the exceptional child within institutions:—the deaf, dumb, blind, retarded and handicapped.
   (b) For the counseling of new mothers coming out of hospitals, who are without the necessary financial resources, to prevent their abandonment of their children, and to provide postnatal care for them.
   (c) For the refugee child and his resettlement—
      1. Comprehensive health Immunization.
      2. Basic nutrition.
      3. Educational opportunities.
   (d) For foster care for American black-fathered children in the Vietnam community as well as the development of adoption opportunities within Europe, the Caribbean and the United States.
   (e) For the reunification of children separated from their families.
   (f) For the expansion of child welfare services and programs within established day care and/or community centers.
   (g) For war-injured children, guaranteed medical aid, follow-up medical care and specialized educational or vocational training.
Catholic Relief Services hopes to implement the above program and projects just as soon as financial resources become available from both the public and private sectors. It is anticipated that other international voluntary agencies will demonstrate their interest and concern by participating both with funds and personnel in various facets of this Vietnamese plan for child welfare. Being aware of the delicate and real area of the Vietnamese capacity, the implementation and development of the program will be determined by the public and private sectors that are involved in child welfare within Vietnam.

NATIONAL COUNCIL OF THE CHURCHES OF CHRIST
IN THE UNITED STATES OF AMERICA,
CHURCH WORLD SERVICE,

HON. EDWARD M. KENNEDY,
Chairman, Subcommittee on Refugees and Escapes,
U.S. Senate,
Washington, D.C.

DEAR SENATOR KENNEDY: The welfare of children in Indochina is of deep concern to Church World Service, and I appreciate the opportunity you have provided us for the following comments to be entered in the May 11, 1978 Subcommittee Hearing Record.

BACKGROUND

Church World Service represents the humanitarian social concerns of thirty constituent Protestant and Orthodox Communions of the National Council of the Churches of Christ in the U.S.A., coordinating and operating programs on their behalf in disaster response, refuge, assistance to refugees, rehabilitation and self-help development programs in forty countries. Programs are implemented in close fellowship with the Commission on Interchurch Aid, Refugee and World Service of the World Council of Churches (Geneva) and with indigenous church-related agencies throughout the world. Church World Service responds to acute human need—refugees, disaster victims, the hungry and the homeless—without regard to race, creed, or geographic location.

We take seriously the responsibilities we are charged with in coordinating overall constituent concerns regarding child welfare, dealing with the needs and protection of the child and in support of child welfare programs by the churches, other voluntary agencies and government. As early as 1961 a Church World Service research team of child welfare experts surveyed the situation in Korea and Hong Kong and published their findings and recommendations in a document entitled "Children of Tragedy." This information led to the addition of a Social Welfare Consultant to the Church World Service staff in 1962, Charles Chakerian, Ph.D., SCWS, whose expertise has been shared world-wide with churches, communes and governments, and who helped to develop Church World Service sensitivity and competence in the area of child welfare.

Church World Service has also been active in many consultations on child welfare in Vietnam, consultations which have consistently stressed the need of the child in his own war-torn society and in the period of reconstruction, reconciliation and rehabilitation to come.

VIETNAM CHRISTIAN SERVICE

Since 1966, Church World Service has sought to provide relief, rehabilitation and development assistance to Vietnamese in need through Vietnam Christian Service, a cooperative program of Church World Service and Lutheran World Relief, administered by Church World Service. Although Vietnam Christian Service has had program staff only in South Vietnam since its inception in 1966, we support the work of Asian Christian Service in Laos (plus occasional work in Cambodia) and anticipate broader participation in Indochina through support of the Indochina Fund for Reconstruction and Reconciliation of the World Council of Churches. Much of the program philosophy regarding child welfare developed through our experience in South Vietnam (and CWS experience in Korea and Hong Kong) may serve as a sound basis for further planning.

At the beginning of 1978, there were 22 overseas personnel on the staff of Vietnam Christian Service, representing 5 countries. Additionally, there were