In order to clear up the record, is there anything that you can tell us? Have you a list of items?

Mr. O'CONNOR. Yes, sir, we can submit a complete list, but I can give you from my own memory the thrust of what it is.

A good deal of it is small machinery, equipment and parts, for the production and vehicles and other things moving in the economy. That is a very important aspect. There is a certain amount of iron bars and things of that sort. We are getting a certain amount of foodstuffs and cement, things that are really impractical to bring from the United States. But essentially what we are trying to do is get that kind of either raw materials or parts of machinery that allow their own production to be kept up. And I wish we were doing better than we are. There has been a lot of damage to production. And we would like to increase the speed with which we are bringing in these spare parts and machinery to bring that production up again.

Senator KENNEDY. If the Cambodian Government were to request medical supplies from you, what would your answer be?

Mr. O'CONNOR. I think that we would find some way of making it available, Senator. I am not certain that we would bring them in under the commodity import program, as I say, that has been a very difficult problem. But I am sure we will make it available.

In my statement I note that we are watching the situation and do have a number of ways of making available the kind of supplies and funding that might be needed if the situation is such that there is a clear need that cannot be handled by the international community or the international agencies.

Senator FONG. In the GAO report, it is stated that the Minister of Public Health had requested through the Minister of Finance, that $3 million worth of pharmaceuticals be included in the fiscal year 1972 U.S. commodities import program.

Mr. O'CONNOR. That is the GAO report?

Senator FONG. Yes.

Mr. O’CONNOR. What page is that?

Senator FONG. That is on page 49. It looks like they are asking you to give them $3 million of pharmaceuticals through the U.S. commodities import program. Evidently, they do know that they can get pharmaceuticals through the U.S. import program. The report reads:

At the time of our review, a final decision had not been made with regard to this request; however, Embassy officials advised us that the Agency for International Development was reluctant to include pharmaceuticals in the program. We were advised that there were significant inadequacies in the Cambodian Government's control system for pharmaceuticals, and U.S. officials fear diversion of commodities to North Vietnamese or Vietcong forces.

So, it shows that you were using U.S. commodity import program funds for the purchase of pharmaceuticals.

Mr. O’CONNOR. I am not certain of all the background, sir. At one point I know the Minister of Finance did not want to approve that item. I am not certain how it worked out. The fact of the matter is that medicines are made available through voluntary and international agencies which we help support. We have been reluctant, however, to make medicines available under the CIP because prescriptions are not required there, although in this country they would be
prescription, and there has been an enormous diversion of them, and, indeed, dangerous uses of them, going into enemy hands or going into the community.

And this is one of the problems we had with trying to bring them in through the commodity import program.

Senator Fong. What is the problem with control of drugs?

Mr. O'Connor. The problem of control with all pharmaceuticals requires a pretty complicated system of keeping track of them in the distribution system, and where in this country we have most of these drugs under prescription, in most of the lesser developed countries very few of them are under prescription, so that they can be given out to people that don't know how to use them or don't even need them. And, obviously, that will create a serious medical problem of its own.

So, we are rather reluctant to do that, Senator. In this particular case, we also have contributed, as you know, $12.5 million to their exchange support funds. I am happy to say that that is about one-third of what came from the rest of the international community. And this source of funds, we think, is the proper source of funds for them to spend on their own pharmaceuticals, or to appeal through the international agencies, the WHO; and the International Red Cross, which I will check and see what happens to that request, and other agencies.

Senator Fong. That fund is approximately $36 million?

Mr. O'Connor. It was $34.5 million, sir.

Senator Fong. Do you think that is a proper fund from which disbursement for items such as pharmaceuticals should be made?

Mr. O'Connor. Yes, sir. One of the reasons why that fund was set up was to allow the Khmer Government and the whole international community, or large numbers of it that contributed to it, to import just these kinds of items that are difficult to bring in under our program.

Senator Fong. Do you know whether that fund is still intact?

Mr. O'Connor. Well, in fact, I believe the documents have not legally been signed. But the full amount of $34.5 million has been pledged by donor nations. But, we have already supplemented their own cash reserves, and they are free to use that now.

With your permission, may I finish the statement?

Senator Kennedy. Yes. Would you, please?

Mr. O'Connor. We talked about the UNDP report and its recommendations, and the question of making available if needed supplies through the American aid program, or contributing better housing for the refugees.

In addition to official refugee camps, there are in Phnom Penh 26 locations—pagodas, apartment houses, and other buildings—that have been designated refugee centers. The UNDP report found certain of these centers to be overcrowded and recommended that additional centers be created. You will recall that the GAO report found three of the official refugee camps in Phnom Penh to be adequate, and the fourth, supported primarily by a private charitable group, to be crowded and unsanitary.

The UNDP report is currently under active consideration by the Government of the Khmer Republic's (KHR) Refugee Committee,
chaired by the Minister of Labor and Social Welfare. However, as of May 4, the committee had not yet formulated its own recommendations.

Mr. Chairman, we believe that on the whole the GKR level of effort combined with the efforts of the families and friends of the displaced persons is meeting the current requirements and is consistent with the standards of living of the Cambodian people. Therefore, we have not undertaken a U.S. program for refugees in Cambodia as we have done in Laos and Vietnam. Aside from the fact that the GKR along with other nations and international bodies are already involved, U.S. programs have the disadvantage of requiring an increased American presence in Cambodia and a gradual shifting of responsibility. I might add parenthetically that your subcommittee has in the past been instrumental in alerting us to the dangers of overinvolvement.

Though we do not have a U.S. refugee program in Cambodia, our economic aid program does have an impact on the well-being of those in the urban centers. It attempts to assure an adequate supply of essential commodities in the marketplace. Thus, the Phnom Penh residents, displaced persons as well as permanent residents, can have available a substantially larger amount of resources than they would if there were no U.S. economic aid program.

Furthermore, according to our own periodic observations, the GKR has maintained adequate stocks of rice and wheat flour in the urban areas; regular convoys by road and sea have averted any sustained food shortages.

Of course, we have the problem of displaced persons under continuing review. A senior official in the Embassy follows the status of displaced persons and war victims. We remain receptive to suggestions of what we might do and action that appears to be appropriate to avert undue hardships. We would be willing to divert local currency, generated by our aid program, for overall budget support, to meet such displaced persons' relief requirements for locally available resources. We could increase our contribution to the Public Law 480 title II program handled by UNICEF in Bangkok if that were called for. We are always ready to work with American and international voluntary agencies to help identify suitable projects and to help finance shipping costs for their donations.

In conclusion, Mr. Chairman, we do not find that the refugee problem in Cambodia is on the same scale as in Laos and Vietnam where the fighting has gone on much longer and has been more destructive. From all the evidence we have, the Cambodian society, with some help from the authorities and private donors, has been able, by and large, to cope with the influx. Should the problem intensify to the extent that it is clear that help from the United States is necessary and sought, we are ready to provide it.

Thank you, sir.

Senator Kennedy. Has the American Red Cross ever made any requests of the Department for any kind of help and assistance?

Mr. O'Connor. Other than the one we have already discussed, you mean?

Senator Kennedy. Yes. And, in that one they didn't formally request, they just indicated they had some spare vitamin tablets that
they were going to make available. But have they put out a general appeal for Cambodia, either American or international?

Mr. O'CONNOR. I doubt that the American Red Cross would.

Senator, I am going to check the record to see where it stands.

(Subsequent to the hearing, the following information was submitted:

DEPARTMENT OF STATE,
AGENCY FOR INTERNATIONAL DEVELOPMENT,
BUREAU FOR SUPPORTING ASSISTANCE,

HON. EDWARD M. KENNEDY,
Chairman, Subcommittee on Refugees and Biapees, Committee on the Judiciary
U.S. Senate, Washington, D.C.

Dear Mr. Chairman: Further to my letter of May 15 regarding American Red Cross undertakings in Cambodia, I enclose a memorandum prepared by a member of my staff indicating that the ARC is now planning a substantial shipment of pharmaceuticals to Cambodia.

You will recall that in my earlier letter I noted that we had sent a copy of the UNDP survey of the refugee situation in Cambodia to the ARC, and we understand they are studying it in order to determine areas for possible further action. We will continue to keep contact with the ARC on this matter.

Sincerely yours,

RODERICK L. O'CONNOR.

MEMORANDUM

To: For files.
From: S. Silver, SA/C.
Subject: American Red Cross (ARC) Assistance to Cambodia.

Following the Senator Kennedy Refugee Subcommittee hearings of May 9, the Department of State called the American Red Cross to get an up-to-date report on ARC activities in and plans for Cambodia. A Mr. Robert Martin reported that the ARC had 300,000 multiple vitamin capsules for Cambodia but delivery was delayed because of the high cost of war-risk insurance in the War Zone.

Mr. Martin was referred to me to see whether AID could help with the financing of the extraordinary shipping costs. After consultation within AID, I called Mr. Martin to advise him we would be willing to cover the extraordinary costs. He thanked me but advised that the ARC was going ahead with its own funds.

