PROBLEMS OF WAR VICTIMS IN INDOCHINA
PART I: VIETNAM

HEARING
BEFORE THE
SUBCOMMITTEE TO INVESTIGATE PROBLEMS
CONNECTED WITH REFUGEES AND ESCAPEES
OF THE
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE
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PROBLEMS OF WAR VICTIMS IN INDOCHINA

PART I: VIETNAM

MONDAY, MAY 8, 1972

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

The subcommittee met, pursuant to notice, at 9:45 a.m., in room
2228, New Senate Office Building, Senator Edward M. Kennedy
(chairman), presiding.

Present: Senators Kennedy, Fong and Mathias.

Also present: Dale S. deHaan, counsel; Jerry M. Tinker, staff con­
sultant, and Mrs. Dorothy Parker, assistant to Senator Fong.

Senator KENNEDY. The subcommittee will come to order.

This is the 33d hearing of this subcommittee on the people prob­
lems of Southeast Asia—people problems involving Vietnam, Laos,
and Cambodia. It is extremely appropriate that we have this hear­
ing this morning. There isn’t an American who has not watched the
TV news or listened to the radio or read the newspapers that cannot
but be enormously distressed by what is happening to the people
of Vietnam—most dramatically in the course of just these last few
weeks, when hundreds of thousands of new refugees have been created
by the latest offensive from the north, and by American fire power.

The purpose of these hearings this morning is to find out what
this Administration has been doing about the problems of refugees
before the offensive of some 3 weeks ago, as well as how it is re­
sponding to the new challenge—the new people problems created by
the new offensive of these last 3 weeks—and what plans and programs
are being made for the future in the fields of health, civilian casual­
ties, and refugees.

There are certain striking facts which distress me very much. One
of them is that, as we see a growing escalation of American involve­
ment militarily in Southeast Asia, we see a phasing out of the people
programs in Vietnam. We see it most clearly in the financial support
for refugee programs. Some 3 years ago we had a $16 million aid
program for refugees in Vietnam. Last year it was down to $6 mil­
lion, this year $2.8 million, and next year I understand there will be
no request for aid funds.

We see a termination, in other words, of American participation in
humanitarian programs—the programs that affect the well-being and
the lives of the people of Southeast Asia—while at the same time we
see an increase in the military programs. We find an Administration
that can airlift tanks from Japan and airlift the equipment of war
to Southeast Asia in a matter of hours, and yet we find that the
700,000 war orphans of Vietnam fail to benefit from American re-
sources or help and assistance in any meaningful or significant way.
We find that those who have lost arms and legs wait years in order
to receive prosthetic devices. Although we can be very quick in re-
sponding to any kind of military crisis there, we find a generally
low priority across-the-board for the human problems of Southeast
Asia.

So we want to welcome the Administration spokesmen this morning.
In so many ways they have been, as individuals, cooperative and help-
ful with this Subcommittee in the past. As I have said on other occa-
sions, they do an extraordinarily able job of defending an indefensible
policy. But in any event, we welcome them here this morning.

And finally, let me say that in the inquiry and concern of the
members of this committee, I think we have been no more critical and
harsh on the people programs of this Administration than we have
been on the programs of previous Administrations. We have seen too
often that the people have been left behind, whether the Administra-
tion has been Democratic or Republican.

We are hopeful this morning to be able to get a clearer idea of
the reasons for this and to try and find meaningful ways where we
can turn this around and change it.

I personally feel that the best way of doing that is to end the war.
But in the meantime, we are going to try and find out what can best
be done to help relieve the suffering and the pain and the anguish
of the people of Indochina.

I will ask unanimous consent that my statement be included in
the record at this point.

(The statement referred to follows:)

OPENING STATEMENT BY SENATOR KENNEDY ON WAR VICTIMS IN INDOCHINA

Today's hearing resumes the Subcommittee's public inquiry into war-related
civilian problems in Indochina. We resume this inquiry with a continuing de-
termination to make the case, that the civilian population and the plight of war
victims throughout the region must be a matter of vital concern to the United
States. Today we will concentrate on the situation in Vietnam, and tomorrow
on Laos and Cambodia.

As so often in the past, the Subcommittee is meeting under the spectre of
escalating warfare in Southeast Asia—a senseless warfare which has apparently,
become irresistible to our national leadership.

But we have never met at a time when the crisis of people was as urgent as
it is today. And not since 1965, have we met when the issue of war victims is
being given less priority by our Government than it is today.

This would be bad enough if we were only dealing with the aftermath of war
—if we had the peace long promised the American people. But, as governments
and negotiators—on both sides—posture and bicker and threaten, and ignore
their responsibilities for peace and the lives of millions, a regional crisis of
people builds and builds.

Up to 1,000,000 civilians are on the move today in Vietnam—more refugees
than at any time since the war began. And thousands upon thousands are being
injured or killed.

Inevitably, the situation of civilians is taking second place to the political
issues at stake—and to the interests of those who have much to lose, or gain, by
the outcome of battle. But the people of Hue, of Danang, of Kontum, of the
hamlets and towns throughout the area, also have interests. For many, it is
mere survival.
This is all very familiar. It is only the latest chapter in the endless story of human suffering in Vietnam.

Little more than a year ago—on April 21, 1971—top-level officials of our Government appeared before this Subcommittee to assure us that over the previous two years things had settled down in Vietnam, and that Saigon was binding up the wounds of war. But today we will not hear about progress in pacification. We will not hear about security in the countryside. We will not hear how the military level of the war has been pushed away from most of the population. We will not hear about the number of new roads opened. We will not hear—as we have heard so often in the hearings since 1965—the computer's criteria of success in the countryside.

But we need to hear about what is happening to the new refugees. And we need to hear about the treatment of new civilian casualties. And what about the previous victims of the war in Indochina? What about the more than 700,000 orphans? Why did it take our Government nearly 6 months to approve a grant of some $1,000,000 for their care—when we can spend millions a day to bomb their country from the air?

And what about the tens of thousands of maimed children—and all the others who have lost their legs and arms? Why will it take 9 years to fit them all with prosthetic devices, when we airlift daily, on a priority basis, dozens of tanks and tons of bombs and munitions?

We must turn our priorities around in Southeast Asia. For what is happening in Vietnam today finally underscores—that Vietnamization is not a plan for building peace, but a plan for continuing war. It finally underscores the failure of the administration's policy in Southeast Asia—and the cosmetic approach our Government has used in defining security in Vietnam and success in pacification. And so the tragedy in Vietnam today, is not happening simply because the North Vietnamese have launched a new offensive—which they have. Rather, to quote a 1970 report of this Subcommittee, it is fundamentally because the Thieu Government has not had "the capacity or the will to really serve the people and to sustain peace."

Our country cannot do for Saigon what it cannot do for itself. And we should have ceased pretending this fiction long ago, by ending the war.

If we can try to suggest what we have to do at this point of time, the first need is to stop the violence and extricate ourselves from the war through appropriate decisions at the highest levels of our Government. In the meantime we should be planning a program for what our great nation can do—in concert with other nations—to insure a rebuilding process for the people, who have suffered so much, in so many ways, throughout Indochina.

Senator Kennedy. Senator Fong.

Senator Fong. Mr. Chairman, I want to thank you and I want to welcome you here this morning, gentlemen. These must be difficult and busy days for officials responsible for our refugee and health assistance in Vietnam. I appreciate the State Department representatives of the Administration finding the time, at this critical state of crisis in South Vietnam, to appear before this subcommittee to help bring us up to date on the situation in Vietnam.

Certainly, as we review the events of the past few weeks in South Vietnam, it must now be clear to all that that beleaguered country is the victim of a naked and unprovoked invasion.

What we are seeing now in Vietnam is clear. There can be no confusion over who is who, or who supports whom. We are seeing full-scale North Vietnamese divisions thrusting into South Vietnam from three quarters, well equipped with modern Soviet tanks.

These concerted frontal attacks were obviously long planned and carefully prepared. It seems obvious to me that they were carefully prepared for the time when U.S. forces had been withdrawn below combat strength; for a time when our ground forces could be of little help to South Vietnam.
I fear this attack of North Vietnamese forces was deliberately timed before the army of South Vietnam was fully prepared, as it might have been 6 months or a year hence.

This invasion from the north is truly a tragic event for the people of South Vietnam, long battered by this war in its various forms. There is no question now, however, about who is responsible for this new wave of human suffering, of refugees fleeing the advance of North Vietnamese tanks and divisions. The responsibility lies squarely with the Communist leadership of North Vietnam.

But, be that as it may, there is no question of what these poor battered people are fleeing from, what their desires are, or where they seek safety. They are fleeing into South Vietnam, seeking safety there.

The long, hard trek is all southward—away from the invading hordes of North Vietnamese. There is much pictorial and reportorial evidence of the trek south. Few, if any, of these people seem to be waiting to greet the North Vietnamese as liberators. Nor are they fleeing north.

They seem to be seeking to flee from the blood-bath that inevitably follows a North Vietnamese conquest in South Vietnam. It seems that the people fear to be trapped in an area that might fall to the North Vietnamese.

We must help these long suffering people where they need our help. That is clear.

But, I cannot help being tempted to ponder how many more refugees there would be today if our bombers were not available, to hamper and to slow down this desperate North Vietnamese thrust.

This hearing was originally called, I believe, to consider two GAO reports, on refugees and medical care, requested by this subcommittee. They were issued only recently, but I notice that the data goes back to July, and September and October of 1971. That information is now at least 7 months old. With the turn of events in Vietnam, it seems to me what was ideal or amiss in September and October of 1971 is useful for the purpose of reviewing the efficiency of the expenditure of Federal funds. We can do that at a more propitious time.

The important thing now, in my opinion, is to learn from you, since you are all here in answer to our request, just what the situation is today in Vietnam.

At previous hearings of this subcommittee we have urged that the most important thing that we could do is to encourage and help South Vietnam to build its own ability—including the ability to care for its refugees and for the medical needs of its many injured.

While we must do what we can, what really counts now, it seems to me, is the ability of South Vietnam to care for these people.

I know that South Vietnam with our help has been building a new government ministry to see that these unfortunate refugees receive proper care, including better medical care. This foreign assistance program I have warmly supported over the years.

The question now is how well have the South Vietnamese progressed in taking over the care of their refugees? What financial, commodity and technical assistance do they need now? Surely, we
must be prepared to provide this additional help, when, where and if needed.

Is there enough in storage so that you have emergency reserves in place to help care for this new flood of refugees?

Are supplies adequate to meet the urgent medical needs, the urgent needs for shelter, the urgent needs for relief supplies of all sorts?

That is what I should appreciate your commenting upon. What is being done and what can be done to help these unfortunate people of South Vietnam at this time when we are trying desperately to extricate our Armed Forces remaining in Vietnam, hopefully without losses to our men.

At this juncture, it seems imperative that we keep clearly in mind a basic consideration. South Vietnam is truly in a struggle for survival. The United States must help these people care for their homeless and wounded.

I am most interested in hearing what you gentlemen can tell us about this.

Thank you.

Senator Kennedy. Our first witness this morning will be Mr. Martin Teitle, director of the overseas refugee program. American Friends Service Committee. Mr. Teitle has just returned after a 2-week trip to South Vietnam to assess the effects of the war situation on the Quaker relief program.

I welcome you this morning. We understand you just returned last night to Philadelphia and caught an early plane to come down here. So, we particularly appreciate getting your impressions, and whatever comment you would like to make to the subcommittee.

At the outset, as one who has visited your center in Quang Ngai, I have been enormously impressed by the service that has been provided to war victims. It is a great example of one of the most effective programs for meeting human needs that I have seen, not only in Vietnam, but anywhere in the world. And the center and the Friends are to be commended for it.

We want to welcome you.

