nity facilities necessary in their original village, things that have been knocked down, like a school, a dispensary, and so forth.

They also will be beneficiaries of the general governmental development program which gives money to the villages and lets the villages decide what to do with that money, rather than decide in Saigon what is good for the village.

Senator Fong. The cost of maintaining the people who have been returned to their village is less than the cost of keeping them in the refugee camp?

Mr. Colby. Well, it certainly is considerably less in human cost, Senator, whether it turns out to be less in dollar costs or piaster costs, I am not sure. But certainly it makes a good deal of sense.

Senator Fong. In 1970 you said there were 397,000 temporary refugees, 139,709 received resettlement benefits, and 388,000 were returned to their villages.

Mr. Colby. Yes.

Senator Fong. In 1971 there were 50,000 temporary refugees, 32,894 received resettlement benefits, and 37,200 returned to their villages.

In other words, you said in the years of 1969, 1970, 1971, 1,613,800 people were returned to their villages?

Mr. Colby. Yes, at least, and there are, I believe, at the moment, something like 275,000 people who are in, or on their way to their original villages who have not yet been paid the benefits, fully paid the benefits. They may have received some, but they are not included in the statistic of those who have returned because they are on the current caseload. They haven't been paid off yet.

Senator Fong. As a general statement, can you say the number of refugees has decreased appreciably?

Mr. Colby. Very distinctly.

Senator Fong. By what percentage would you say it has decreased?

Mr. Colby. Well, I would not hazard a guess on that, because this is one of the problems we have gotten into with the statistics on this, Senator, and I believe we have caused misunderstandings and accusations that we were trying to mislead people by what we said.

I would rather say that we have paid benefits to the numbers stated here, a total of 5,888,000 benefits. This has been done. There are 900,000 people who have either returned to their village and received their benefits, or are on their way, that there have been 1,600,000 people who have received resettlement benefits. But I would not hazard a statement as to how many of those are actually resettled and how many are not because of the fuzziness in that phrase.

Senator Fong. Now, even with the fuzziness of the whole situation, can you categorically state that the refugee problem, as a problem, has diminished?

Mr. Colby. Has enormously diminished in the past 2 or 3 years.

Senator Fong. You have not put that as a question, have you?

Mr. Colby. It has very substantially diminished in the terms of an immediate human problem. There are still human problems to be dealt with and we intend to do that.

Senator Fong. Now, as to the amount of money that has been appropriated for the assistance of refugees in recent years, has it been sufficient to take care of their problems physically and socially?
Mr. Colby. Not in all cases, Senator. In some cases, yes, but not in others. I regret to say there are some camps that we know of that are deficient, that don't have the right number of wells, or the right kind of school, or they don't have an economic base that they can live on.

There are others that are completely on their own and who are completely reestablished in society.

Senator Fong. For the record, can you state whether the assistance given to these refugees is better now than it was 3 or 4 years ago?

Mr. Colby. Well, we have made certain changes in the benefits given. These changes have been mainly in the direction of giving them money rather than commodities, because commodities are frequently very slow and difficult to move and the handling of commodities can lead to corruption quite frankly, whereas funds can be better controlled and given to the recipient and he is then free to do with that money what he wants. I think that in that sense the changes that have been made are more helpful to the individual refugee.

Senator Fong. Is the individual refugee better taken care of now than he was, say, a year, or a year and a half ago?

Mr. Colby. I believe he is, Senator.

Senator Fong. Thank you.

Senator Kennedy. Mr. Ambassador, you know as well as I that even in terms of numbers, in terms of civilian casualty problems, or the problems of war victims—these figures you use don't really describe the full area of social need. I am sure you don't want to leave this committee with the impression that there is today any less demand or need for aid to the victims of this war than before. Because, as we have pointed out, there are, by official statistics, at least 130,000 paraplegic or amputees in Vietnam as of 1970; 6,600 military and 25,600 civilians blind or deaf because of the war; there are 258,000 orphans either in registered orphanages, or nonregistered orphanages; there are 131,000 war widows.

By any kind of figure, the total number of officially registered war victims comes to 545,200. These are just some of the victims of this war; countless more are not officially registered.

For you or this Nation to even suggest or think that there is less of an obligation now—less an obligation for the American people to be concerned about the welfare of these thousands of war victims—is, I think, to do a great disservice to the conscience of this country.

I know, and in fairness and candor, I think you have done an admirable job today in defending an indefensible policy. I have the greatest respect because I think you have done this with great sincerity.