I surmise that Mr. Martin's report to higher authority that he was seeking some $700 to $800 from AID to cover the war-risk insurance elicited a decision to go ahead with their own funds. I was assured by Mr. Martin that the ARC was going ahead with the project. He volunteered the statement that it was about time the ARC did something for Cambodia.

Senator KENNEDY. Do you have people in the Embassy in Cambodia whose responsibility it is to review the refugee program of the Cambodian Government?

Mr. SULLIVAN. Yes. We have brought Mr. Antippas in from Phnom Penh. He is here today.

Senator KENNEDY. Maybe he would like to tell us about it.

Mr. SULLIVAN. Yes.

Mr. ANTIPIAS. Senator, I am a political officer in the Embassy in Phnom Penh. As part of my function as a political officer, trying to discover what is going on—

Senator KENNEDY. Did we break up your home leave for these hearings?

Mr. ANTIPIAS. No, sir, you didn't.

I followed the refugee problem in my function as a political officer until the first week in February, when I was injured in a car accident
at Siem Reap, Cambodia, near the Angkor Wat complex, where I went to interview some 300 Cambodian refugees from the conservation work in the Angkor Wat area. These were the refugees who had escaped the roundup of all conservation employees by the North Vietnamese and Vietcong forces in the area. I was injured in this car accident, so I have done very little since then. The Deputy Chief of Mission of the Embassy has followed this work with the UNDP.

I am not conversant with the UNDP report. However, I did spend 2 years in Cambodia in the very beginning of our involvement, and I spent 2 years in Vietnam watching Cambodia from the point of view of Vietnam. And I accompanied Mr. de Haan, your counsel, when he came out in August.

Senator KENNEDY. He said you were very helpful.

Mr. ANTIPPA. And I also accompanied the GAO investigator in the field.

I don't have any other specific statement to make, other than to answer questions about conditions in Cambodia.

Senator KENNEDY: What impressions do you have about the refugee problem outside of Phnom Penh?

Mr. ANTIPPA. I have visited just about every provincial capital in Cambodia that one could reach, using basically helicopters from Vietnam. I specifically centered my travels to the northern front, the Route 6 area, particularly after the rollup of the Cambodian offensive activity on Route 6 last December. I probably am the one officer who has visited Kampong Thom, which is in the center of Cambodia, and has been surrounded by North Vietnamese forces since June of 1970. On each one of my visits to Kampong Thom in these helicopters I took along at least a ton of salt in the helicopter, because that seems to be the greatest need of most provincial authorities, particularly in the northern areas. And it is very difficult to get salt when you are that far away from Phnom Penh, plus the fact that they are, in southern Cambodia, pretty well cut-off by Vietcong forces.

My impression, generally, coincides with the testimony already given; it is extremely hard to get any kind of a handle on refugees. And I told Mr. de Haan just the other day—we took him to a refugee center in August of 1970 which was by any standard pretty horrible. And yet 3 weeks after his departure—that was at a school in downtown Phnom Penh, and there were refugees there—and yet 3 weeks later, by September, the school had been completely cleaned out and the refugees had been moved to other locations.

I might add, in talking about hospital facilities and drug supplies, I was cared for in the hospital at Siem Reap, which by other standards is also an area that is fairly well cut-off—there is only one road that leads to Siem Reap. And the airport at Siem Reap is directly under North Vietnamese fire. And yet I was well cared for in the Siem Reap hospital, and I was given up-to-date drugs for the injuries that I sustained in that accident.

In August or September, when I accompanied a GAO team down to the Route 1 area in the Parrot's Beak, we looked at a fairly large influx of Cambodian peasants that streamed up to Route 1 from the ARVN contact along the Cambodian border. By all counts there were thousands of refugees that showed up at the district town. And I went down there and talked to the district officials. And they told me
they were busily counting these refugees, and they were asking Phnom Penh to send down rice supplies. These peasants come from a rice surplus area, and yet the Phnom Penh Government had to organize truck convoys to bring rice to these people. When I went back a week later by helicopter all those people had gone back to their areas.

So, for that reason, Senator, outside of going around and doing the district officer's job for him, it is difficult for our Embassy to document this.

Excuse me, I have rambled.

Senator Kennedy. No.

How much of your time do you spend on refugee work?

Mr. Antippas. Of course, it varies. It is one of the things I look at when I go to the field, when I go on a provincial tour, when I go to the district. We try to talk to refugees. I don't speak Cambodian, but I take an interpreter, because this is one of our basic sources of information as to what is going on in the occupied areas, what is happening in actual fights or contacts. So, it is one of the things I definitely do. I suppose it rises and falls. I would say 15 or 20 percent of my time over the past year was spent on that. And the GAO team was in Phnom Penh. And I spent up to 50 percent of my time accompanying them on their travels, and arranging appointments, and that sort of thing.

Senator Kennedy. Did you get into the problem of civilian war casualties at all?

Mr. Antippas. No, sir, only in that I visited hospitals. But it wasn't in my purview.

Senator Kennedy. Was anybody following that—the numbers of civilian casualties, the reasons for them?

Mr. Antippas. Well, sir, obviously in the report that we have sent back to the State Department, periodic progress reports—when this data was available we transmit it to the State Department. But, again, we have to emphasize that the data is very fragmentary. And frequently data from the provinces does not get even to Phnom Penh, even to their headquarters.

On many occasions I have asked the Minister for war victims to accompany us, to take advantage of the helicopter lift to go look at these areas. On the two trips that I took to the Route 1 area to talk to refugees, to see what was happening after the rollup of the Cambodian operation, we took along with us the head doctor of the Cambodian Army, because he just doesn't have the wherewithal or the transport to get out to these areas himself.

Senator Kennedy. Who has priority in terms of supplies? Who has access to the helicopter? The political officers, obviously, and yourself.

Mr. Antippas. The Military Attache, sir, going out to look at the combat operations basically.

Senator Kennedy. Where does that fellow who wants to get some salt up country go for transportation—do the Cambodians have helicopters for this purpose?

Mr. Antippas. They have a few helicopters that we have given them under our military aid program, but not enough to do all the kinds of operations that are necessary. I took salt to Kampong Thom because I know that the place has been cut off from all sources except
by air for a period of 15 months, and that there was a large influx of civilians from the Route 6 area that could not make it down toward Phnom Penh. These people, I suppose, some 4,000 or 5,000 civilians, streamed into Kampong Thom, which has a rather large perimeter, and it was under a great deal of pressure by an NVA regiment at the time. That is the only time that I have airlifted salt.

Senator Fong. I have been to Siem Reap in that section, quite a few years back. Is the section still primitive, simple, and sparsely settled?

Mr. Antippas. Well, again, like many provincial towns, Senator, many civilians have moved in. The perimeter around Siem Reap is actually quite large, except to the north. To the south that extends to the Great Lake, so that the people do get sources of fish.

May I mention here again, as was mentioned earlier, that one of the problems is low income.

Senator Fong. What is the per capita income there?

Mr. Antippas. I think before the war it was probably less than $100. One would have to check that figure.

Senator Fong. About $100 a year?

Mr. Antippas. But one of the basic problems that I think is little known concerning Cambodia is the fact that traditionally for Asia, they have had a tremendously high caloric daily intake. They eat a lot of meat and they eat a lot of fish. It is readily available. And in probably no other part of Indochina could you find this caloric intake. So, even a light drop in their income, and the fact that it has been difficult to get cattle into Phnom Penh, for example—meat is more expensive—fish—it is a seasonal thing, depending upon when the river is high, so that fish sometimes becomes expensive.

So, that even a small drop in their net income could bring something of a hardship on an individual family. When the first Cambodian troops went to Vietnam for training in Vietnamese training centers they complained bitterly that they were being starved to death. When officers checked the situation they found that the ARVN were feeding the Cambodians the ARVN ration which is about 50 percent of what a Cambodian eats daily.

Senator Kennedy. We have read some pretty tough stories of the activities of the South Vietnamese troops in Cambodia. Is there anything you want to tell us about that?

Mr. Antippas. I think a lot of the stories are true, sir. But I think it is a small unit commander's problem, lack of discipline. I don't think that senior ARVN officers condone this sort of thing. But these things happen, this is true.

I think that a lot of the worst came in August, 1971. But following this period discipline did improve, as small unit commanders did do a better job of controlling their troops. The Cambodians and Vietnamese set up a joint mission to inquire into these things. I would say generally that the situation improved from August to February.

Senator Kennedy. How bad was it before then?

Mr. Antippas. I think we have to recall that perhaps the Vietnamese—the average Vietnamese soldier—doesn't have a great deal of respect for Cambodians, particularly those living on the border areas, because for a period of 7 or 8 years the border areas, and particularly at the Parrot's Beak, were used extensively as VC and NVA sanctu-
aries. And I can imagine that the ARVN soldier felt he was just getting his own back when for the years the NVA and VC were shooting at them from these border sanctuaries.

I have detailed knowledge of this, sir, because it is the work that I did in Vietnam dealing with border incidents.

I think it was more that sort of thing, plus just the fact that soldiers will do this sort of thing.

Senator Kennedy. In terms of the pillaging and destruction and robbing and raping, is the ARVN behavior any worse than the NVA or the Vietcong? Is it better, or what?