STATEMENT OF MARTIN TEITLE, DIRECTOR OF THE OVERSEAS REFUGEE PROGRAM, AMERICAN FRIENDS SERVICE COMMITTEE; ACCOMPANIED BY PETER J. WOODROW

Mr. Teitle, I thank you. I am glad to have a chance to share a few observations with this subcommittee about the situation in Vietnam today.

This was my fifth trip to Quang Ngai since mid-1970. I was very struck with the changes in the area around Quang Ngai over the past few weeks, as opposed to what I saw a number of years ago.

Most of the territory that had been won since 1969—territory that had been "pacified" by South Vietnamese and American troops, has now been retaken by the National Liberation Front (NLF) with the aid of North Vietnamese troops. With the exception of Quang Ngai city and some distance east, most of the province is now in the hands of the NLF. And this is significant for us who are running a civilian relief program, because our clients are people who
were caught in the crossfire that occurred when this territory exchanged hands.

Senator Fong. May I ask you, how far were you away from the DMZ?

Mr. Teitle. I guess about 200 miles. We were about 300 miles north of Saigon, about 60 miles below Danang.

Senator Fong. Are you talking now about the situation as it is about 200 miles south of the DMZ?

Mr. Teitle. That is correct. And I am speaking really of just the Quang Ngai area. I was not able to travel to some of the other areas where there was battle going on, as these areas have been lost to the NLF. There have been counterattacks by the South Vietnamese army with the support of the United States and South Vietnamese air forces.

It is a very difficult problem. The Province Senior Advisor told us that taking these areas is like sweeping water, as soon as we take an area it is immediately retaken by the Front, and we are just not making headway.

Our observation has been that the majority of civilian casualties that we deal with in the Quang Ngai Rehabilitation Center are the result of Allied fire power. Our current statistics show that about 70 percent of the patients who are admitted to our center have been injured as a result of Allied fire power. The remaining 30 percent are split between the North Vietnamese and the National Liberation Front.

Senator Kennedy. How can you tell if someone has been wounded by Allied fire power or NVA fire power?

Mr. Teitle. There are a number of ways. Obviously when someone steps on a mine you can't look at the label.

But if there is bombing going on it is fairly clear that it is Allied, since there is no aerial bombing being done by the other side. If there is rocketing, the chances are that it is NLF. Generally, however, the people are able to determine that from the area that they were in when they were injured and where the fire was coming from. My statistics add up to 100 percent of those patients who were interviewed who were willing to reveal that information. There is a percentage of our total patients running about 17 percent who either don't know or won't say.

Senator Kennedy. When you treat any of the civilian casualties do you ask them how they were wounded, or the area?

Mr. Teitle. Yes.

Senator Kennedy. How do you know from your own information whether that was an area that was actually under bombardment or shelling?

Mr. Teitle. We do a lot of crosschecking. For instance, the Phu Quy area, which is at the end of the Batangan Peninsula, has been shelled and bombed as I observed recently. We have had a number of patients coming in from the Phu Quy area, and we would ask, when were you injured and how. And by crosschecking the stories from many different patients in that area we get a pretty good picture of what is going on.
The attack on My Lai II was carried out by A-37 Dragonfly jets. We determined that by interviewing a large number of people who were in that area and by gaining independent verification.

Senator Fong. Within the last 2 or 3 weeks, about how many wounded have come through your center?

Mr. Tittle. I can’t really say, because there has been a pretty sizeable backlog. So our statistics, I am sorry to say, are probably a month behind. And the figures that I am quoting now are figures that I was able to pull out of our rehab center social records. I can’t really give you a total. I would say frankly, though, that we have not noticed a measurable increase in our patient load over the last few weeks. This is attributed by some of our Vietnamese staff to the fact that many of the injured cannot make it into the Quang Ngai hospital, since the U.S. Army Medivac Service is no longer in operation, and therefore we have not noticed an increase in civilian casualties yet.

I might also mention that we deal mainly with amputees and paraplegics, and because of this there is a time lag. We don’t see many of these people until quite a number of weeks and even months after they have been injured.

Senator Fong. Do you have an estimate of how many people you see a day or each week?

Mr. Tittle. Our center is treating between 45 and 60 a day.

Senator Fong. 45 to 60 a day?

Mr. Tittle. Right. And these are solely rehabilitation cases. Other sorts of immediate, emergency cases don’t go through our center.

Senator Kennedy. You are dealing only with amputees?

Mr. Tittle. That is right. We are running a civilian rehabilitation center on the grounds of the Quang Ngai provincial hospital; all other injuries, orthopedic cases, and that sort of thing, go through the hospital.

Senator Kennedy. Do many of these amputees step on mines?

Mr. Tittle. That is correct. I would say 60 percent of our patients are leg amputees from mine accidents.

Senator Kennedy. Do you have any information about the other admissions to the provincial hospital?

Mr. Tittle. Again, I don’t have the hard figures. Our understanding from hospital officials is that they are maintaining an even course. There is a certain amount of crowding—two or three to a bed and that sort of thing. That is standard in that hospital, as you know. But again we have not seen an upswing in the number of casualties. And we attribute that to the lack of transport. The people who are out in the hills, out in the rice paddies, simply are not able to reach the hospital, as they were in former years when they had extensive Medivac service.

I would like to mention the events that occurred on the Batangan Peninsula area a few weeks ago when it was attacked by the NLF and the NVA. I think this might illustrate the situation more clearly.

On April 4 at the village of Phu Quy, which is at the tip of the Batangan Peninsula—and that is an old NLF controlled area, which was the scene of several military operations a number of years ago—the NLF came in at 5 a.m. and took the refugee camp at Phu Quy
in 1 hour. There were no casualties, because simply by dropping enough rockets and shells around the camp, they scared the GVN soldiers into surrendering. They then burned the camp. I spoke with the American Province Senior Advisor about this, and he said this was a clear example of NLF terrorism. This was disputed by about five people from the village who were later interviewed, who said that the NLF told them when the village was burned that “this is a Saigon Government camp, and now that it is destroyed you may now return to your ancestral homesites.” And it was confirmed by the observations of the Province Senior Advisor who visited the area later in the month that the people were now living in their former homesites.

I would also like to mention My Lai II, which is a similar village.

Senator Fong. Did you say that the NLF burned the camp?

Mr. Tettle. Yes.

Senator Fong. And that the camp was a hospital site?

Mr. Tettle. No, the camp—it is called a “return to village” camp—is a kind of refugee camp constructed by the Saigon government for the people that used to live in that general area. It is about 6 miles from Quang Ngai.

Senator Fong. When they burned the camp, where did the people go?

Mr. Tettle. The people were instructed to go to their ancestral homesites, which were in that vicinity, just a few hundred meters away.

Senator Fong. And who instructed them to go?

Mr. Tettle. The NLF. That area is now controlled by the NLF, and it is being shelled sporadically, at least as of the day I left.

Senator Fong. Who burned the camp?

Mr. Tettle. It was most definitely burned by the NLF.

I would like to compare that with My Lai II—

Senator Kennedy. Just before leaving that question, was there any killing of the refugees or any assassination of the refugees?

Mr. Tettle. No, the only casualty in the entire operation was when one Saigon government soldier accidentally shot another Saigon government soldier—otherwise there was no injury whatsoever. And it is our understanding that the NLF has set up a field hospital in that area to take care of some of the people who have been injured by the Allied shelling.

Senator Kennedy. Why was the refugee camp created, do you know? Was it because the area was not secure, or for what reason?

Mr. Tettle. Yes, it was an area that it was considered to be sympathetic to the other side. People were supposed to give rice to the NLF and that sort of thing. And it was a way of controlling the population by the Saigon government. The camp, as it was described to me by people who lived there, was surrounded by bamboo stakes and barbed wire. And they were restricted severely in their movement out of the camp. Until it was taken over by the Front they were forbidden to bring any rice whatsoever into that camp.

They had to eat roots and banana stalks, many told us.

Senator Kennedy. So now they have supposedly returned to their ancestral lands?
Mr. Teitle. That is right. They are now on their former homesites. And we are told that they are in the process of rebuilding. And presumably they will be able to plant rice which they have not done since 1969 when Operation Bold Mariner moved through there.

Senator Kennedy. I suppose it would be difficult to take a poll and find out whether they were happier back home than in the refugee camps—on the so-called return to village sites.

Mr. Teitle. Well, I wouldn’t want to go out there and ask.

Senator Fong. The NLF came and burned the camp, and there was no defense by the Saigon people?

Mr. Teitle. That is right. And this is really the complaint of the residents of the area. They said there was no fighting, the Allies left, and now they are shelling the place. The enemy has already left and dug in another area.

This is a theme that I heard again and again during my days in Quang Ngai, that the Allied reaction is always too late. The Front is a hit and run operation. They get out of an area, and it is the civilians, the old ladies and the old men and the children sitting around in camps who then take the brunt of the shelling and bombing that comes afterwards.

My Lai II is a consolidated camp, one of what used to be several camps for the survivors of the My Lai massacre.

There was a similar operation the next day on the 15th of April——

Senator Kennedy. What do you mean by a similar operation?

Mr. Teitle. Similar to Phu Quy, where the NLF came in, in the early morning hours, and literally threw the government soldiers out. They came in with bull horns and tried to convince the defending soldiers that it was my job to defend it, that they should throw down their M-16’s and run. This is a procedure often followed. These are irregular local forces by-and-large guarding these camps, and they are certainly not well-disciplined and well-trained troops.

Senator Fong. How large was this My Lai camp?

Mr. Teitle. I understand it had 2,000 people.

Senator Fong. How large was the other camp?

Mr. Teitle. Thirty-five hundred. It is really hard to tell for sure, so those are round numbers.

When we got to My Lai II last Thursday, the 4th of May, we estimated about 50 percent of the camp had been destroyed. We checked into this very carefully and spent as much time as was safe to do so, because we had learned that the camp had been burned by the South Vietnamese, not by the NLF, as had been the case at Phu Quy, and we wanted to investigate that. And insofar as we were able to tell, about half or maybe more of the people were gone from the camp. They were hiding in the hills. And we were able to interview, therefore, perhaps not a completely representative group.

Insofar as we were able to interview people there, there was unanimity that the Front had come in and thrown out the ARVN soldiers—the South Vietnam soldiers—and left within 2 hours on the 15th. On the 16th, more than 24 hours later, the ARVN showed up in force, with three armored personnel carriers and a few truckloads of troops. They proceeded to fire upon this My Lai II camp.
It is quite an irony. These people had been through this before. And as I said, about half the camp was destroyed from this shelling. On the 17th, the following day, two U.S. jets came and bombed the camp. We were shown the places where the bombs had fallen. And two people were killed in those bombings.

Senator Kennedy. Was the camp putting up some resistance to the ARVN forces? Were they firing on the jets?

Mr. Teitle. No. The people in the camp claimed that there was no one in the camp but the camp residents, and none of them had weapons and that there was no firing. It was simply a question of the South Vietnamese counterattack assuming that there was Front in the village and opening fire on them.

Senator Kennedy. And how long before the return of the ARVN forces had the Front left?

Mr. Teitle. 24 hours is what we were told—that is, a full day ahead.

Senator Kennedy. And how much destruction had taken place in the camp by the ARVN forces and air attacks on the camp?

Mr. Teitle. We understand that most of the destruction of the camp was due to the firing on it by the armored personnel carriers, that there was less destruction by the bombing. The bombing was really one set of runs by those two A-37 Dragonflies. Those are subsonic jets that carry their own weight in bombs, so they could have dropped a lot of bombs. We don't know the nationality of the pilots either.

Senator Kennedy. Were there civilian casualties?

Mr. Teitle. Two people were killed in the bombing. No one really knows how many people were killed in the shelling that went on the 16th and the 18th and the 19th.