Mr. Antippas. I think the NVA is probably somewhat better disciplined. Their cadres are very strict about this. They have also had a tradition of trying to keep their relations in the sanctuary good, because they didn't want any embarrassment with the Sihanouk Government.

I would say, however, that the Vietcong are probably less disciplined. And certainly Khmer Communist forces are even much less disciplined. But there are a number of horror stories that they come up with.

Senator Kennedy. Did you form any impressions when talking to the refugees about how refugees were created—whether it was by terrorism of the NVA, by aerial bombardment, indiscriminate artillery, or air strikes?

Mr. Antippas. No, sir, I have never questioned them about that, because the sample you take is so small it is rather difficult. Obviously it is a mix of all these things. Basically they come in because of the insecurity. And they leave—they also leave the area because the only support that they can get is on their own land.

I might cite one example. The Cambodian Government received a grant from the United Nations High Commissioner for Refugees of $48,000 with which to build refugee housing. They have built a cantonment area just west of the city between the airport and the city in Phnom Penh for refugee housing. And until the time I left in March that housing had not been occupied. They couldn't get anybody to move into what would then become a camp, even though the thing had been built. At the time of the Route 6 rollup in December I went to the camp because I had been told that the district officer from the area that had been overrun on Route 6 was gathering his villagers and was planning to settle in that refugee camp so that they could all be together. In fact, I saw him at that camp. And he said, come back in 2 days and the rest of the refugees would be there, and we could do some detailed debriefings about just what happened.

And they never showed up.

I went back and found out that they all drifted back up toward their home districts, although the area was in NVA hands at the time.

Senator Fong. Would you give us your overall estimate of the refugee problem in Cambodia? Are they in tragic circumstances, or are they faring all right? Are they being taken care of, or are they not being taken care of?

Mr. Antippas. That is a difficult question, Senator. I was present in Saigon during the Tet offensive, during the May offensive. I watched over 100,000 refugees stream into Saigon in 1968. I have never seen anything like that in Cambodia.
I guess I have traveled in Cambodia more than anybody else in the mission. Obviously they have a lot of problems. The Cambodians are inexperienced in handling things. They don’t have the transport to get around. Frequently they can’t marshal the resources to get to a given spot at a given time. I can’t say that there has been tragic hardship, I cannot say that, not in comparison to Vietnam. Obviously the thing is very spotty.

Senator Fong. Do you feel that there is enough food provided to a refugee?

Mr. Antippas. Obviously Phnom Penh is a fairly special area, sir. It is difficult—you can’t double the size of a population in 2 years and not get some dislocation. You have two and three families living in the same house. The one person that is working is supporting everybody, because the man who comes in from the provinces doesn’t get a job immediately.

So, obviously there is some difficulty there.

Senator Fong. What about food? Is there sufficient food?

Mr. Antippas. There is sufficient food, vegetables, and rice. I am aware of what the ICRC doctor told investigators. He said that he felt that there were a lot of people that were suffering from malnutrition. That perhaps is a long-range problem.

Senator Fong. What about medical supplies and medical services?

Mr. Antippas. There are a number of hospitals operated in Phnom Penh. The hospital that would seem to be very adequate.

I might add that I have my family and my children in Phnom Penh. I am going back for an additional year, and I am taking them with me.

I have been in hospitals in Phnom Penh and in Siem Reap, as I said. The hospital that is referred to in the GAO report is in Kampong Chhnang, which is northwest of the capital about 45 miles. And let’s face it, it was a pretty awful situation. But I might also add, there has been virtually no fighting in Kampong Chhnang, and the people that were in that hospital were coming from the areas north of the Vietcong from the Route 6 operation at the time we visited this thing.

Senator Fong. You say you are taking your family back?

Mr. Antippas. Yes, sir. They have been with me for the last 2 years.

Senator Fong. In Phnom Penh?

Mr. Antippas. In Phnom Penh.

Senator Fong. Did they go with you to Siem Reap?

Mr. Antippas. No, sir. We went by helicopter.

Senator Fong. Would you be willing to take your family to Siem Reap?

Mr. Antippas. Well, except—

Senator Kennedy. By road?

Senator Fong. By helicopter.

Mr. Antippas. We had instructions not to travel by road. My wife would like to go back to Siem Reap. We visited there twice before 1960. And really the only area you can travel that has commercial services is Battambang.

Senator Fong. What about dispensaries in Phnom Penh and Siem Reap?
Mr. ANTIPPAS. Dispensaries are scattered throughout the city, from hospital to hospital. I was treated in a rather well-equipped dispensary in Siem Reap. It was termed a military hospital.

Senator FONG. How about clothing? You don’t need too much clothing there, do you?

Mr. ANTIPPAS. This is a problem, though. It is a basic problem for refugees that have to leave in a hurry. And the weather does get rather cool in the dry season. But again this is more a distribution problem by the Cambodians. I would be glad to give a couple of my own suits away, but they wouldn’t wear them.

Senator FONG. Thank you.

Senator KENNEDY. Thank you very much.

I guess we will move on to Laos.

Before we do, I want to recognize that the GAO report shows improvement in the general conditions of the refugees in Laos, especially in the medical area. So, we want to congratulate those that were responsible for such improvement.

Mr. O’CONNOR. I appreciate that, Senator. I might say that Dr. McCreedy is here—she was here before your committee last year. She was a very important factor in that improvement. And it runs in her family. Her husband is the chief of all the medical services in Laos. And I am happy to say that Dr. McCreedy was awarded one of the Federal Woman’s Awards for her outstanding services in Laos. And she will be ready to testify and answer any questions she can.

I have a short summary which I can read in 6 or 7 minutes on Laos.

Senator KENNEDY. Why don’t you proceed.

Mr. O’CONNOR. From June 1970 to April 1972, AID has supported an annual average of 281,000 refugees in Laos. The high point was reached in June 1971 when the total was 317,000. This total steadily decreased to 238,000—a 25 percent decrease—by February of this year, due largely to the fact that some refugees managed to become at least temporarily self-sufficient. This decrease occurred during the unexpectedly early and strong dry season offensive of the North Vietnamese, equipped with Russian tanks and Russian 130 millimeter guns, across the Plain des Jarres. This offensive, which has not yet ended, has to date displaced about 45,000 refugees and created about 7,500 new ones. AID is presently supporting about 263,000 refugees, which means that some who had become temporarily self-sufficient again need our assistance.

We have for some years been devoting about one-third of our AID funds for Laos to refugee assistance. That assistance has doubled from $8.4 million in fiscal year 1969 to $16.3 million in fiscal year 1972. During these same years, other agencies of the Government—the Department of Agriculture with Public Law 480 commodities, the Department of Defense, and in fiscal year 1972, the CIA—have also contributed substantial amounts for this purpose. Thus, the sum total of funding for refugee assistance from all U.S. agencies has also doubled, from $12.3 million in fiscal year 1969 to an estimated $23.9 million in fiscal year 1972.

And incidentally, some figures in the GAO report we found to be inaccurate. They presented higher figures for other agencies, as they
included some other costs. So I am giving you what I think is more accurate.

Senator KENNEDY. Can you give us a breakdown on those figures later, along the lines of the GAO report?

Mr. O'CONNOR. Yes, we can give that to you for the record.

(Subsequent to the hearing, the following information was submitted:)

REFUGEE RELIEF ASSISTANCE TO LAOS

[In millions of dollars]

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>1969</th>
<th>1970</th>
<th>1971 (estimate)</th>
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<tr>
<td>AID</td>
<td>8,423</td>
<td>15,776</td>
<td>15,856</td>
</tr>
<tr>
<td>USDA (Public Law 480, Title II)</td>
<td>800</td>
<td>600</td>
<td>1,300</td>
</tr>
<tr>
<td>DOD (all years) plus CIA (fiscal year 1972)</td>
<td>2,563</td>
<td>4,594</td>
<td>6,227</td>
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<tr>
<td>Total</td>
<td>12,206</td>
<td>20,970</td>
<td>23,891</td>
</tr>
</tbody>
</table>

Mr. O'CONNOR. AID has also doubled the number of full-time American staff assigned to refugee work since 1970. There are now 23 full-time Americans in the Office of Refugee Affairs, created in the late 1970 reorganization to upgrade the refugee function. I may say to a considerable extent at the urging of this committee and the GAO.

In addition, about 39 other U.S. personnel in the AID mission devote either all or part of their time to refugee work. Most importantly, about 1,800 local Lao personnel, in the employ of the Laotian Government or in the employ of our mission, provide the necessary manpower to make the program function.

Let me now address myself to some of the criticisms that have been leveled against AID's refugee and health programs in Laos.

First, regarding the repeated charges that AID funds have been used in Laos to finance combat operations. This is not true now, and it never has been true.

What is true is that AID has in the past financed food for the Lao military and paramilitary forces and paramilitary dependents, medical care and supplies for paramilitary forces and their dependents, and miscellaneous relief supplies for paramilitary dependents.

However, for a number of reasons dealt with in some detail in my prepared statement, the responsibility for financing all of these types of assistance has now been transferred to either DOD or CIA.

This last statement is substantiated by the GAO's latest report of March 29, 1972, which states at page 30:

In our prior report we noted that action had been taken or was under way to transfer funding responsibility for assistance to military and paramilitary forces and their dependents from AID to DOD. . . . Our current work indicates that, beginning with fiscal year 1972, DOD and CIA will be funding these remaining items of assistance.

Second, regarding contentions that our health program in Laos is not adequate. Let me give you just a few main points.

During the past year, AID funded construction has increased hospital bed capacity at AID supported hospitals by 240, to a total of 726. This total was achieved despite the total loss of two hospitals in
A 60-bed hospital at Paksong was deliberately burned to the ground by the North Vietnamese military in May 1971. A 100-bed hospital in Long Tieng had to be evacuated under enemy fire in December 1971. Four other hospitals with a total of 385 beds had to be temporarily closed down during the year as a result of enemy action for periods of a month or more.

In addition to AID supported hospitals, our agency also supports about 225 dispensaries in the rural areas of Laos. These handled approximately 3 million patient visits in 1971, approximately a 20 percent increase over the previous year. With a population of about 750,000 in the rural areas served, this means an average of four visits per person during the year, an unusually high level for rural Asia.

And these are, of course, the increases, Senator, which you have already generously commented on, and I appreciate it.

Third, I would like to deal with criticisms of our mission’s management of the refugee and health programs.

I am convinced that over the years our mission has done a good management job in a very difficult situation. I was pleased to read the following statement on page 9 of the GAO report of March 29:

Our followup work showed that USAID Laos had taken steps to eliminate many of the weaknesses noted in our previous report and as a result, had strengthened the management of the refugee program. Specifically, we found that USAID/Laos:

- Had increased the number of people assigned to the organization responsible for program management.
- Had developed statements describing the functions of the organization responsible for program management.
- Was developing written procedures for program execution.
- Had given consideration to steps it would need to take to respond to unpredictable program changes.
- Had increased the quantity of data being reported to AID/Washington.

And we appreciate those comments from the GAO.

The GAO report also notes that the “upgrading” of the refugee function accomplished by the reorganization “does evidence the high priority assigned refugee affairs by the Mission.”

Mr. Chairman, I hope this brief summary has been helpful in putting into perspective our refugee program in Laos. Since fiscal year 1969, we have reorganized the program, doubled its staff, doubled its budget and improved its efficiency.

Further improvements can and will be instituted—there is no institution that is perfect, particularly one that is operated under these particular conditions—and the GAO reports and those of your own staff are helpful in this respect. I and my colleagues now stand ready to answer any of your questions.

Thank you.

(Prepared statements on treatment of war victims and displaced persons in Cambodia and on the refugee situation in Laos follow:)

TREATMENT OF WAR VICTIMS AND DISPLACED PERSONS IN CAMBODIA

Mr. Chairman, as Ambassador Sullivan has indicated, the situation in Cambodia is quite different from that prevailing in Laos and Vietnam. In Cambodia most disabled persons tend to congregate in Phnom Penh and have generally been able to find temporary shelter with relatives and friends. Some have had to construct makeshift housing in and around the capital. Relatively few persons—some 15,000 according to our latest information—are housed in refugee camps or official resettlement areas.
Our best estimate is that since March 1970, about 800,000 additional people have come to Phnom Penh on their own. However, reliable statistics are extremely difficult to find. Most people do not ordinarily report their movements to the authorities. As the February 2d GAO report to this Subcommittee points out on page 2, "The total number of refugees in Cambodia is largely conjectural. There is no system for enumerating refugees, and they are moving continually."

Over the two years since the war spread to Cambodia, we estimate that the Cambodian Government and private groups have dispensed a minimum of 400 million riels for aid to refugees and the injured. (This is the equivalent of $2.7 million at the current rate of 160:1 and over $7 million at the exchange rate which prevailed until October 1971.) This includes funds expended by the Ministry of Social Action, Labor and Employment; the General Commissariat for Veterans; the Directorate for War Victims; the Khmer Red Cross, and private donations in local currency from religious and charitable groups. We estimate that of this amount well over a million dollars can be attributed to expenditures for civilian casualties and victims of the war. In addition, there has been over $4 million worth of donations in kind, chiefly medical supplies, from Japan and 18 other countries.

The Directorate for War Victims gives food for ten days and clothing, if needed, to each refugee after which time he is expected to provide for himself or depend on relatives. The vast majority are said to be self-sufficient within ten days. If a refugee is sick and unable to work, however, the Directorate continues the food ration. With regard to civilian casualties, the Directorate pays five thousand riels, lump sum, to a civilian war widow all of whose children are minors. If any of the children have reached majority, they are expected to provide for the family without assistance from the Directorate. The Directorate pays two thousand riels to a civilian or a soldier whose wife is killed by military action and for a child so killed. Fifty riels per week are paid to the hospital in which a wounded refugee is held and the wounded refugee receives a payment of one thousand riels when he leaves the hospital.

In attempting to assess the condition of the refugees and the effectiveness of ongoing programs, our mission had a number of conversations in Phnom Penh with the UNDP, other international agencies, and the Cambodians, in one of which I personally participated in January. As a result, all parties agreed that, because of the paucity of data, a study was needed to determine the conditions and problems encountered by refugees and displaced persons in Phnom Penh, where the largest numbers of people have gathered. The UNDP agreed to undertake such a study within the context of its ongoing programs and available staff.

This study was completed just a few weeks ago. It produced no evidence that the refugees who are able to live with relatives and friends are in urgent or dire need of assistance. It found that the shift in population has not brought on serious unemployment although it may have lowered per capita income. It noted that the influx has, however, put a strain on public facilities in the city. The UNDP therefore recommended intensive efforts by the GKR to insure that the present water supply system in Phnom Penh is maintained at sufficiently high standards to prevent epidemics and to increase garbage collections as a general preventive health measure. Increased public health surveillance was recommended to guard against outbreaks of plague or cholera.

With reference to medical services, the UNDP found that, although the quantity of hospital beds in Phnom Penh to treat civilian casualties was found to approach international standards, these facilities are frequently inefficiently utilized. Present stocks of standard medicines are reported to be satisfactory, but more trained physicians and nurses are needed. The UNDP advised the GKR to seek help from appropriate international bodies (such as the World Health Organization and the International Red Cross) or bilateral donors in a nurses' training program.

To help those who have had to construct makeshift housing in and around Phnom Penh, the UNDP recommended that the GKR provide assistance with materials for low-cost, self-help type housing and pointed to the possibilities for increased importation of these commodities under the American aid program. It recommended that the GKR utilize French aid for the cost of repairs and improvements to the water supply.
In addition to official refugee camps, there are in Phnom Penh 26 locations—pagodas, apartment houses, and other buildings—that have been designated refugee centers. The UNDP report found certain of these centers to be overcrowded and recommended that additional centers be created. You will recall that the GAO report found three of the official refugee camps in Phnom Penh to be inadequate, and the fourth, supported primarily by a private charitable group, to be crowded and unsanitary.

The UNDP report is currently under active consideration by the GKR’s Refugee Committee, chaired by the Minister of Labor and Social Welfare. However, as of May 4 the Committee had not yet formulated its own recommendations.

Mr. Chairman, we believe that on the whole the GKR level of effort combined with the efforts of the families and friends of the displaced persons is meeting the current requirements and is consistent with the standards of living of the Cambodian people. Therefore, we have not undertaken a U.S. program for refugees in Cambodia as we have done in Laos and Vietnam. Aside from the fact that the GKR along with other nations and international bodies are already involved, U.S. programs have the disadvantages of requiring an increased American presence in Cambodia and a gradual shifting of responsibility. I might add parenthetically that your Subcommittee has in the past been instrumental in alerting us to the dangers of over-involvement.

Though we do not have a U.S. refugee program in Cambodia, our economic aid program does have an impact on the well-being of those in the urban centers. It attempts to assure an adequate supply of essential commodities in the marketplace. Thus the Phnom Penh residents, displaced persons as well as permanent residents, can have available a substantially larger amount of resources than they would if there were no U.S. economic aid program.

Furthermore, according to our own periodic observations, the GKR has maintained adequate stocks of rice and wheat flour in the urban areas; regular convoys by road and sea have averted any sustained food shortages.

Of course, we have the problem of displaced persons under continuing review. A senior official in the Embassy follows the status of displaced persons and war victims. We remain receptive to suggestions of what we might do and action that appears to be appropriate to avert undue hardships. We would be willing to divert local currency, generated by our aid program, for overall budget support, to meet such displaced persons’ relief requirements for locally available resources. We could increase our contribution to the PL 480 Title II program handled by UNICEF in Bangkok if that were called for. We are always ready to work with American and international voluntary agencies to help identify suitable projects and to help finance shipping costs for their donations.

In conclusion, Mr. Chairman, we do not find that the refugee problem in Cambodia is on the same scale as in Laos and Vietnam where the fighting has gone on much longer and has been more destructive. From all the evidence we have, the Cambodian society, with some help from the authorities and private donors, has been able, by and large, to cope with the influx. Should the problem intensify to the extent that it is clear that help from the U.S. is necessary and sought after, we are ready to provide it.