We did find—I have some photographs—a prosthetic device, an artificial leg, that we had given a 60-year-old man who had been hit by a bomb in the My Lai area in 1969. And we came upon this leg next to a blown out bunker. The leg was burned and scorched, and there was no trace of the man. We questioned quite a lot of people, and no one knows what happened to him.

We got stories like that, but there was no official count taken that I am aware of. And I don't know where the people injured in the actual shelling have gone.

Senator Kennedy. How many people were left at the camp when the ARVN forces took it?

Mr. Teitle. They were all there, all 2,000 of them. The exodus from the camp occurred after the shelling of the camp began.

Senator Kennedy. And some of them left and went to the mountains, or what?

Mr. Teitle. One would presume so. People said they didn't know where they were.

Senator Fong. Prior to this offensive by the NLF and the North Vietnamese, how secure were these two places, My Lai, and the other camp?

Mr. Teitle. My Lai can be considered, I would say, fairly secure, at least during the daytime. Our staff traveled there routinely, our social work staff in particular, making home visits with patients.
We have visited Phu Quy. It never has been quite as secure; it was a place that people would visit on a limited basis.

Senator Fong. Phu Quy was in a sort of no man's land then?

Mr. Teitle. That is right. It was an area that was almost completely destroyed during Operation Bold Mariner, simply leveled and ploughed under by large plows. But people have returned to this area.

I would just like to mention one other thing in connection with refugees in Quang Ngai itself. We have noticed very few refugees coming into the city of Quang Ngai. This is explainable in part by the fact that unlike refugees coming from areas such as Kontum or Quang Tri and Danang, refugees in Quang Ngai cannot reach the city because the roads are cut in some places. We were told by the American province senior advisor that it was the policy of the South Vietnamese province chief not to permit any Vietnamese refugees in the town of Quang Ngai. It is his feeling, and we have heard this before, that these refugees might include infiltrators, and therefore refugees from these areas will be excluded from the city of Quang Ngai; which makes them quite vulnerable in the countryside.

Senator Fong. How far from Saigon is Quang Ngai?

Mr. Teitle. 320 miles.

Senator Fong. And how far from the DMZ?

Mr. Teitle. About 200 miles.

Senator Fong. Almost in the center?

Mr. Teitle. Yes—maybe a bit under 200 miles. It is right on the coast.

Senator Kennedy. Would you say this is an area which is not very secure. We have heard those words used for years, and I really don't know what they mean—"secure," "pacified," and so forth. I can remember when I was in Vietnam in 1968 they had about 10 different criteria to measure security. If they had a well, and latrines and if they had an open marketplace, and if you could drive there between 6 in the morning and 6 at night, and if you had a teacher—if you have eight out of 10 of these factors, that meant it was 80-percent secure. It didn't make much difference if the well didn't work or the latrines didn't function. So I don't think the statistics mean very much, or even the labels.

But has your center been threatened at all or overrun? And if so, when? And if not, why not?

Mr. Teitle. No, it hasn't. We are continuing to operate at full steam. We are going to be pulling some of our American staff out. They will base themselves in Saigon and commute weekly in small groups. But our Vietnamese staff, which numbers about 60, is continuing to operate. Quakers have a long-standing practice and policy of not really recognizing the concept of a civilian enemy. And we have tried to deal with all sides in this conflict.

The NLF and the North Vietnamese are well aware of what we are doing; we have kept them informed. And we have kept the Saigon government informed about our contact with the NLF and the North Vietnamese. They have led us to believe that as far as they are concerned, that is, as far as the Communist side is concerned, they have no objections to us continuing to do our work. And, there-
fore, we are continuing to do it without much fear of deliberate attack.

Actually what has happened is that there is a lot of metal flying around the area, and we have had some accidental fragments come around the house. But actually we don't fear either side causing injury to our staff or patients.

Senator Fong. Did you say you were pulling some of your staff out of Quang Ngai?

Mr. Teitle. Yes, they are going to be staying in Saigon. Actually the situation at Quang Ngai looks like Binh Dinh Province south of Quang Ngai a few weeks ago—it could be taken over by the other side any time. The senior province advisor admitted that there is simply not enough local fire power to defend it. And, therefore, it seemed in the best interests of our patients and our staff not to have a whole lot of Americans around who draw fire independently by troops.

Senator Fong. If the NLF knows that you are neutral in this matter, why can't you stay?

Mr. Teitle. Well, it is the discrepancy, as we all know, between official policy and what the GI in the field does. A lot of the NLF are local people, young guys, really. How much they understand who we are and what we are up to is questionable. We know that the people in Paris and the people in Hanoi know who we are. But we have had our problems with that in our own army, and we would rather not take too many chances with mistakes—shooting first and answering questions later.

Senator Fong. For the safety of your personnel, you are moving them away?

Mr. Teitle. Fortunately we have just about completed the training of most of our medical technicians, and, therefore, we are running at full tilt right now. The Saigon Ministry of Defense has threatened to call up most of our male employees. If they do that we are going to be very severely crippled.

We are also having a logistics problem in getting supplies in. And the only civilian air travel in and out of Quang Ngai is on Air Vietnam, and all seats have been purchased for the next 6 weeks or so. So, we are having a logistics problem.

Senator Fong. How big is your operation in Quang Ngai?

Mr. Teitle. We have about 60 staff and we have three buildings.

Senator Fong. How many Americans?

Mr. Teitle. We have four in Quang Ngai, and two in Saigon.

Senator Kennedy. Tell me, are you sponsored primarily by the American Friends Service Committee?

Mr. Teitle. That is correct.

Senator Kennedy. What kind of support do you get from USAID? Do you get any transportation?

Mr. Teitle. We don't really seek such support. We feel it is very important, in terms of maintaining a neutral stance, to keep our associations very, very limited. We have appreciated very much offers of help and some help that has been given on an ad hoc basis. We do have APO arrangements, as that is one concrete thing that enables us to communicate better.
But, to answer to your question, we really operate quite independently. We have a written agreement with the Saigon Ministry of Health, and that is the legal basis for the operation of the center in Quang Ngai.

Senator Kennedy. In terms of transportation and logistical support, are you able to get materials up to Quang Ngai?

Mr. Teitle. That is a real problem. We are very reluctant to use either Air America, which is run by the CIA, or military transport for the purposes of maintaining our political neutrality. That limits us right now to Air Vietnam. Since the roads are cut, we do not get things up by truck. We have one shipment on which we are trying by barge. However, the ports that the barge was supposed to dock at, have been recently taken over, and there is some question as to what will happen. So, we are experiencing a logistics problem.

Senator Kennedy. Would you please introduce your associate?

Mr. Teitle. This is Peter Woodrow, who works with me in Philadelphia. And Peter spent 2 years in Quang Ngai as administrator of the Quang Ngai center. He has been now replaced by a Vietnamese counterpart.

Senator Kennedy. So he didn't travel with you on this last trip?

Mr. Teitle. No.

Senator Kennedy. Just finally, as I understand, you have been training South Vietnamese and turning over responsibility to them?

Mr. Teitle. That is correct.

Senator Kennedy. Could you just elaborate a little bit on that, where you are, very briefly.

Mr. Teitle. Sure. We began the center in 1967 with about 20 Americans and about 20 Vietnamese. And we have been endeavoring to train Vietnamese to do physical therapy, constructive surgery, etcetera. We have been fairly successful in that, I think, since we are now down to four Americans in Quang Ngai, and about 60 Vietnamese. And we have about 20 young Vietnamese who fit artificial limbs, and about half that number of men and women who are physical therapists, and a number of nurses, technicians, and social workers, and so forth. Quite recently—which explains Peter's present here—in terms of administration of the center, in terms of payroll and supply we have turned it over to the Vietnamese staff. So, we would anticipate not having a major American staff over the next few years, assuming that the situation were stabilized some more.

Senator Fong. Mr. Teitle, you are stationed in Quang Ngai City?

Mr. Teitle. Our center is in Quang Ngai. My personal job is here in the United States.

Senator Fong. And the Phu Quy Camp was how far from Quang Ngai?

Mr. Teitle. 5 or 6 miles.

Senator Fong. And My Lai was how far?

Mr. Teitle. Maybe 3 1/2 or 4 miles.

Senator Fong. Have the Communists, the North Vietnamese and the NLF taken over Quang Ngai?

Mr. Teitle. Not Quang Ngai City. They have taken over most of the province.
Senator Fong. When they took over the province, did refugees come in Quang Ngai?

Mr. Teitle. No, they did not. We saw practically no refugees in Quang Ngai. The people, as we understand it, are pretty much staying put where they are.

Senator Fong. They are not moving?

Mr. Teitle. They are not moving.

Senator Fong. So refugees in that area have decided to remain?

Mr. Teitle. Yes, I think the significant fact as to refugees in Quang Ngai is that there aren't any, or not many. They are not many compared to other provinces because they can't get to Quang Ngai, and there doesn't seem to be local refugees.

Senator Fong. What kind of fighting is being done outside of Quang Ngai?

Mr. Teitle. Well, there is the usual small arms stuff. But there is quite a bit of shelling and a limited amount of bombing, not a lot of bombing. The Americans just can't call the firepower away from other areas where it is more needed. So, it is mainly artillery, and some rocketing. And during the 10 days I was in Quang Ngai, three rockets came into town, which is about an average amount.

Senator Fong. So, it is not a very heated war?

Mr. Teitle. In the countryside it has heated up significantly over what it has been over the past few years. I think in comparison with Quang Tri or An Loc or Kontum it is relatively cool.

Senator Kennedy. You know, there are completely differing views on the cause for the creation of refugees. As you can well understand, it is awfully difficult to measure it very accurately, but it has been my impression that they are primarily created when the intensity of the war accelerates, whether it is aerial war, or I suppose large movements of troops in battle or conflict, rather than just sort of overrunning government positions.

Mr. Teitle. Yes, And I think in the Quang Ngai Province the majority of the refugees have been created by Allied reactions to the NLF taking over areas, rather than taking over the areas themselves. And that is the pattern we saw in many areas that we were in.

Senator Fong. Would you say that the efforts there are hit and run tactics?

Mr. Teitle. That is right. I am not an expert on guerrilla warfare, but I think that is pretty much the way it is often done in Vietnam.

Senator Kennedy. Thank you very much.

Mr. Woodrow. I just want to say that I have two reports from the team in Quang Ngai.

You mentioned in your introductory comments that the priority in Vietnam has not been for the people programs. I have a report here on the provincial hospital, which is independent of our rehab center. This report on the provincial hospital and the medical care in Quang Ngai Province documents very clearly that the priority is not on health care in Quang Ngai. And that probably holds true in most of South Vietnam.

Senator Kennedy. Who did the report?

Mr. Woodrow. It is by Dr. John Feger, who was in Quang Ngai Province from January to March of this year, and he did some extensive research.
I think it is also important to put a face on the statistics that one hears in Vietnam. The other report I have is a story by Jane Barton, one of the directors of our program in Quang Ngai, about a patient who was a survivor of the massacre at My Lai who subsequently, in being forced to build an outpost for the Americans, was injured, had amputations of two arms and two legs, and was a patient in the rehab center for some 10 to 12 months. She was in her relocation camp in the middle of April and was wounded again by ARVN shelling and crossfire, and finally died.

I think it is important that we hear about such personal cases, to put faces on this war.

I would like to enter those in the record.

Senator Kennedy. They will be made a part of the record.

(Replies from the floor follow.)