**Refugee Situation in Laos**

Mr. Chairman, I am glad to have the opportunity to appear before this Subcommittee again and to discuss, from the standpoint of A.I.D., the current refugee problems in Laos and Cambodia.

Let me deal first with Laos. The Subcommittee already has considerable knowledge of the refugee problem in Laos and of the nature and scope of A.I.D.’s refugee assistance there. I shall therefore confine my comments to a summary of some of the major developments of the past two years since I last appeared before this Subcommittee.

From June 1970-April 1972, we have supported an annual average of 281,000 refugees. The high point was reached in June 1971 when the total was 317,000. The total steadily decreased to 288,000 (a 25% decrease) by February of this year, due largely to the success of some refugees in planting and harvesting sufficient rice to become at least temporarily self-sufficient. I might point out that this decrease occurred during the unexpectedly early and strong dry season offensive of the North Vietnamese, who were equipped with Russian tanks and, for the first time, Russian 180 millimeter guns. This offensive, which has not yet
ended, has to date displaced about 45,000 refugees and created about 7,500 new ones. We presently are supporting about 203,000 refugees, which means that some who had become temporarily self-sufficient, again need our assistance.

As the Subcommittee knows, we have for some years been devoting about one-third of our A.I.D. funds for Laos to refugee assistance, and that assistance has gone from about $8.4 million in fiscal year 1969 to about $16.8 million in fiscal year 1972, virtually doubling that part of the A.I.D. program. During these same years, other agencies of the government—the Department of Agriculture with PL 480 commodities, the Department of Defense and in fiscal year 1972, CIA—have also contributed substantial amounts for this program, with the result that the sum total of funding for refugee assistance in Laos has gone from about $12.2 million in fiscal year 1969 to an estimated $23.9 million in fiscal year 1972, again virtually a doubling of the resources made available for this purpose.

These are large increases in resources, but perhaps the human side of the equation can be better understood in terms of per capita expenditures. We estimate that in fiscal year 1969 the per capita assistance given to refugees was approximately $70, whereas in fiscal year 1972 it has risen to about $88. This may sound like very little money in Western terms until one realizes that the annual average per capita income in Laos is something less than $75.

We have doubled the number of full-time American staff assigned to refugee work since 1970. There are now 23 full-time Americans in the Office of Refugee Affairs, created in the late 1970 reorganization to upgrade the refugee function. In addition, about 39 other U.S. personnel in the A.I.D. Mission devote either all or part of their time to refugee work.

Despite the war, permanent resettlement of refugees with A.I.D. assistance is a constant process. The Royal Lao Government estimates that over the past decade about 500,000 refugees have become permanently resettled and self-sufficient. At present, our Mission is giving resettlement assistance to nearly 71,000 refugees. Such assistance includes clearing new villages, building houses, roads, streets, schools, and dispensaries, drilling wells, preparing land for planting, giving the settlers seed, tools, insecticides, fertilizers, and special agricultural training. I have seen some of these resettlement projects in my visits to Laos and have been impressed to see the effective way resettlement is done and the enthusiasm of the settlers for their new lives.

Let me now address myself to some of the criticisms that have been leveled against A.I.D.'s refugee and health programs in Laos. These criticisms, both from members of Congress and the press, fall into essentially two areas. First, there have been charges that A.I.D. funds have been devoted—or "diverted"—to financing combat operations in Laos; sometimes it's put that A.I.D. is financing "CIA's secret war." Second, there has been criticism of certain alleged shortcomings in A.I.D.'s refugee programs, particularly in the health services and management areas. I should like now, for the record, to respond to these two sets of criticisms.

First, regarding the repeated charges that A.I.D. funds have been used in Laos to finance combat operations. This is not true now, and it never has been true. What is true is that A.I.D. has in the past financed food for the Lao military and paramilitary forces and paramilitary dependents, medical care and supplies for paramilitary forces and their dependents, and miscellaneous relief supplies for paramilitary dependents. In order to show why this was done, I would like to explain the background briefly.

In the spring of 1963, a decision was made at the highest level of the Kennedy Administration that the United States should resume assistance to Lao paramilitary units, and the CIA was given the responsibility for the training and advising of these irregular forces. These forces needed food, medical care and supplies. The dependents of these irregulars had long since been forced from their homes by the North Vietnamese Army and were thus refugees, qualifying for assistance under the A.I.D. refugee program.

Until 1970, the financing noted above had been determined by our General Counsel to be authorized under our statutory authority because the primary purpose of this assistance was to maintain political stability. Moreover, A.I.D. regularly described these activities to Congress in its annual presentation. However, in January 1970, A.I.D.'s General Counsel ruled that Supporting Assistance was no longer an appropriate funding source with respect to two items; namely, the direct provision of rice and other foodstuffs to Lao military personnel, and the costs associated with the Requirements Office. That office,
manned by civilians, was established in 1962 in the A.I.D. Mission to perform logistics functions in connection with the military supply assistance our Government had decided to give the Royal Lao Government at its request. This finding by A.I.D.'s General Counsel was precipitated by a September 1969 GAO decision in the Premier Auto Case in India, which held that funds authorized under Part I of the Foreign Assistance Act are not an appropriate funding source to finance consumables for direct delivery to the military or to fill existing military orders.

Let me emphasize that our General Counsel's ruling was applicable only to delivery of food and logistics services directly to the Lao military. The General Counsel's decision neither explicitly nor by implication challenged A.I.D.'s authority to finance medical supplies and services and refugee supplies such as cooking utensils and blankets to paramilitary personnel or their dependents.

As a result of our General Counsel's ruling, A.I.D. and DOD agreed on the transfer to DOD, beginning in July 1970, of funding responsibility for the two items mentioned above. However, to this date, the legality of financing by A.I.D. of medical services and supplies and relief supplies for paramilitary dependent refugees has not been challenged. We continue to believe that these are clearly justifiable uses of Supporting Assistance funds. It was agreed, however, on policy rather than legal grounds, that all costs for these services should be shifted to CIA and DOD, and this has now been done.

In summary, I want to reiterate the following points. First, at no time have A.I.D. funds been used in Laos to finance any combat operations. Second, A.I.D. financing of food for the Lao military was considered legal until 1970 when a GAO ruling, entirely unrelated to Laos, cast doubt upon A.I.D.'s prior legal interpretations. Third, A.I.D. financing of food, medical services and relief supplies for paramilitary dependent refugees has never been legally challenged and continues to be, in the view of our General Counsel, a clearly justifiable use of Supporting Assistance funds. Fourth, the shifts of financing to CIA and DOD subsequent to 1970 were made as a result of policy determinations and not because the activities were considered illegal. Finally, the responsibility for financing all of the above types of assistance has now been transferred to either DOD or CIA.

This last statement is substantiated by the GAO's own report of March 29, 1972. On page 30 of that report, the GAO states:

"In our prior report we noted that action had been taken or was under way to transfer funding responsibility for assistance to military and paramilitary forces and their dependents from AID to DOD. We pointed out that, at the time of our prior review, despite DOD agreement to pay all such assistance costs beginning July 1, 1970, AID was funding certain assistance—medical aid, protein supplements, and nonconsumables, such as knives and blankets—being provided to these forces and dependents. Our current work indicates that, beginning with fiscal year 1972, DOD and CIA will be funding these remaining items of assistance.

"We also found that, through an oversight, the AID-DOD cost-sharing agreement did not cover about $1.1 million worth of protein supplement being provided to paramilitary dependents; however, the matter was being negotiated at the AID/Washington level at the conclusion of our review."

I can report that an agreement has been reached between A.I.D. and DOD on this last item, and that no FY 1972 A.I.D. funds have been spent for this purpose. I hope that the GAO statement I have just referred to will once and for all put a stop to statements that A.I.D. is still allocating funds for assistance to military and paramilitary forces and their dependents.

Let me now turn to contentions that our health program in Laos is not adequate. We are proud of that program. In the midst of war, it is enabling the Lao Government not only to meet the immediate medical needs of its people but also to develop its own public health capacity for the longer pull. Let me give you just a few main points.

During the past year, A.I.D.-funded construction has increased hospital bed capacity at A.I.D.-supported hospitals by 240, to a total of 725. This total was achieved despite the total loss of two hospitals in 1971. A 60-bed hospital at Paksong was overrun by the North Vietnamese military in May of 1971 and was deliberately burned to the ground. 68 patients and 8 Lao staff are missing. A 100-bed hospital in Long Tieng had to be evacuated under heavy artillery and
small arms fire in December 1971; and because of the heavy fighting that has continued in the area to the present time, this installation has been closed indefinitely. Four other hospitals with a total of 385 beds had to be temporarily closed down during the year as a result of enemy action for periods of a month or more.

However, in spite of these hazards, overall patient load increased in these hospitals by 12% in 1971 over 1970 and by 20% in the first quarter of 1972 over the previous quarter.

In addition to A.I.D.-supported hospitals, our Agency also supports about 225 dispensaries in the rural areas of Laos. These handled approximately 3 million patient visits in 1971, approximately a 20% increase over the previous year. With a population of about 750,000 in the rural areas served, this means an average of four visits per person during the year, an unusually high level for rural Asia.

In the meantime, in-country training of Lao medical personnel is proceeding on schedule despite the war. The retraining cycle of 300 medics will be completed this fiscal year. 20 medics completed the basic six months' course and 31 maternal-child practical nurses completed 9 months' training this fiscal year. All of the above personnel have been assigned to refugee locations.

Now I would like to deal with criticisms of our Mission's management of the refugee and health programs.

I am convinced that over the years our Mission has done a good management job in a very difficult situation. Many improvements have been made—in good part reacting to suggestions coming from the GAO and this Subcommittee. I was pleased to read the following statements on page 9 of the GAO report of March 29:

"Our follow-up work showed that USAID/Laos had taken steps to eliminate many of the weaknesses noted in our previous report and, as a result, had strengthened the management of the refugee program. Specifically, we found that USAID/Laos:

- had increased the number of people assigned to the organization responsible for program management.
- had developed statements describing the functions of the organization responsible for program management.
- was developing written procedures for program execution.
- had given consideration to steps it would need to take to respond to unpredictable program changes.
- had increased the quantity of data being reported to AID/Washington."

It is true that the GAO says (p. 10) the reorganization of refugee assistance has "not resulted in any readily discernible differences in USAID/Laos' policies and practices." However, no where in the GAO report is there any criticism of USAID's policies and practices. I have here with me, and, would like to insert for the record, a copy of the Mission's "Action Memo No. 71-05 dated September 1, 1970." That memorandum sets out in some detail the policy of our Mission, noting among other things that "relief assistance to refugees will normally receive the highest priority within all USAID projects and supporting services in claims on material and human resources." The GAO report also notes, however, that the "upgrading" of the refugee function accomplished by the reorganization "does evidence the high priority assigned refugee affairs by the Mission."

Management of a complex program can almost always be improved, however, and we are examining the GAO report carefully to determine whether it contains any suggestions not already being acted upon by the Mission which it would be desirable to adopt.

Also in the management area, the GAO makes some suggestions for improving the control over refugee commodities and the administration of our Title II P.L. 480 program. As to the control over commodities, the GAO expressed concern that in some cases USAID/Laos is paying freight bills without "appropriate documentation evidencing the actual receipt of transported items." Unfortunately, shipments of in-transit goods from Bangkok to Laos have to be handled by three separate carriers. Claim action must be directed against the carrier in custody of the cargo at the time of damage or loss. Deferral of payment to the Express Transport Organization (ETO) until all handling is cleared would be inequitable. As we indicated in 1970, payment to ETO is "in accord with standard commercial practices."
Although the GAO report continues to question this as a prudent practice, it is the experience of A.I.D. that commercial carriers generally require payment in advance of final delivery both in the U.S. and overseas. If there is a discrepancy between what is shipped (and paid for) and what is subsequently received, a claim is initiated. Deliveries are certified by USAID personnel. USAID personnel also verify at least monthly receipt of air deliveries and airdrops. In the first three quarters of fiscal year 1972 commodities with a value of $4,800,000 were shipped with claims against carriers totaling $2,647 or .06 percent.

The GAO report on refugee relief listed several deficiencies in commodity storage and record-keeping. The Mission has corrected or is in the process of correcting these problems and will continue with on-the-job training to upgrade the performance in this area.

Mr. Chairman, I have, of course, not covered all the points made in the recent GAO reports. But what I have said about some of the GAO suggestions goes for all of them. We welcome the constructive recommendations of the GAO and shall carefully examine both of its recent Laos reports—the second of which was received only about two weeks ago—to determine how we can be helped by them.

I hope my remarks have been helpful in summarizing and putting into proper perspective our refugee program in Laos. Since fiscal year 1969, we have reorganized the program, doubled its staffing, doubled its budget and improved its efficiency. We have an excellent and devoted field staff. Two of these people are with us today, Mr. Chairman, and we now stand ready to give you as much additional information as we can.

Senator Kennedy. Very good. I appreciate your testimony.

You can understand the concern that this committee has over the use of funds which we thought were being devoted to either refugee or humanitarian needs, but were being used to support paramilitary activities and personnel. As one who has followed it very closely, I never suggested that AID funds were used for military operations, because I myself didn't feel that to be the case. But in reviewing the way this program developed, the support for paramilitary personnel, did concern me. This goes back for some period of time, to the early or mid-sixties, when the term "refugee" was used in Laos as a pragmatic euphemism to cover the development and support of paramilitary forces—to any person who took up arms against the Communists. I believe that was generally understood as the purpose of the refugee program, and I think that aspect was ill advised.

So, I want to express appreciation for the budgetary separation of these programs. I think that it makes a good deal of sense.

Will paramilitary personnel still be eligible for title II Public Law 480 food? That program is funded for help and assistance in the case of national disaster, cyclones and this type of thing—or at least that is the reason or the justification that is given to Congress.

There are many instances, of course, where this type of program is needed—in Bangladesh, the earthquake in Peru, and in many other areas.

Can title II commodities still be used to support the paramilitary personnel?

Mr. O'Connor. Senator, title II commodities will be used for paramilitary dependent refugees. They will not be used for paramilitary personnel themselves. I think our lawyers have drawn that distinction.

Senator Kennedy. I would like to congratulate Dr. McCready for the work that has been done in the medical program. It is very commendable, and I want to add my congratulations for the efforts
that have been made and the support that has been given to this program.

Dr. McCreedy, would you like to comment on the present situation and what particular problems or opportunities you foresee in the next year?

Dr. McCreedy. Over the past year, despite some difficulties within the country, we have made some progress in institution building. The Royal Lao Government (RLG) has made some progress. The number of medical doctors in Laos has tripled. And the number of medical assistants who have gone off for postgraduate training, which has been subsidized by UNICEF, has been up to 30 percent for a total of 120.

The Royal Lao Government, with the assistance of WHO, has established a 7-year medical school as against the medical assistance school of 4 years.

USAID has assisted in the development of the first nursing school in Laos, and it will graduate its first class this year.

We are in the process of constructing a 200-bed national child health training center with WHO advisory assistance, which will be staffed by the RLG and operative at the end of this year.

The RLG-USAID assisted training programs have produced approximately 160 nurses and midwives, who are presently out in the village areas. And these people, I think about 20 percent of them, are in the refugee areas.

And we will continue to extend this type of services to refugees in the rural areas there.

Senator Fong. Are you constantly training medical technicians?

Dr. McCreedy. Yes, sir, at several levels. We just finished our training cycle for 350 medical technicians. And this has been mainly in the field of village sanitation, water development, reporting systems, and maternal child health which we particularly wish to introduce into these areas.

Senator Fong. I understand the North Vietnamese deliberately burned a hospital to the ground after they had captured it. Why would they do that?

Dr. McCreedy. I don’t know. This was a 60-bed hospital in Pak-song. Things had been a little difficult there for a few weeks. And the Operation Brotherhood team was being evacuated nightly, as were all the nonambulatory service patients. A week before it was invaded we evacuated approximately 110 patients out of this site. They overran it one night with 68 patients remaining and 28 staff. Of this staff 21 managed to make their way out in the next few weeks. Three days after the North Vietnamese took over the town—and there had been no damage to the hospital installation—the hospital caught on fire, and the town was rousted to stop the fire, which the NVA said was started by American bombing. There had been no air activity at the time.

The Pathet Lao people came in the next day, according to our staff, and this was the story that the North Vietnamese told the Pathet Lao, that there had been some action which resulted in the destruction of a hospital.

Senator Fong. Was the fire deliberately set?

Dr. McCreedy. The staff said it was deliberately set by troops.
Senator Fong. Thank you.
I congratulate you on a very fine report.

Mr. O'Connor, I would just like to express again on the record not only my thanks for your kind comments, but particularly on behalf of our staff and the mission director, Dr. Weldon and Dr. McCreedy. I have been out there three or four times, and I know they work awfully hard. That doesn't mean that we can't improve, and we will.

Senator Kennedy. Dr. McCreedy, what about the Meo tribesmen? What kinds of programs are you working on for them, and what shape are those programs in?

Dr. McCreedy. Well, medical service is extended to all groups where we are working. The main effort is in the rural areas and in the congested areas where we have access, where we have aircraft, security, and where the RLG does not have a permanent facility.

We have attempted to develop facilities in these areas. As far as Meo alone, particularly in region 2, region 2 was a main hospital 200-bed training center at Sam Thong which was destroyed in 1970 and now we have a unit in Bon Song. And in this region there are 70 dispensaries, one 200-bed hospital and one 50-bed hospital and then the backup at site 272 of a 150-bed hospital.

I feel that the medical treatment is adequate.

As far as the general condition of refugees are concerned, it is not too bad. With the protein supplement, Public Law 480 and certain other supplements we brought in, rice, fish ponds, and these programs, I think it approaches that of the general population.

Senator Kennedy. I suppose they will have a rather difficult time being resettled in their ancestral homes. Is that true?