PREPARED STATEMENT OF MR. MARTIN TEITEL, DIRECTOR, OVERSEAS REFUGEE PROGRAM, AMERICAN FRIENDS SERVICE COMMITTEE

My name is Martin Teitel. I am director of the Overseas Refugee Program of the American Friends Service Committee. Much of my work consists of the U.S. administration of the Quaker Service Rehabilitation project in Quang Ngai, South Vietnam. In connection with my job I have travelled to South Vietnam five times since mid-1970, returning from my latest trip yesterday, May 7, 1972. I would like to share with this Committee today some observations I have made based on this recent trip, especially pertaining to the effect of current U.S. military policy on Vietnamese refugees. My remarks are based on my observations and the observations of the Vietnamese-speaking Quaker staff, and they mainly cover the Quang Ngai area.

During the 9 days I was in Quang Ngai in late April and early May I found a number of significant changes from my previous visits to the area. Formerly our staff had been able to travel with relative ease north and south on Route One, as well as far out into the Batangan Peninsula and other outlying districts of Quang Ngai Province. Now, however, travel within just a few kilometers of Quang Ngai city itself is severely restricted due to the taking over of large parts of the Province—even along traditionally secure Route One—by National Liberation Front and North Vietnamese forces. The American Province Senior Advisor told us that civilians should not travel south on Route One outside the city at all, whereas formerly we had routinely travelled as far as Duc Pho at the southern tip of the Province.

It is clear that the amount of territory pacified by the American and South Vietnamese armies since 1968 in Quang Ngai Province has been reduced to virtually the immediate Quang Ngai city area and a few isolated outposts and district headquarters along Route One. The highway itself is frequently cut in various places. Moving the guerrillas out of the area is "like sweeping water," the Province Senior Advisor told a Quaker worker. "After you leave they just come right back."

Having now lost great amounts of territory, the South Vietnamese Army with the help of American advisors and air power, is seeking to regain these areas. It appears to us that the tactics employed by the Allies are not only largely ineffective in regaining the lost territory, but that the bulk of civilian casualties and civilian refugees result from this South Vietnamese and U.S. firepower.

To illustrate this point I would like to give a brief account of recent events in two villages in the Quang Ngai area: Phu Quy, out on the end of the Batangan Peninsula, and Tu Cung, often referred to now as My Lai 2, which is a refugee village peopled by survivors of the My Lai massacre.

Both of these locations were designated by the government as "Return to Village" sites. However, Quaker workers who have visited both could see no difference in conditions from what are called "Refugee Camps" except that they were located in the vicinity of the people's former homes. One American advisor told Quaker staff members that such "Return to Village" camps have been frequent targets for dismantling in the recent NLF/NVA drive, to discourage people from staying in places controlled by the Saigon government.
The campaign in the Batangan Peninsula area of Quang Ngai has been so extensive that the advisor added, "The NLF has undone in two weeks what it took U.S. forces four years to do."

The Phu Quy area has long been contested, and many people say that the villagers have long been giving rice and other aid to the NLF. As a result, the area has in the past been a free-fire zone, and was shelled by the U.S. battleship New Jersey a few years ago. In 1969 the Batangan was the scene of Operation Bold Mariner, called the largest American amphibious operation since World War II. As a part of Bold Mariner, the entire civilian population of the peninsula, including the people of Phu Quy, was forcibly moved to a sandpit along the Tra Khuc River near Quang Ngai City. Then the land on the peninsula was leveled with artillery barrages and bombing, and finally cleared by the huge "Rome" plows. When the people were permitted to return to the Batangan they were subjected to conditions now distressingly familiar in Vietnam: their land devastated, they were forcibly grouped in crowded refugee camps away from their ancestral homes. At Phu Quy and other areas of the Batangan there were particular hardships not found in other parts of Vietnam. The dikes holding the sea back from the rice paddies had been bombed so that the people could not grow rice. When I visited the area in February of this year I was told that since it was generally said that the people gave rice to the enemy the government soldiers were checking people coming into the area to confiscate rice purchased elsewhere. So the people were reduced to eating what few fish they could catch, dried roots, and in the poor areas like Phu Quy, even the stalks of their banana trees.

At 5:00 a.m. on April 14 of this year, NLF and North Vietnamese (NVA) soldiers appeared on a ridge overlooking Phu Quy and began a resounding bombardment that completely encircled the village with explosions for 15 minutes. A number of Phu Quy residents, who later independently told this story to our staff in Quang Ngai, said that not a single shell landed within the village's barbed wire and bamboo stake perimeter. The tactic was effective since the government district soldiers guarding the village quickly threw down their M-16 rifles: some fled and some simply surrendered. There were no casualties. The NLF and NVA soldiers searched the huts while the people came out and grouped together, offering no resistance. When everyone was out of the camp, the soldiers burned it to the ground and told the people to go back to the land where their ancestral homes had been. By 6:00 a.m. the liberation of Phu Quy was over.

The American Province Senior Advisor told me on April 28, after he had inspected the burned-out site, that this burning was a clear example of terrorism aimed at the civilian population. A number of villagers from Phu Quy who spoke with our staff disputed this for two reasons. First, they had known Front soldiers for a long time, some Front soldiers had been "underground" in the area for seven years, and therefore there was no reason for these local NLF soldiers to terrorize their neighbors. Second, the people hated living under the control of the government in the hot, crowded camp, and that with the camp gone they welcomed the chance to return to the ancestral homesites so central to their culture.

Following the liberation of Phu Quy the NLF and NVA soldiers left the village area. The South Vietnamese Army and the U.S. and South Vietnamese air forces then began to shell and bomb the area, even though, true to pattern, the NLF operation in Phu Quy had been an in-and-out affair. Sporadic bombing and shelling were still going on on April 30 when I witnessed it from a hilltop northeast of Quang Ngai city. I also saw and heard shelling on May 4, and when I was in the My Lai 2 area: shells were whizzing right over our heads, and the local villagers confirmed our thought that the shells heading northeast were landing at the end of the peninsula, at Phu Quy.

So the people of Phu Quy experienced two quite different kinds of treatment from the opposing sides. A military operation carried out by NLF/NVA forces lasted less than an hour and resulted in no loss of life, not even to soldiers on the government side. But from the allies has come days and weeks of shelling and bombing, which has certainly had little effect on the NLF soldiers who have either moved on or hidden in well-dug tunnels, but is having a devastating effect on the villagers who at best have only crude bunkers, no medical or food supplies, and nowhere else to go.
My second example concerns the recent fate of some of the survivors of the My Lai massacre. On April 15, 1972 the NLF/NVA soldiers carried out an operation similar to the Phu Quy incident in a “Return to Village” camp at Tu Cung, or My Lai 2, immediately adjacent to the traditional My Lai area, which itself has been bulldozed and is now uninhabited. There was little loss of life, and this time the Front soldiers did not burn the camp down, but simply moved on. The next day South Vietnamese troops counterattacked. We have not been able to ascertain for sure how many civilians died in My Lai 2 that day. I do know the story of a person who suffered from the ARVN counter-attack in that general area that day. Pham Thi Tol was a 28-year-old Vietnamese woman whom I first met in March of 1971. She was a survivor of the My Lai massacre, but afterwards she had both arms and both legs blown off by a mine while she was being forced to build a U.S. outpost near My Lai. Following her injury she had only her 18-year-old sister and a niece to help her. Her mother, old uncle, oldest brother and sister and two younger boys were killed by American soldiers at My Lai. After being fitted with artificial arms and legs at the Quaker Rehabilitation Center in Quang Ngai, she returned to her sister at a refugee camp just beyond My Lai 2. She was given a loan by the Quakers to start a small store with her sister, and when I accompanied one of the Quaker project’s Vietnamese social workers on a home visit in February of this year, she was in good spirits and working hard in her store. However, on April 16 she was brought to the Quang Ngai hospital, having been wounded in the ARVN counter-attack by a bullet in the stump of one arm and by shrapnel in her midsection. Her arm had to be re-amputated. She died two days later.

Returning to events at My Lai 2, I drove there on May 4 with another Quaker staff member and a Vietnamese social worker. The camp was partly secured by South Vietnamese troops, at least during the day. About one-half of the dwellings in the camp had been totally destroyed. We had long vistas of the charred stubs of bamboo poles that held up the roofs of the thatched huts, interspersed with oblong piles of sand that were once sandbagged bunkers. Many people had left the camp, but those remaining told us that after the first ARVN counter-attack on April 16, the village had been bombed by two jets on the 17th, and that the village had then been attacked by three South Vietnamese armoured personnel carriers and some truckloads of troops on the 18th and 19th of April. The villagers told us that all of the burning had been done by the South Vietnamese troops, and they said that the U.S. bombs had killed two people. A number of people volunteered the information that although the situation there was bad, Phu Quy, where we could still hear the shells landing, was much worse off. One middle-aged peasant, who squatted under a shattered tree in front of a pile of rubble while peeling a bamboo stick, pointed to a twisted and burned hunk of galvanized iron roofing on the ground in front of him. “The Saigon government gave that to us, now they have taken it away. It is always we, the common people, who get caught in the middle.”

By the side of a path in the ruined camp of My Lai 2 I found the charred remains of an entire artificial leg that had belonged to a former patient at the Quaker Rehabilitation Center, a 60-year-old man named Do Truc. He lost his leg at the hip on November 12, 1969, when hit by fragments from an American bomb at his home in Son Thanh close to My Lai 2. During my visit on May 4 there was no trace of Do Truc except the burned artificial leg, and none of the villagers knew what had become of him. We fear that like quadruple amputee Pham Thi Tol, the war has struck this 60-year-old peasant a second time.

The stories of Phu Quy and My Lai 2 resettlement camps are examples of the stories that I and other Quaker Service workers have heard many times in the last few weeks. The NLF and NVA forces have caused some loss of property and some injuries and some deaths. But Allied counter-attacks, the firing of artillery against civilian populations, and the bombing of villages containing large civilian populations are the dominant features of these stories of destruction, injury and death.

So due to U.S.-provided air power and U.S.-advised South Vietnamese troops we hear about civilian casualties and massive refugee movements in other parts of Vietnam more in the public eye, places like Quang Tri and An Loc. Yet even in a relatively “quiet” area such as Quang Ngai, the suffering of the people in the countryside is great. It is our very firm conviction that the greatest amount of suffering will end for these people when the U.S. Government ceases its
massive bombing of the countryside and ceases advising, supplying, training and prompting the South Vietnamese army, permitting the people of Vietnam to settle their problems and live in peace.

**Quaker Service—Vietnam**

(1971 Statistical Summary from the Rehabilitation Center in Quang Ngai, South Vietnam)

*Pham Thi Tu*

This 35-year-old woman suffered partial paralysis to one side of her body from a bullet wound in her head. She was carrying rice to market when she was caught in crossfire and wounded twice, once in the head and once in the leg. After receiving physical therapy treatment and an orthotic brace she was able to walk quite well with a cane. She has no family to return to, however, since two years before her injury, while she was away selling rice in the market, her grandparents, husband and two children were killed by American bombing.

*Two young pals*

The young boy on the left lives in Mo Duc, one of the hardest hit areas of the Vietnam War. He lost his leg by stepping on a U.S. mine. The boy on the right lost an arm and had severe damage to one of his legs. The Quaker doctor, Chuck Henkel, operated on the boy's leg and performed a tendon transplant to correct a "drop foot" problem. At first this patient had to walk with the aid of a short-leg brace, but with physical therapy became strong enough to walk without any brace.

*Em Dung: King of the rubber bands*

This spunky little boy stepped on an American mine causing him to lose one leg below the knee, one leg above the knee, and an eye. He soon became well-known at the Center for his ability to play cards (with miniature cards he made himself) and for his ability at beating the other children at a game played with elastic bands. Around his neck he proudly wears the one-thousand rubber bands he's won and woven into a chain.

Em Dung was determined not to be handicapped by his injury. He exercised with his new legs, practiced falling down over and over so that he could get around fast and keep up with the other little kids. Before receiving his artificial legs, Em Dung was a rough and tough little boy who always felt he had to defend himself. But with his new artificial legs his whole personality changed so that he now seems less defensive, happier and more gentle.

*Old man with granddaughter*

This old man and his granddaughter are new patients at the Center. The young girl and her brother stepped on a mine in Duc Pho and were both brought to the Quang Ngai Hospital. The brother, who had greater injuries than his sister, died within a few weeks. As the other members of the family were all killed in various war-related incidents the grandfather and granddaughter are the only ones left. One of the team physical therapists discovered the girl on the hospital ward, thin and sad. Now she comes to the Center daily for exercise in preparation for a prosthesis. She is already strong enough to walk with crutches and doesn't need to be pushed in a wheelchair. Her grandfather stands patiently by her as she exercises repeating the instructions of the physical therapists and giving encouragement when the girl seems tired. Her spirit already seem better and she smiles a bit.

During 1971 these people were among a total of 1,012 who came to the Quaker Center in Quang Ngai for treatment: 545 new patients, and 467 former patients who returned for additional medical/nursing care, physical therapy, and new or repaired prostheses. Their injuries and personal case histories are typical. The large number of former patients returning for additional treatment indicates the growing need for services and rehabilitation work in Quang Ngai and in Vietnam. As in past years, in 1971 80% of the patients treated at the Center were old men, women and children. The Center's policy is to accept only civilians for treatment since the government has four rehabilitation centers which give priority to soldiers and veterans.
**New patients**

Upon arriving at the Quaker Rehabilitation Center each new patient is interviewed by a Vietnamese staff member who asks each to describe the circumstances of their injury and to relate other basic information such as their age, village, and type of injury. Seventy-five percent of the new patients admitted had war-caused injuries.

<table>
<thead>
<tr>
<th>Percent</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>New patients with war-caused injuries</td>
<td>409</td>
</tr>
<tr>
<td>New patients with non-war-caused injuries and diseases</td>
<td>136</td>
</tr>
<tr>
<td>Total number of new patients</td>
<td>545</td>
</tr>
</tbody>
</table>

**Responsibility for injuries**

The following table shows the percentages of patients who were injured due to the war activities of the American forces, the South Vietnamese Army, and the National Liberation Front. Of these patients willing to state clearly which party in the war caused their injury 69% placed responsibility with the Allied forces (U.S. and A.R.V.N.) and 31% indicated that the N.L.F. caused their injuries. It must be stated, however, that for many reasons these statistics give only a partial picture of the responsibility for injuries to Vietnamese civilians. Specifically, the majority of Center patients come from Quang Ngai province and the Rehabilitation Center does not treat all types of war injuries. Also, sometimes patients' stories may vary according to what they think the interviewer wants to hear and many (14%) simply do not know or do not want to attribute responsibility to any particular side because they fear reprisals or investigation.

**Side causing war injuries**

- U.S. — 102 or 25 percent.
- A.R.V.N. — 141 or 35 percent.
- N.L.F. — 108 or 26 percent.
- Unknown — 58 or 14 percent.

Total known — 351.

Total Allied — 248 or 69 percent of total known.
Total N.L.F. — 108 or 31 percent of total known.

**Weapons which caused injuries**

The table below illustrates in numbers and percentages the weapons which caused the war-related injuries. During 1971 by far the most devastating weapon to Center patients was mines. The explosion of mines necessitated amputations and caused severe wounds to 61% of the Center's patients. Mines continue to be used extensively and indiscriminately. Civilian populations are still moved onto unfamiliar land which they are forced to farm or to guard. Farming and guarding such unfamiliar, and frequently heavily-fought-over land proves to be extremely dangerous since these areas tend to be heavily laden with untriggered mines.

Gunshot and artillery wounds were also common. Gunshots fracture bones in arms and legs and pierce spines. Frequently the gunshot wound and/or fracture will not be properly treated which results in such complications as osteomyelitis and eventually necessitates an amputation. Every evening A.R.V.N. firebases in Quang Ngai Province lob artillery shells at suspected enemy positions or troop movements. There are many patients at the Center who have lost both legs due to such heavy firepower being mistakenly or arbitrarily directed at their villages and homes. Injuries due to airstrikes are at the same level as in 1970. After making a survey of all new patients in 1971 it was determined that most of them come in to the Center within a few months of the time they are wounded thus showing clearly that most of the war-related injuries occurred in 1971 and were not "old" injuries.
Weapons causing the injuries:
- Mines — 209 or 51 percent.
- Gunshot — 89 or 22 percent.
- Artillery — 63 or 15 percent.
- Airstrikes — 13 or 4 percent.
- Grenades — 14 or 3 percent.
- Rockets/Mortar — 18 or 3 percent.
- Military Traffic — 6 or 2 percent.

Injuries caused by each side:

The following table shows a breakdown of the weapons which caused the injuries and which were used by each side in the war—U.S., A.R.V.N., and N.L.F.

The Allies caused more than twice as many injuries to Center patients as the N.L.F. The majority of N.L.F.-caused injuries were due to mines, but there were more total injuries caused by A.R.V.N. mines. Comparing these statistics to those of 1970 reveals that there was a reduction in injuries caused by U.S. artillery and gunfire.

<table>
<thead>
<tr>
<th>Breakdown of All Injuries Caused by Each Side</th>
<th>Number</th>
<th>Percent</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S.:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artillery</td>
<td>52</td>
<td>1.84</td>
<td>51</td>
</tr>
<tr>
<td>Airstrikes</td>
<td>18</td>
<td>0.69</td>
<td>15</td>
</tr>
<tr>
<td>Mines</td>
<td>15</td>
<td>0.56</td>
<td>15</td>
</tr>
<tr>
<td>Gunshot</td>
<td>11</td>
<td>0.41</td>
<td>11</td>
</tr>
<tr>
<td>Traffic</td>
<td>6</td>
<td>0.22</td>
<td>5</td>
</tr>
<tr>
<td><strong>A.R.V.N.:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mines</td>
<td>74</td>
<td>2.78</td>
<td>52</td>
</tr>
<tr>
<td>Gunshot</td>
<td>47</td>
<td>1.79</td>
<td>35</td>
</tr>
<tr>
<td>Artillery</td>
<td>11</td>
<td>0.41</td>
<td>8</td>
</tr>
<tr>
<td>Grenades</td>
<td>9</td>
<td>0.35</td>
<td>6</td>
</tr>
<tr>
<td><strong>N.L.F.:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mines</td>
<td>59</td>
<td>2.28</td>
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<tr>
<td>Gunshot</td>
<td>21</td>
<td>0.81</td>
<td>19</td>
</tr>
<tr>
<td>Rockets/Mortar</td>
<td>13</td>
<td>0.50</td>
<td>12</td>
</tr>
<tr>
<td>Grenades</td>
<td>5</td>
<td>0.20</td>
<td>6</td>
</tr>
</tbody>
</table>

1 All U.S. injuries.
2 All A.R.V.N. injuries.
3 All N.L.F. injuries.

Surgical operations and care of patients:

During 1971 there was a total of 890 operations on Center patients. Of these, 280 were performed in the surgery room set up by the AFSC doctor, Chuck Henkel, in the Rehabilitation Center. The other 41 operations were done in the Quang Ngai Hospital operating room. The majority of surgical cases were basic orthopedic operations such as amputations, stump revisions, debridement of osteomyelitis, and skin grafts, although a smaller number of more specialized operations were also performed (tendon transfers, contracture releases). Six trained Vietnamese assistants worked with the Quaker doctor on medical and nursing care for patients; two of them worked in surgery while the other four provided follow-up care for the patients at the Center and in the Quaker hostel. In 1971 there were 486 patients who stayed at the Center's new hostel. There was an average of 56 patients in the hostel every day.

The prosthesis department in 1971 produced a total of 886 artificial limbs, braces, and orthotic devices. (See table below) At the end of 1971 the Center's 19 prosthetists completed their two-year training course and all successfully qualified for their AFSC certification and their government civil service certification. Two prosthetists also completed specialized training in brace-making. Production was at the 1970 level and probably would have been higher but for the fact that several of the prosthetists were called for military training before being reassigned to the Center as their alternative service.
The Prosthetic Department staff also includes two former patients who now make wheelchairs. They produced 41 wheelchairs for patients and filled an order for 50 wheelchairs from another organization working in Vietnam. The wheelchairs are made from local materials in an attempt to make them rugged, easily repairable and appropriate for Center patients. New innovations by the Vietnamese prosthetists included a revised paddy leg made of bamboo for work in the rice fields, a more stable fisherman's leg, a root dye for a darker Vietnamese coloring for artificial legs, and the use of local materials such as bicycle inner tubes to replace more expensive plastic materials.

Breakdown of Prosthetic Shop Work

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above-knee artificial legs</td>
<td>137</td>
</tr>
<tr>
<td>Below-knee artificial legs</td>
<td>330</td>
</tr>
<tr>
<td>Above-elbow artificial arms</td>
<td>9</td>
</tr>
<tr>
<td>Below-elbow artificial arms</td>
<td>22</td>
</tr>
<tr>
<td>Surgical shoes</td>
<td>41</td>
</tr>
<tr>
<td>Repaired artificial legs</td>
<td>41</td>
</tr>
<tr>
<td>Wheelchairs for center patients</td>
<td>56</td>
</tr>
<tr>
<td>Hip disarticulation prostheses</td>
<td>76</td>
</tr>
<tr>
<td>Symes prostheses</td>
<td>22</td>
</tr>
<tr>
<td>Long-leg braces</td>
<td>41</td>
</tr>
<tr>
<td>Short-leg braces</td>
<td>35</td>
</tr>
<tr>
<td>Other orthotic devices such as splints, plaster casts, and so on</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total artificial limbs, braces, orthotic devices</strong></td>
<td><strong>836</strong></td>
</tr>
</tbody>
</table>

In 1971 the Physical Therapy Department treated an average of 46 patients a day. The greater part of the physical therapy work related to amputees such as exercises for limb fitting and gait training. But the work of the physical therapists continued to expand to include burn patients, paraplegics, polio patients and others. This past year five more Vietnamese completed their training course bringing the total number of trained Vietnamese physical therapy aides to nine. The Western PT staff was reduced from three to one due mainly to the Vietnamese PT staff's increased competence and training which enabled them to assure almost all the clinical responsibilities. This allowed the team physical therapist to focus on the problems requiring more specialized training, the government certification of the PT Aides, and the future training necessary for them to become fully qualified physical therapists.

The Social Work program at the Center in 1971 continued to encourage and aid patients toward full rehabilitation after their physical rehabilitation. Three Vietnamese staff are currently involved in social work—two social workers and a supervisor of patient services. They have sought to involve all the workers at the Center in some social work aspect of rehabilitation for the patients. Through a new program of home visits they hope to be able to verify that the patient is receiving proper medical care and physical rehabilitation training at home in addition to reassuming a productive and meaningful role in the family's work and daily life. Since this program got under way in the last few months of 1971, 76 families have been visited with these purposes in mind.

To help the patients become self-sufficient, financial and material assistance was given according to patients' needs. The aid took various forms: education, vocational training and placement, loans for marketing and/or farming endeavors, materials for home-building and livelihood enterprises, funds for community projects which included patients.