Dr. McCreedy. Yes, sir.

Perhaps Mr. Williamson can go into that.

Mr. O'Connor. He is our expert on that particular subject, if you would like to hear it.

Senator Kennedy. Fine, we would like to hear it.

Mr. Williamson. Senator, I'm Jack Williamson, Assistant to the Chief of Refugee Affairs in Laos.

Senator Kennedy. I am interested in what the prospects for resettlement of the Meo tribes are and some of the particular difficulties which they are confronting. Obviously, they have been very much involved in the struggle there. I am interested in what their conditions are. The doctor mentioned about medical supplies, but what about their prospects for resettlement and a return to their lands?

Mr. Williamson. In part, or perhaps entirely, it depends on the North Vietnamese. Over the last 10 years the North Vietnamese have been steadily pushing the tribal people in the northern part of Laos out of their homelands. At the present time there is a problem of land remaining for these people to resettle on. At the present time our surveys in the country indicate that there is still sufficient land in order to resettle these people. But, of course, they will have to be developed, they are frontier area lands literally—jungle, hard to get to areas. And this is, in fact, our problem.

We are at the present time processing some 70,000 people in the resettlement program. We have millions of dollars of equipment, engineers, land clearing, and so on, to resettle these people.
If the North Vietnamese will not allow these people to go back to their homelands, we will have to resettle them.

Senator Kennedy. How much mountain land is there in the government controlled areas?

Mr. Williamson. The total land in government control at the present time is about 4 million hectares of land. At present people are living on land of about a million hectares.

So, there is about 3 million. As you recall, Laos is lightly inhabited territory. So, we estimate about 3 million hectares of lands is left. Of that, probably 300,000 or 400,000 hectares is arable, in other words, people can plant on it. We have about 50,000 families to resettle. And if you figure roughly 5 hectares per family we think it will be adequate.

But, as I say, the problem is applying our resources to develop these lands on the frontiers.

Senator Kennedy. Maybe you could just give us a short note on that, could you, Mr. Williamson?

Mr. Williamson. Yes, sir, we can supply that.

Senator Kennedy. Just supply it.

This whole experience has been a tragic experience, especially for the Meo. And we are just interested in sort of following along and seeing what happens to them.

Mr. O'Connor. Do you want that for the record?

Senator Kennedy. Yes, please.

(Subsequent to the hearing, the following information was submitted):

Final resettlement of the thousands of Lao civilians who have fled the war and their homes depends on further identification and development of suitable land and on the outcome of the war.

Extensive surveys have been and are continuing to be conducted to determine the availability and suitability of land resources in the areas presently under RLG control. Estimates to date indicate that in these areas there are about 8 million uninhabited acres. About 1 million of these acres have been identified as potentially available and suitable for refugee resettlement in terms of accessibility and the possibility of rice cultivation.

These 1 million acres, of which to about 380,000 have been or are being reserved for resettlement, are mainly lowlands. They do not include enough hill acreage to permit all the Meo and other hill-tribe refugees to resettle and practice their traditional farming methods. Moreover, the Meo and other hill tribes much prefer their native mountain areas, and have been historically reluctant to settle in lowlands, although a relatively small number of them have done so.

In the remaining 2 million uninhabited acres under RLG control—much of this marginal land with difficult access—there is enough hill acreage to resettle all the Meo and other hill-tribemen who are currently refugees. How much developmental effort this would require will depend on the results of the surveys being pursued in these areas. Whether such resettlement will have to be undertaken will depend on whether the course of the war permits the hill-tribe refugees to return to their homelands.

Senator Kennedy. I have just one final area.

Major Cook, one of the areas that I have been interested in has been the rules of warfare, the manual on the rules of warfare. And I understand there is a manual on the rules of land warfare for the Army, and rules of naval warfare for the Navy. I am interested in what the rules of air warfare are, particularly in Laos and Cambodia.

Is there anything you can tell us about that?

Major Cook. There are some things, yes, sir.
I notice in your entry in the Congressional Record that you explained that there were rules of land and naval warfare, but no rules of aerial warfare.

Senator Kennedy. I think I was talking about manuals. Is there a manual of air warfare?

Major Cook. You are correct, there is no manual of aerial warfare, in part because there is no international agreement which would provide the basis for such a manual, as there is in the case of ground and naval warfare. One should not infer from that, however, that we observe no rules in aerial warfare. In fact, there is a substantial body of self-imposed rules that we observe in the conduct of aerial warfare.

Senator Kennedy. As I understand, this is a subject matter that is being considered now at the meeting of the International Committee of the Red Cross in Geneva.

Do you know what our position is on that?

Major Cook. No, sir, I don't know what the details of our position have been. We would certainly favor the development of rules of aerial warfare.

Senator Kennedy. Ambassador Sullivan?

Mr. Sullivan. I can tell you a bit about that. But we also have with us one of our lawyers, Mr. Kerley.

What is currently going on in Geneva—and this is where we have our prime experts on it right now—there is a meeting of government experts who are developing this set of laws in an international context. What they will be doing once they have developed this body of documents is to send them back to the governments for a perusal of ratification. We have here only the preliminary ones, we don't have the result of this current conference, which won't end until June 3.

But until we get that result we won't have the actual context in which we are dealing. These are the documents that have been developed in a preliminary meeting, and these are the ones that the experts are now working on.

Senator Kennedy. Do we have our position, is that stated, Mr. Ambassador?

Mr. Sullivan. We have no position as yet. These people who are there are experts, and they are uninstructed experts in that sense of the word, they can develop their own context. And then when they bring this back, then there will be a consideration in the government, and presumably there will be another conference with instructed delegates.

Senator Kennedy. So we haven't got a position here defending the results of the technical studies?

Mr. Sullivan. That is correct, sir.

Senator Kennedy. I don't know whether you are familiar with the article that was put in the Congressional Record which lists the various kinds of antipersonnel weapons that have been developed by the United States—the "pineapple," the antipersonnel bomb, which has 260 steel ball-bearing pellets that shoot out horizontally on impact. One sortie load carries a thousand such bombs, 250,000 steel pellets shooting out horizontally over an area the size of four football fields. And the "guava," which is another antipersonnel bomb—an improvement over the pineapple, with 4,000 to 5,000 steel ball-bearing
pellets. There is the fragmentation antipersonnel bombs—63 fragment-
tation projectiles designed to be an improvement over the pineapple and the guava. And the “flechette” rockets are even more destruc-
tive. Fired from rockets in the air war as well as in an M-79 grenade, tiny steel nails with a large head on one end and a large head on the other, they peel off the flesh and enlarge the wound at the end of the body, shredding the internal organs and large blood vessels. And extremely delicate surgery is necessary to remove them. And the bombs in plastic cases which break up into hundreds of tiny slivers one-eighth of an inch to one-sixth of an inch. They are not X-rayable, so that if a person is hit with enough of them they must be removed by exploratory surgery.

Are all these antipersonnel weapons going to be discussed in Ge-
neva, do you know?

Major Cook. I don’t know what the agenda is at Geneva, no, sir.

Senator Kennedy. Do you know whether they are, Mr. Sullivan? I see there is a gentleman back there shaking his head.

Mr. Sullivan. That is Mr. Kerley, who is our lawyer. We can bring him up here, and he can tell us what the Geneva discussions will be about.

Mr. Kerley. Senator, under consideration at the Geneva Conference is entirely the application of the rules of humanitarian law to civil-
ians in armed conflict. It would not deal with material such as you have discussed here.

Senator Kennedy. Aren’t civilians affected by these types of weap-
ons as well?

Mr. Kerley. Yes, sir. What I meant to suggest is that the focus would not be on material, but rather on special rules applicable to people having civilian status.

Senator Kennedy. Could you develop that a little bit for me. I am not sure I quite understand it.

Mr. Kerley. The present legal norms we have are the 1949 Geneva Conventions. They drew their legal inspiration from the experience of World War II, which involved a very heavy amount of hostilities expended on the civilian population. You recall the mass bombings of World War II, and so forth. The current focus of the Geneva Conference, which springs from a resolution of the 21st General Conference of the Red Cross in 1969, is to see whether certain specific rules can be developed dealing with the role of civilians in the attacks that are made upon them. But the focus is not on the kind of weapon used, but on employment separation, and this kind of thing.

Senator Kennedy. Why wouldn’t they be included? Is it just that it is not an item on the agenda?

I can see the legal distinction, but in a practical way it is difficult for me to see. You can say, well, if they see someone running in with three guns and they draw gunfire, maybe you can bomb him.

Do you then drop the flechette rocket or the fragmentation bomb that can spread over a whole community?

Mr. Kerley. So far as I know, Senator, at the first government experts meeting last year, and the one this year, this particular question has not been addressed. I wouldn’t suggest that it would be impossible for it to be so.