It is the strong conviction of the American Friends Service Committee team in Quang Ngai that full rehabilitation for the thousands of civilian casualties in Vietnam cannot effectively begin until there is peace for the people of Vietnam. This definitely includes the withdrawal of all United States military personnel and the withdrawal of all United States war machinery from Vietnam. It is equally important for Vietnam and Southeast Asia that all clandestine operations and support of war-making activities by the United States cease now.
HEALTH CARE FOR CIVILIANS: QUANG NGAI PROVINCE HOSPITAL
By John Ferger, M.D., American Friends Service Committee

"Caution: Entering this Hospital as a Patient May be Hazardous to Your Health"

This is the sign I sometimes think should be emblazoned above the armed gate of the Quang Ngai Province Hospital. However, for the civilian population of Quang Ngai, there is no choice, as this is the only civilian hospital in a province of some 650,000 people and one of the highest rates of civilian war casualties in the country. So the victims of mine explosions and gunshot wounds, those sick with diseases ranging from polio and tuberculosis to malnutrition and malaria, the women in labor, the children burned or injured in home or community accidents, all crowd into the 600 beds available. Often there are two and sometimes three to a sheetless bed, and crowding is aggravated by family members who come along to care for their sick or injured relatives. Children as young as eight years old may be the unofficial nurse for an adult or sibling, sometimes for months at a time. The care that they give is essential, for nurses provide only a minimum of services. But the family has nowhere to sleep except on or beside the patient's bed. To supplement the patient's meager hospital diet and to feed themselves they cook on kerosene stoves in and just outside the wards. Knowing nothing about modern hygiene, they spit on the floor and use the grounds around the wards as their toilets. No other facilities are provided, even to patients. And the numerous relatives form a crowd of onlookers whenever a doctor or nurse is carrying out any treatment. Fortunately, privacy seems to be of little concern to most patients, for there is none on the wards of six to thirty beds which are not segregated by sex or age, except for the maternity and pediatric wards.

Patients often have great difficulty getting to the hospital. Outside of the city of Quang Ngai the roads are not open after sundown due to the lack of security. And then, during the day, there may be only footpaths to the hamlets, making it necessary to carry the patient in a hammock slung under a pole and carried by two people. It is not unusual for a day or more to elapse between the time of injury and arrival at the hospital. Before American forces were evacuated from this area, helicopters quite commonly brought patients directly to the hospital. But now there are fewer helicopters and the South Vietnamese army is reluctant to risk them on flights to insecure areas. This means that many people can get only the very primitive care available in the village.

Chickens, ducks and turkeys peck around the one- and two-story buildings that make up the hospital wards. At night they are cooped up in makeshift structures built against the outside walls. Dogs roam the grounds and even enter the wards. Perhaps the animals do serve a function by cleaning up some of the litter, but the flies which collect on the pus-stained bandages which lie about or are discarded in the open garbage pit in the rear of the hospital grounds certainly are not a welcome addition when they fly through the screenless windows and infect wounds. Perhaps some are caught in the cobwebs in room corners, or by the gecko lizards that patrol the walls and give their unexpected chirps.

It would be nice to say that in spite of the miserable environment the patients receive compassionate and conscientious care from the staff. Unfortunately, this is not the case, with some exceptions. Several wards, including the burn ward, having nursing care only on the day shift, and none on weekends. The nurses and aides seem to spend the majority of their time at their desks and apparently consider actual patient care beneath their dignity. I have never seen a bed bath being given by a nurse or a patient being fed by one. Records of temperature, pulse and patient condition are not kept, in fact the burn ward does not even have a thermometer or any medication stronger than aspirin for pain. Perhaps needless to say, stethoscopes, sphygmomanometers and refrigerators on the wards are out of the question. In the doctor's absence, or between his infrequent visits the nurses are left with the responsibility for deciding what treatments and medications the patient needs and when he should be discharged. It is rumored that on some wards patients have to pay the nurses for medications supplied by the hospital, as well as for other care. Certainly dressings on wounds and burns are changed less frequently than they should be. I have seen several cases in which the dressings applied to a serious wound on
the emergency ward upon admission was not changed for two weeks, by which time the wound was so badly infected, the limb had to be amputated.

There was a number of reasons why poor nursing care is given to patients. All hospital personnel are government civil servants and it is almost impossible to fire them. The worst thing that can be done to an incompetent employee is to transfer him to another less desirable hospital. And Quang Ngai is at the bottom of the list—the Siberia of medical care in Viet Nam! Nurses are inadequately paid, averaging 10,000 piastres or about $25 per month, leading to the temptation to hold another job, to sleep at the hospital whenever possible, and to steal drugs and other equipment. Because all doctors are drafted into the army, there are not enough doctors in the civilian hospitals to supervise the nurses and help them to maintain their professional competence. Finally, graft in Viet Nam is omnipresent from the top levels of the government on down, that the example of superiors is naturally emulated by nurses and aides.

Only three full-time doctors are available to care for patients and oversee the work of the nurses at Quang Ngai's hospital. "Full-time" for doctors means from 9 a.m. to noon and 2 p.m. to 5 p.m. It is expected that these doctors will have private practices during the noon and evening hours to supplement their salaries of 36,000 piastres ($88) per month. It is said that doctors care primarily for patients in the hospital who pay them on the side, leaving little time for the others. The doctors from the military hospital across the street do help in the civilian hospital when they have time. Theoretically, they even have responsibility for certain wards. However, in practice they make rounds irregularly, sometimes only once a week, caring mostly for the patients who pay them. Some wards, the burn ward for instance, never see a doctor, so that patients are admitted, treated and discharged or die with only nursing care. Of course, even a dozen doctors working full-time would have difficulty giving adequate care to 600 or more seriously ill or injured patients.

Adequate care, however, depends on more than a certain number of conscientious doctors and nurses. It also requires sufficient facilities to help diagnose the more difficult or less obvious cases. X-rays, blood counts and chemistries, bacteriology and pathology are all essential if one is to practice twentieth-century medicine. It is, of course, possible to accomplish a lot without these aids which should always be secondary to the intelligence and experience of the medical staff, but certainly in a regional medical center like Quang Ngai where the most complicated problems tend to accumulate, these diagnostic services are not just a luxury or a crutch.

At Quang Ngai Hospital there are no facilities for pathology, none for bacteriology, none for serological testing, none for blood chemistries. And apparently, these services are rarely, if ever, obtained by mail from the medical school or other hospitals in Saigon. The only tests that I have seen recorded in the laboratory log book are a complete blood count, urinalysis, blood typing and cross-matching (although no blood bank is available, blood can be obtained at times from family members), Wassermann, sputum for tubercle bacilli, and stool examinations for parasites. The X-ray machine is a 30 MA model, adequate for extremities and chest X-rays, but not for intestinal X-rays, spines and skulls. The quality of the films obtained is seldom really good. At times one has to postpone X-rays because the hospital is out of film or chemicals.

It is very common for medications and supplies to run out. For a while penicillin was unavailable, and on several occasions the burn ward had no ointment other than vaseline. The variety of drugs stocked is severely limited and anything out of the ordinary simply cannot be obtained.

In one field the performance at the hospital is reasonably good. Surgery is done in two air-conditioned, quite clean rooms (one can't get too upset over an occasional gecko lizard on the whitewashed walls). The equipment is satisfactory except that there are no gloves small enough to properly fit the tiny hands of the Vietnamese nurses and doctors, since these and other supplies are provided mostly from USAID or army. The nurse anesthetists seem to know what they are doing, and the surgeons, who have a wealth of experience in all fields of surgery, do good work. Unfortunately, the follow-up care, left almost entirely to the nurses and family, is frequently very inadequate.

Dr. Khal, who is the administrator in charge of the hospital and a surgeon, is also chief of medicine in the province, responsible for several branch dispensaries and all public health activity, in addition to his responsibilities for patient care in the hospital. He is conscientious and well-meaning and puts in
hours of work beyond his "full-time" assignment made by the Army Medical Corps in which he holds the rank of Major. He is constantly frustrated in his efforts to run the kind of hospital he would like, both by policies within the Ministry of Health such as the inability to fire personnel, and by pressures from outside the hospital. Such pressures include threats of shooting him when he attempted to bar soldiers who were molesting female patients from entering the hospital grounds. There was also the suggestion, almost an order, from the US Province Advisor to the Province Chief that Dr. Khai investigate all admissions to the hospital and report any persons who are suspected of being NLF sympathizers. It is to his credit that he declined to do this. He is unable to change the policy of the Provincial Police of handcuffing many patients to their beds who are from insecure areas. It is difficult to see the purpose served by handcuffing a hemiplegic patient or a double amputee, neither of whom could leave their beds if they wanted to. But both have been handcuffed for almost a year, without any judicial review or any indication of when the restraints might be removed.

Why is medical care so poor? This question naturally arises, especially when the U.S. has spent billions of dollars each year in the supposed effort to improve life for the people of Viet Nam. The question resolves into a matter of priorities and attitudes. The United States and the regime it supports consider that the most important priority is to win the war. It is abundantly evident in many ways that the fate of civilians is of less or little concern. There is a flood of materiel and money made available for fighting, but only a trickle for health care. It is estimated that 1.5% of the Vietnamese national budget is allocated for civilian health care, in addition to a much smaller percentage of the total amount of U.S. aid to Viet Nam.

If, as has been said repeatedly, it is difficult to distinguish between an NLF soldier and a peasant when fighting, it is equally or more difficult to distinguish between them when they are patients in a hospital. U.S. advisors do not want to help the NLF by treating them when they are sick or injured. Quang Ngai Province has always been a stronghold of support for the NLF. Therefore, the reasoning goes, when treating civilians it is quite possible you are treating Viet Cong or their supporters. Thus why hinder the war effort by treating civilians? And this, in part, is why Quang Ngai Province Hospital has always received less than its share of supplies and medical personnel, and why civilian care in general has never been considered of urgent importance.

The hypocrisies of the war are a natural setting for graft which reaches epic proportions at all levels in Viet Nam. And the little person at the end of the line—the poor patient in the hospital or the refugee without decent housing, food, or the means to make a livelihood—this is the one who gets merely the crumbs left after everyone else has taken his slice. Although the catastrophic effects of their policies should be apparent to Americans and their leader by this time, they continue to have the same blind disregard for human values and human life. Under a program of "winding down the war", the U.S. government removes its ground troops, but has increased the bombing which continues to take a heavy toll of civilian lives and casualties. So the number of civilians in need of non-existent medical facilities increases.

As the troops are pulled out, medical units are among the first to go. American casualties can always be evacuated to Japan or elsewhere for treatment. The shipment of medical supplies is reduced while the flow of arms continues unabated. Army advisors have remained with the ARVN troops, but medical advisors have not stayed on in the Vietnamese hospitals. To reasonable people it would seem desirable to increase the amount of medical aid, even as troop levels are reduced, to help make up for the accumulated neglect of health needs for civilians. But even such easily prevented diseases such as polio continue to take a massive toll, and war-related crippling injuries that could be helped continue to go untreated.

I am sure the Vietnamese people do not share the priorities of the U.S. and South Vietnamese governments. The people are, as people everywhere, deeply distressed when a family member is injured or sick. Family ties are very strong and no sacrifice is too great to help to restore health. Doctors are held in the highest regard, and medical care is eagerly sought when available. Health personnel, doctors, nurses and others, when given the right motivation, example and facilities, are capable and compassionate in the case of their countrymen. If the people were given a choice, I am confident that their health needs could and would be met.
(Dr. John Ferger, a family doctor from Dryden, N.Y., has been a volunteer for the past three months with the American Friends Service Committee at the Quaker Rehabilitation Center which is on the grounds of, but independent from, the Quang Ngai Province Hospital. The Rehabilitation Center serves civilians without regard for their race, creed or political views. It has an ambulatory ward for 80 patients, an active physical therapy department and a prosthetics shop, staffed by some 50 Vietnamese and five Americans. They care primarily for amputees of which there are a disproportionate number in the province, but also become involved in the treatment of polio victims, as well as other orthopedic and burn patients.)

PACIFICATION

By Jane Barton, staff member at the Quaker Rehabilitation Center, South Vietnam

Pham Thi Toi was twenty-four years old when American troops visited disaster upon her native village of My Lai. She was away from her house when the troops came; she ran, hid, and survived. Of her entire family, only Ba (Mrs.) Toi, a younger sister, and a niece survived; the six others were found in a pile of bodies.

Slowly they began the task of trying to continue to live. After Ba Toi had buried the bodies of her mother, uncle, brothers, and sisters, she tried to scavenge materials with which to build a shelter. But the survivors of My Lai were not allowed by the government to return to their ancestral home. Rather, the site of My Lai was bulldozed, and the remaining people were forced to build a fence around a piece of land that was to be their refugee camp.

The people protested that the new site selected was heavily laden with both NLF and American mines, but to no avail. Ba Toi was bending over picking up a bamboo when she triggered a mine. Both of her legs were blown off below the knee; both arms were so badly mutilated that they later had to be amputated.

Ba Toi spent several months in a weakened state at the province hospital in Quang Ngai City. Staff visiting from the Quaker Rehabilitation Center, which is located on the hospital grounds only four miles from the site of My Lai, came to know her there; but Ba Toi had lost the will to live and despite her total incapacitation, desired to return to her sister at the fateful camp.

A few months later on a visit to the camp of My Lai survivors, Roger Marshall and Dorothy Weller, Protestant and physical therapist at the Quaker Rehabilitation Center in Quang Ngai, found Ba Toi again. She was in desperate need of care, and this time she agreed to come to the Center, which serves injured civilians without respect to their politics.

Following operations to renew her stumps, Ba Toi was measured and fitted with artificial legs. The legs had been made by one of the twenty Vietnamese which the American Quaker team had trained. A prosthetist also made two arms for Ba Toi — one a hook which can be manipulated to perform many finger functions, the other a plastic hand that can carry objects. After her arms and legs were fitted and finished, and Ba Toi began to practice walking, a miraculous change took place. Before, she was totally helpless and despondent —unable even to feed herself—with four stumps of limbs protruding from her torso; suddenly, she was able to walk, move, pick up objects. She made a great effort to learn to use her new limbs. Ba Toi left the Quaker Center walking extremely well, and proud of her achievement.

But rehabilitation had only begun; the hardest task for the severely injured is to find a means of earning a living and finding a new niche in Vietnamese society. When Ba Toi left the Quaker Center, she was given a small amount of money (equivalent to ten U.S. dollars). With the money, and with the help of her sister, Ba Toi bought a few items—a bit of food and cigarettes—and began a tiny store with an inventory that would fit comfortably on top of a desk. The sisters began to earn a little money, though neighbors still had to give them more rice so that they had enough to eat. Most important, Ba Toi had found something she could do, and she did it with vigor.

Ten months had elapsed, and during that period the My Lai refugee camps were moved two more times. The camp where Ba Toi lived was in a devastated area, stripped of trees and vegetation, with sandy ground and with no irrigation possible. The huts were built of mud mixed with straw, cardboard, and used boxes of American artillery shells. The roofs were of tin that reflected in the
sun. Half of each small hut was a bunker with walls built of sandbags. Directly across the road was an ARVN post charged to protect the camp but often lobbing shells into it by accident.

Then on Saturday, April 15, 1962, fighting began again in the My Lai area. The NLF moved inland, easily overtaking the small forces of ARVN, RF and PF soldiers in the area. They took control of Phu Quy, another refugee camp, and burned it, telling the people to return to their ancestral villages. The Front destroyed, however, a few people who had worked for the government or who had relatives in the government army.

By Sunday the Front controlled all of the area west from the sea to within four miles of Quang Ngai—including the My Lai refugee camps. "It took the VC two weeks to capture what it took the ARVN and Americans four years to build," said an American military officer. "I don't really blame them for supporting the other side. The government just herded them into refugee camps and did nothing for them. Those people don't care who's in control. They just want to work their fields and live in peace."

During the fighting, ARVN from the nearby outpost lobbed American-made shells into the camp. One landed in Ba Toi's hut. It killed her sister; shrapnel hit Ba Toi in the stomach. As Ba Toi struggled to put on her legs and get into the bunker, cross-fire caught her; and a bullet penetrated the stump of her arm.

It was several hours before a friend could bring Ba Toi to the Quang Ngai provincial hospital; and she waited, along with many other injured people, for six hours before her operation. Ba Toi didn't complain of pain, said she was "tired, very tired. I'm tired of war and being hurt. I'm tired of death. Please give me something to sleep."

As Ba Toi lay in the provincial hospital on Monday the 19th, an A-37 subsonic jet from Da Nang bombed two of the refugee camps for several hours. The NLF now controlled the area, and many of the people had fled to "liberated" areas. A group remained in the refugee camps, however, and it seems reasonable to assume that they were kept there for the same reason as before—because they were government supporters. It was difficult to get exact information on the number of casualties, although American and Vietnamese officials said that they knew of only eight injuries and three deaths. It was reported, however, that many of the injured people were brought to an NLF hospital in the area.

At the provincial hospital, Ba Toi's condition worsened. She lay nude, a heavy blanket thrown over her mid-section, her breasts and three remaining stumps bare. She was hitched up to an intravenous bottle, but the nurses at the desk didn't notice when it stopped running. By Monday evening she no longer recognized or heard people. Her eyes rolled back and she stared at the ceiling. During the night she died.

For Ba Toi, the war is finally over. For other innocent people of Indochina, it continues.

Senator Kennedy. Thank you very much, gentlemen. We appreciate the inconvenience you have gone through to be here.

We now wish to welcome Mr. Robert Nooter, Deputy Coordinator for Supporting Assistance, Agency for International Development; Mr. Laurin Askew, Director of the Vietnam Working Group, Department of State; and Col. George H. Patrick, U.S. Army, Assistant for Vietnam, Office of the Assistant Secretary of Defense, USA. These witnesses will be accompanied by Mr. Norman P. Firnstahl, Deputy Director of War Victims Directorate/CORDS, Saigon, Vietnam; Maj. Curtis G. Cook, U.S. Air Force, Assistant for Laos and Cambodia, Office of the Assistant Secretary of Defense, USA; Dr. Johannes U. Hoeber, senior refugee and Social Welfare Officer, Bureau for Vietnam, USAID; and Dr. Malcolm E. Phelps, Director, Office of Public Health, Bureau for Vietnam, USAID.

We welcome you.

Senator KENNEDY. You have a rather extensive statement. I want to express my appreciation to you for getting it to us before hand. It is very helpful. I sit through many committee meetings where we never get prepared statements in time. It makes it much more useful in terms of the committee. And I want to thank you and your department for that courtesy.

Mr. Nooter. Certainly.

We also have with us this morning Mr. Norman Firnstahl, the Deputy Director of the War Victims Directorate in the CORDS group in Saigon. Mr. Firnstahl has been working in that program for 4 years, and has just returned from Saigon. We hope we will be able to provide the committee with some current information about the situation in Vietnam.

I do have the statement which you referred to. It is rather lengthy. I might suggest that because of its length I give some oral comments which will address some of the questions the committee has raised, and ask that the statement itself be submitted for the record. And, of course, we are prepared to try to answer any questions that the subcommittee may have.

Since 1965 the U.S. government has provided something over $700 million in assistance for refugees, social welfare programs, and medical programs in Vietnam. That is a small amount compared to the overall cost of the war; at the same time, it does represent a significant amount of support for these humanitarian programs and indicates the concern that the United States has felt in this very important area.

The funds have been used to support a wide variety of programs: construction of hospitals, establishment of centers for the provision of prosthetic devices, expanding schools for medical and dental education, for training nurses and other health people, and training social welfare workers.

It also, of course, includes emergency help for refugees, resettlement or return to village programs, as well as a considerable variety of programs aimed at dealing with the longer range problems of social welfare in Vietnam.
The $700 million does not include the indirect support from our programs in the economic area which has made it possible for the Vietnamese to expand their own budgets in the area of medical care and social welfare.

The principal design of these programs in the last several years has been to so organize them that Vietnamese are trained to take over and run the programs themselves. This has been done in both the refugee and the medical area, and a great deal of progress has been made along this line. The Vietnamese are now doing quite a good job in the refugee area. Their ability to deal so far with the considerable strains created by the recent events attests to this. I don’t mean to say that their performance is perfect, but it is really quite good.

The amount that I mentioned does not include the considerable support which has come from U. S. voluntary agencies with their own funds, and, of course, considerable support from other governments, from other private organizations, and from the United Nations, in the area of social welfare and medical care.

I would like to call the committee’s attention to the 4-year plan which the Ministry of Social Welfare has adopted within the last few months, covering the period 1972 to 1976. The United States assisted in the preparation of this plan. It now gives Vietnam a more formal approach to dealing with the long range problems in the social welfare area. [For the text of the 4-year plan, see appendix I.]

Much still has to be done. We don’t say that there isn’t a great need. Obviously the present situation has raised a whole set of additional problems which have to be dealt with now and over the longer run. However, I did want to point out in this overview some of the programs which have been adopted, and to give some idea of the degree of concern that has been devoted to this area in the last several years.

I will be, of course, glad, as will the other witnesses, to try to answer any questions which you might have.

(The full statement follows:)

Prepared Statement of the Honorable Robert H. Nooter, Deputy Coordinator, Bureau for Supporting Assistance, Agency for International Development

Mr. Chairman, Members of the Committee: I appreciate this opportunity to appear before this committee today to discuss war-related civilian problems in South Vietnam.

Present Situation

Your review of this situation is a timely one, particularly in light of the invasion of South Vietnam by massive well-equipped North Vietnamese forces. According to the latest figures available to us, almost 700,000 civilians in South Vietnam have been forced to leave their homes during the past five weeks as a direct consequence of the North Vietnamese offensive. As of May 5, the number of new refugees generated by the new enemy offensive is estimated at 838,000 in Military Region I (the five northern provinces of South Vietnam), 80,000 in Military Region II (the Central Highlands and the central coastal plains), 58,000 in Military Region III (the provinces between Saigon and the Cambodian border), and 11,000 in Military Region IV (comprising the Mekong Delta). All these figures are only estimates. At this moment heavy fighting is still in progress and accurate counts are impossible to obtain.
No estimates are as yet available regarding the civilian war casualties arising from this escalation in fighting because of the intensity of the military operations still going on. But, considering the stepped-up level of fighting, it must be assumed that there will be a sharp increase in civilian war casualties.

Reports received so far from the U.S. Mission in Vietnam indicate that emergency relief is being provided by the Vietnamese Government as promptly and adequately as can be expected under the circumstances. The Vietnamese are in complete charge of relief operations throughout the country with an "Interministerial Committee for Relief of War Victims" set up by President Thieu on April 2 serving as the coordinating unit. Emergency assistance is being provided through a variety of government organizations, primarily the Ministry of Social Welfare and its Provincial Social Welfare Services and the Provincial Health and Hospital Services of the Ministry of Health. U.S. personnel are assisting as advisers and by providing some logistical support. Most Vietnamese provincial welfare officials are handling the situation by drawing on government warehouse stocks which had been prepositioned for emergency purposes by distributing U.S. Food for Peace commodities and by using emergency funds to buy additional food. Several hundred reception centers for refugees have been set up in the rear areas behind the several combat zones, in schools, churches, temples, government buildings and former U.S. military installations. Vietnamese religious organizations, including the An Quang Buddhists, and Vietnamese, American and other foreign voluntary agencies are also playing a significant role in housing and feeding the refugees.

It is too early to attempt any overall assessment of the impact of this emergency on the ongoing refugee programs. Reports from the field indicate that the resettlement program and the return-to-village program have suffered severe setbacks especially in Military Regions I and III where many resettlement and return-to-village hamlets have been overrun and destroyed by the enemy. With all available manpower of the provincial Social Welfare Services required to provide emergency relief services, backlogs are building up in the payment of refugee benefits, the return of refugees to their original hamlets, and the upgrading of resettlement sites through the use of development projects. To what extent the refugee program will suffer long-range setbacks depends on the magnitude of the emerging temporary relief problem and on how soon security will be restored.