Senator Kennedy. But it is not at this time?
Mr. Kerley. It is not.
Senator Kennedy. Is napalm, incendiaries, or white phosphorus on the agenda?
Mr. Kerley. I believe there is some discussion of this, but again it is not a topic being dealt with by this group. But since the experts are uninstructed there would be nothing to preclude their doing so if they chose to do so.
Senator Kennedy. Do we have a position? What is our position?
Mr. Kerley. Sir, as a government we do not. A number of the experts there are American experts. They have met as experts together, and reached certain conclusions of things that would be useful for the conference to recommend. But this would not be a government position.
Senator Kennedy. Do other governments have positions?
Mr. Kerley. Other experts have positions, sir. There are no government positions being taken at this stage. That will be at the next stage prior to the 1973 conference.
Senator Kennedy. When does it meet again?
Mr. Kerley. It is presently scheduled for 1973.
Senator Kennedy. In Geneva?
Mr. Kerley. Probably Geneva, probably convened by the Swiss Government. But it is not certain.
Senator Kennedy. Major, on the rules of war, the aerial rules of war that we were talking about just before, is there anything further that you can tell us on how they have developed, for example, in Laos and Cambodia, or even for North Vietnam? Have we been able to develop any? Is there a desire to do so within the Defense Department? We certainly didn't see one during the previous administration. I am wondering what the thinking in the Defense Department about this type of thing is now.
Major Cook. We have the rules of engagement which have been discussed in this committee before. We feel as though the details of the rules would have to be discussed in executive session.
Senator Kennedy. As I understand, we have those, but they are classified confidential. As I remember, they are really full of a lot of loopholes.
I see the story here in the Evening Star of April 19. It says:
"The top American military commanders in Saigon have been given a free hand in selecting and striking military targets anywhere in North Vietnam."
What kind of rules of engagement cover that? Do you know whether that is accurate?
Major Cook. It is not accurate to the extent that they do not have a free hand. The rules of engagement apply to the commanders, as they do to pilots flying missions.
Senator Kennedy. Has there been a change in the rules of engagement in recent times?
Major Cook. There have not been basic changes to the rules of engagement. Detailed matters of confrontation may undergo periodic review.
Senator Kennedy. We were there in 1968. And they had a process, or a means of clearing various strikes, aerial strikes, with the civilian
commanders. This was in South Vietnam. Is that still the procedure now?

Major Cook. Yes, sir. There are procedures which involve the person most likely to be familiar with the characteristics of the targets.

Senator Kennedy. Thank you very much, Mr. O'Connor and Ambassador Sullivan and Major Cook—thank you all very much for coming up this morning.

We get frustrated, as I am sure many of you do, and I hope in my exchanges with Mr. Blackburn and Mr. Corcoran, that they will accept the spirit in which those questions were asked. I know there are so many dedicated people all the way along the line in Cambodia and Laos, and that they are trying to do a good job. But sometimes the roadblocks come from further up rather than down at the local level. What we are trying to do here is to find ways in which we can help open up some of those roadblocks and insure that the genuine humanitarian concern which I think is such an indelible part of the American character is reaching out to the extent that it can to alleviate the pain and suffering of millions of people in the Indochina Peninsula.

I am firm in my belief that the best way of doing that is to end the war. But, in the meantime, we have got to try and find ways to alleviate these conditions the best way that we can.

So, I hope all of you will realize that that is the spirit of these hearings. And we have appreciated working with you in the past.

Thank you again for your appearance here.

Mr. Sullivan. Thank you.

Mr. O'Connor. Thank you.

(Whereupon, at 12:15 p.m., the committee adjourned, subject to call of the chair.)
Appendix I:

UNITED NATIONS DEVELOPMENT PROGRAM REPORT

PROBLEMSPOSEDBYDISPLACEDPERSONSAROUNDPHNOMPENH

(A Preliminary Look by UNDP Staff in Phnom Penh, within the Context of Ongoing UNDP Programs)

(UNOFFICIAL TRANSLATION)

This report, whose purpose it is to set forth a program to help the government overcome the difficulties created by the population influx around Phnom Penh is in four sections:

1. An Evaluation of the Population and Employment Situation
2. Public Health—Hygiene
3. Housing
4. The Official "Refugee" Camps

1. An Evaluation of the Population

1.1 According to data obtained from the Ministry of Education and the Ministry of Interior, and from certain spot checks, the present population for greater Phnom Penh may be considered to be about 1,100,000. However, it should be remembered that after March 1970, about 250,000 South Vietnamese citizens left the city. This means, therefore, that about 800,000 Cambodians have come to settle in the capital.

1.2 It doesn't appear, however, that this shift in population has brought on unemployment in the real sense of the word. However, the small number of jobs obtainable has certainly contributed to lowering per capita income of the population. School attendance is proportionately not as high. However, such effects will only be felt in the medium and long term. On the other hand, the effect on financial income will have rapid and considerable repercussions in the area of public health.

2. Public Health—Hygiene

2.1 Malnutrition, and in certain cases, undernourishment are harmful to the health and increase the risk of epidemics.

2.2 Those epidemics to be feared most are cholera and the plague. Adequate epidemiological facilities do exist. Increased surveillance by these services is to be recommended. In order to reduce the risk of epidemics, the following measures should be advocated:

- Better infrastructure for sanitation facilities
- Improved general hygiene
- Pharmaceuticals
- Hospitalization and sanitation facilities

2.3 Present health services consist of regular hospitals, temporary hospitals and 14 dispensaries.

In fact, available hospital facilities would seem to approach international norms (one bed for every 200 inhabitants), however—

(a) Hospital doctors (about 250 in all) are too busy with consultations with in-patients and out-patients,

(b) Too many beds, of which there are about 3,000, are occupied by persons not requiring hospitalization,

(c) Present dispensaries are not plentiful enough, nor are they located where they would do most good.

2.4 The most important issue then is the better utilization of existing resources. The following steps advanced by the WHO representative ought rapidly to be put into operation.
(a) One health center, having its own doctor, for every 50,000 inhabitants that is, 22 centers whose task it would be to diagnose a case and/or prescribe any necessary treatment and/or direct the patient to a hospital unit.

(b) A combination dispensary/sick ward for every 16 to 18,000 inhabitants (thus, 3 dispensaries for each health center) whose task it would be to treat the sick as prescribed by the health centers, at the same time maintaining epidemiological surveillance. This means that instead of the present 9 dispensaries, 60 would be required, and there also should be instituted 28 health centers. The personnel factor should not present insurmountable difficulties.

The number of nurses, male and female, presently attached to dispensaries might be doubled, and more nurses might be trained with the help of international organizations (WHO, IRC), national organizations (including the armed forces), and bilateral groups (such as the Japanese, Australians). Such a program could be realized in three years.

Regarding doctors, in the mobilization framework, appeal should be made to their sense of civic pride and duty.

Regarding working quarters, temporary edifices ought to be quickly put up (Japanese huts) or existing premises such as former stores, warehouses, unoccupied housing, etc. properly equipped and furnished.

25 Improved General Hygiene—The two main epidemics to be feared are Cholera and the Plague.

A. Cholera is transmitted through water. Only 35 percent of the urban population enjoys the advantages of running water. Proper maintenance of the existing water supply is imperative. The cost of necessary repairs and improvements has been estimated to be $400,000. In this area, it should be possible to count on French aid. That portion of the population which does not have running water should be induced to boil its drinking water. At the same time, any suspected Cholera cases should be immediately brought to the attention of the proper authorities. The installation of dispensaries and health centers should facilitate surveillance. Except in the case of an epidemic, general inoculation against Cholera is of limited value.

B. The Plague is transmitted through rat lice. Rats proliferate anywhere they find food, and garbage represents food for these animals. It is in the area of garbage collection that a concentrated effort should be made. Collection facilities should be increased (the provision of trucks with platforms and side paneling should be possible) and mobile garbage receptacles (trucks) added and regularly emptied. As for solid refuse—old tires, oil cans, scrap iron—special deposit areas should be set up and collections effected once a week.

As for the number of dumping sites, these should be increased and low areas selected to be filled in. Arrangements should then be made to cover these areas over with dirt and flatten them out (with a bulldozer).

C. In order to assure the active support of the population, every two or three months a national health and cleanliness week should be organized. After launching a sensitizing campaign through the radio, press, signs and billboards, talks at school and family gatherings, the population would be invited to conduct a thorough cleaning of their yards, houses, nearby garden areas, streets, ditches, gutters, and to gather together in a specified area any solid refuse. During that week, street cleaning facilities might be augmented so that complete garbage collection would be assured and empty lots cleared out. Help from the armed forces would be very helpful here and should be solicited. These national cleanliness weeks should be scheduled for May, July (the little dry season), October, December and February.

D. Present pharmaceutical stocks as well as facilities for their replenishment would appear to be satisfactory. An effort should be made to identify themselves with this operation and should be urged to organize and work as a group. The government might look toward distributing free of charge to the poor those medicines prescribed by the health centers. It happens sometimes that supplies of certain patent medicines become exhausted. There usually exists a substitute, however, the doctors may not happen to be aware of this. Steps should be taken to ensure that the medical corps is better informed.

Recent decisions to arrange conferences or seminars for the benefit of the medical corps should be pursued further, and subjects for research or study selected in corroboration with the Ministry of Health, WHO, IRC and the military health facilities.