REFUGEES AND OTHER WAR VICTIMS—THE SIZE OF THE PROBLEM

Up to December 31, 1971, more than six million or one-third of the eighteen million population of South Vietnam had, at some point in time, been registered by the government as refugees or had received war victims' benefits. I recognize that there has always existed some confusion as to definitions and the categories to which statistics are attributed. We use the reporting categories as developed by the Vietnamese Government which reflect the "refugees" officially registered and the "war victims" paid compensation. Quite obviously, there are others not included who have suffered displacement, injuries, or property damage, but who have not entered the official government system for care and relief. Nevertheless, we share with the members of this Committee a common concern for all these unfortunate victims of this war.

Refugees

Contrary to the sharp differences of opinions which prevailed in earlier years, there is now, we believe, agreement that the cumulative total of persons who have been registered as refugees since 1964 was four million at the end of 1971.

Let me summarize in aggregate figures the overall picture of the refugee situation as it looked on December 31, 1971, before the start of the current offensive. Of the total of four million persons who were registered as refugees at one time or another, two million had returned to their original villages (including 800,000 who had not yet received all their return-to-village benefits). Another 1.9 million had received resettlement benefits. 100,000 remained on the active caseload receiving temporary refugee benefits. (See Table 1, attached.)

TEMPORARILY DISPLACED WAR VICTIMS

I would like to turn now to war victims who represent a different category than that of refugees. War victims are those civilians who have suffered, as a result of the war, damage to property or personal injury but who have not had
to leave their homes for an extended period of time. The cumulative total of persons submitting claims as war victims now stands at approximately two million. This total includes the estimated one million persons temporarily displaced by the 1968 Tet Offensive, but does not include those who migrated on their own to Saigon and other urban centers, many of whom became self-supporting. 

Certain other groups of disadvantaged persons—war widows, war orphans, persons disabled by the war and children abandoned by their parents are also occasionally referred to as “war victims”. Their numbers are also not included in the above totals. Best available estimates place the number of civilian war widows at 80,000 and the number of civilian war orphans at 300,000.

RESURRECTION AND RETURN-TO-VILLAGE PROBLEMS

Among the millions displaced from their homes by the war, the desire to return to their original hamlets remains the first preference for most, and from the standpoint of restoring the refugees to a normal life, return-to-village remains the most desirable solution. As security conditions began to improve in the rural areas, the number of those returning home increased steadily from approximately 200,000 in 1969 to about 400,000 in 1970 and about 600,000 in 1971. By the end of 1971 approximately 2.5 million of the four million registered refugees had returned to their original hamlets. Nevertheless, war activity continues to prevent this for large numbers of refugees. Therefore, other solutions were sought to improve their situation, and I would like to touch on some of these briefly.

Refugee site development

At the end of 1971 there were approximately 900 sites occupied by refugees who had received all their resettlement and return-to-village benefits. Many of these locations fall far short of minimum standards for physical facilities, required community services, economic viability, and opportunities for employment.

During the period 1968 to 1970, first priority was placed on emergency refugee assistance because of the nature of the war. As security improved, the Vietnamese Government began shifting emphasis to improving the unsatisfactory conditions in sub-standard locations. Due both to the experience gained by GVN provincial officials in planning and implementing development projects during the two preceding years and the significant decrease in the number of new refugees in all but a few provinces, the site development program showed a marked upward trend by the end of CY 1971.

In 1970, 925 projects in four major categories (classrooms, medical facilities, self-help projects, and vocational training) were approved and funded with a total allocation of VN $171 million from plasters generated through the U.S.-financed Commercial Import Program (CIP). Of the 925 approved projects, 812 were completed and of the VN $171 million allocated, VN $125 million were expended.

In 1971, 4,851 projects were approved with a total allocation of VN $572 million, and at the end of the year 3,391 out of the 4,851 projects were completed. Of the VN $572 million allocated, VN $434 million were expended.

Unquestionably several hundred of the former camp locations remain in highly undesirable condition, and many of the return-to-village hamlets require extensive reconstruction and improvement.

However, definitions of what constitutes “substandard” vary widely, and Western observers must be very careful to measure site conditions and living standards in refugee sites and hamlets against those under which Vietnamese live normally in the rural areas, and not against Western standards. Regardless of what standard is used, however, the sharp upward trend in site improvement projects in 1971 is encouraging.

Forced relocations

During the height of the military conflict in 1967 and 1968, and again in 1970 and 1971, during the relocation of Montagnards in the Central Highlands and the ARVN operations in the U Minh Forest, large numbers of civilians were forcibly removed by the government from their places of residence. These movements were to get people out of the way of military actions or to prevent their being used by the enemy as sources of manpower, supplies or intelligence. In the face of mounting criticism of such forced relocations because of the hard-
ships usually imposed on the people who were moved, the GVN adopted a policy "to bring security to the people instead of bringing people to security". To implement this policy, the Central Pacification and Development Council (CPDC) directed all military and civilian authorities to refrain from any further relocations unless they had been approved in advance by the Joint General Staff as absolutely necessary for reasons of military activity or national security, and then not until the CPDC had approved, in advance of the move, a detailed plan for the reception and care of the relocatees. This policy was incorporated in communiques issued by the Prime Minister on March 2 and April 18 of 1970.

During the relocation of Montagnards from the Central Highlands in late 1970 and early 1971, GVN military and civilian authorities failed to comply with these directives. American advisers at all levels, including Ambassador William E. Colby, the Deputy to General Abrams for Civil Operations and Rural Development Support (CORDS), made a concerted effort to stop further forced relocations. These efforts resulted in a communiqué issued by the Prime Minister on May 12, 1971, reaffirming the GVN policy as established in 1970, restricting relocation of people, and tightening procedures by requiring on-the-spot inspection by both the Regional Pacification and Development Council (RPDC) and the CPDC before approval of any relocation plan submitted by a province. Since then, no further major relocations which do not comply with this policy have been reported from Vietnam, and the U.S. Government does not and will not support in any way any relocations which do not comply with the established policy.

Voluntary resettlement

Fundamentally different from forced relocations of civilians for reasons of military strategy or national security is the voluntary resettlement of former refugees and others for the purpose of improving their living conditions and to aid, at the same time, the development of the over-all economy.

About eighteen months ago Minister of State, Dr. Phan Quan Dan, in his capacity as Director General of Land Development and Hamlet Building, developed a plan (known as "Don Diem") to resettle people in need of land on land in need of people. This plan aims at two goals: (a) to offer to the thousands of people who have now no prospects of ever becoming self-supporting an opportunity to move voluntarily to areas of open land where they can make a living in their normal occupations as farmers or fishermen and (b) to open up for productive use several hundred thousand hectares of fertile government-owned land now lying idle and thereby aid the over-all economic development of South Vietnam.

In our opinion this plan has great merit. It has nothing to do with former President Diem's attempts to gather people into "Strategic Hamlets" or "Agrovilles" which were motivated primarily by considerations of security. There have been several hundred thousand former refugees—most of them in Military Region I—who, while they have received all the refugee benefits to which they are entitled, were living in former refugee campsites where they could not support themselves. While most of these people would prefer, and have waited for the opportunity, to return to the original hamlets from where they came three, four, or even five years ago, most of them realize now that as long as the war continues, they will never be able to do so. Increasing numbers are beginning to realize that there may be better opportunities for them in other parts of the country. This program appears to offer the only prospect for a long-term improvement in the living condition of large numbers of I Corps refugees and others who do not have adequate land and cannot return to their original villages in the foreseeable future.

Preparations for the first pilot project under this new inter-regional resettlement program began in the summer of 1971. Dr. Dan selected Ha Thanh in Quang Tri Province as the first hamlet to be offered resettlement under the new plan. Ha Thanh, located only two miles below the DMZ, was established in 1967 as a temporary refugee camp for some 15,000 refugees from across the DMZ and the Western reaches of Quang Tri. Sitting on a desolate, arid sandspit, it never became a viable resettlement site, and while two-thirds of its population gradually drifted away returned to their original homes, or resettled elsewhere, more than 5,000 persons remained there under conditions of abject poverty.
After consultations with the Provincial and District authorities, Dr. Dan presented his plan to the people of Ha Thanh. In July, the village council wrote him a letter expressing interest in resettlement and requesting particulars. Subsequently, representatives of the hamlet population were flown to Military Region III to visit and inspect various possible relocation sites. After their return, the people of Ha Thanh selected a large tract of government-owned fertile land at Suoi Nghe in Phuoc Thuy Province as their choice, and about 500 families comprising 2,000 persons signed a petition stating that they desired to be relocated voluntarily.

Every detail of the move was planned jointly by the GVN and the CORDS War Victims Directorate. Temporary housing was built at the Suoi Nghe site, wells were dug, plots of land of three hectares per family were laid out, supplies were prepositioned and funds for resettlement allowances were allocated by the Ministry of Social Welfare and the land was cleared. On January 1, 1972, 1,300 people (approximately 300 families) and their personal belongings were flown to Suoi Nghe.

Since then, most of the families have constructed their own houses with materials purchased from their resettlement allowances, have planted their own vegetable gardens, and are working the land which has been allotted to them. An additional 2,000 refugees from Ha Tanh and the neighboring village of Can Lo, who in February requested to follow the first group, were flown to Suoi Nghe the last week of April. Another 1,700 were moved by ship to Vung Tau and resettled there.

At the present time the GVN has already in hand requests from another 12,000 refugees to be relocated from MR I to MR III and MR IV during the remainder of 1972. If these initial moves turn out to be feasible and successful, eventually as many as several hundred thousand former refugees may be resettled voluntarily over a period of several years from areas where they cannot make a living to sites which offer them greater economic opportunities. We believe this program holds the best promise for the permanent re-establishment of those refugees who for economic or security reasons cannot return to their original hamlets. We plan to support the program with counterpart funds and technical assistance, provided participation on the part of the refugees remains strictly voluntary.

GVN officials are also exploring the possibility of later expanding this program to include discharged soldiers, disabled veterans and people who migrated during the war to Saigon, Danang and other urban centers and may choose to return to the rural areas when the employment opportunities which attracted them to the cities will no longer exist.

There is probably no program in Vietnam which has been more misunderstood. It has been referred to as a subterfuge to force the relocation of hundreds of thousands of unwilling refugees in order to create “free fire zones”. Nothing could be further from the truth. It is as I’ve described it, an immense economic opportunity to open new lands for voluntary settlement which can offer new hope for the people and their country. The Vietnamese will resettle when they see the advantage of doing so. 800,000 voluntarily resettled from North Vietnam at the time of partition. Now, many years later, we can anticipate that many thousands more will choose to accept this chance for a new future. I hope that the facts which we have set out above will help to set the record straight on this program which offers the best prospect for improving the plight of the hard-core refugees in Region I. The program merits our careful consideration and full support when the situation permits its implementation.

U.S. financial support

The over-all level of support from U.S. sources for the GVN’s refugees and social welfare programs has remained essentially the same as we reported to this committee a year ago. However, in line with our policy of shifting responsibility for these programs more and more from the U.S. to the GVN, funding is being shifted from U.S. dollars to plaster counterpart funds. (See Table 2 attached.)

U.S. financial support from the AID budget amounted to $3.8 million in FY 71, $1.7 million in FY 72 and may decrease to $1 million in FY 73. The two principal reasons for this decrease are the reduction in the number of U.S. advisers to the Ministry of Social Welfare (from 50 to 15 by the end of FY 1973) and the replacement of dollar purchases of such commodities as cement and roofing by