But we shouldn't ever for a moment think our responsibilities and obligations to these people do not increase dramatically every moment that this war continues.

Mr. Colby. That is why, Mr. Chairman, we changed the name of our program from one for refugees only, which has a rather limited connotation, to one for war victims, because we particularly wanted to include those widows, whether they are widows of servicemen or
civilians whose husbands were killed, their orphans, the disabled people in Vietnam.

I fully agree there is an enormous challenge for us, and it will last a long time.

Senator Kennedy. Need I suggest a sense of urgency, and a sense of moral outrage about these victims of the war? I suppose what we have to evaluate is the administration's view on these questions. One of the few criteria we have for this is the total expenditures marked for war victims, or whatever you want to call them. Those funds have gone down.

I think those are the facts. You can't dispute that, despite all kinds of comments as to the improvement of "resettlement villages" and the numbers of latrines that have been built or the number of operative wells or schools built or the greater degree of security that may exist on those little back roads of Vietnam.

I know you are concerned about this, and we are concerned about it—about these millions who have been brutalized by the conflict; their needs have not diminished, and you know that as well as I. It is really this administration which seems uninterested and calls it a problem of "reduced dimensions." I certainly don't, and I think we have to make the American people aware that it is not—that it is a continuing problem.

Mr. Colby. Well, I think that the pressure that this subcommittee has exerted over the years has quite frankly been quite useful. I think that you find us in a situation where we believe that we do have a continuing and very serious obligation to the victims of this war.

Beyond our estimates on numbers or our estimates of the immediate requirements, we are looking for additional steps we can take; additional actions we can take to bind up the wounds of the war in that country.

We have also gone to some of the international agencies of the U.N. and the United Nations Development Program to try to get some involvement by other countries as well as ours in the effort.

Senator Fong. Mr. Ambassador, would you clarify for this committee what the goal of the refugee effort in Vietnam is? Are you trying to resettle them so that they will be in a position to take care of themselves, or are you going beyond that?

Mr. Colby. We are trying to reestablish them in Vietnamese society, Senator, trying to overcome the impact which the war caused on their lives either by sending them away from their home or by otherwise victimizing them. The effort now is to get them into an economically viable situation where they can go ahead and live the lives that they can have there.

Senator Fong. I was in Africa recently and I talked to several members of the United Nations High Commissioner for Refugees relative to the work they are doing with African refugees. I have been informed that the assistance given to these refugees sometimes exceeds what the indigenous people now enjoy—that there has been a feeling among the people, the residents, that the refugee is better treated than they are.
Now, is there a feeling in South Vietnam that we are doing more for the refugees than for the population which is indigenous to the area? Are we doing more or less than that? Would you clarify that for the committee?

Mr. Colby. I think, Senator, sometimes we may do more than that. I think of a number of refugee camps which are adjacent to the quarters of ARVN dependents. If you walk through the dependents quarters of the military there, and walk from there to the refugee camp, on some occasions you will find yourself in a better situation in the refugee camp. Now, this is not, however, to me a justification. These people have suffered by the war. They have been thrown out of their houses. They have been otherwise hurt, and I think it is our job to help them get back, get to a level of life which is one that is decent.

We are also, incidentally, in this regard helping with a program to improve the housing of ARVN and dependents as well. But I think we have no reservations on housing the refugees better than the ordinary people. There are a lot of social welfare problems in Vietnam, and the chairman is correct that we should be thinking about them, as well.

But the fact is that they are doing some of that, but we have a particular obligation as Americans, I think, to the victims of the war which we should be meeting and which I believe we are meeting.

Senator Fong. Aside from the refugee problem, there are many other social welfare problems affecting the inhabitants—are there lots of them?

Mr. Colby. There are lots of them, Senator, lots of them.

Senator Fong. There are great needs in the country; is that correct?

Mr. Colby. There are great needs and this is a requirement that we are going to have to assist on within reason, as well.

Senator Fong. The question is how far are we going in improving the economic and social life; if we are going all the way it will require a lot of money, won't it?

Mr. Colby. Well, the main thing we are trying to do, of course, is to develop a self-generating capability on the Vietnamese Government and people so that they will do their own development and they will bring about a better situation. We have a number of programs which in effect are pump priming operations to try to stimulate this kind of productivity on the Vietnamese part, such things as the miracle rice brought into Vietnam some years ago. This has had an enormous impact on the productivity of the country. It is potentially a rich country, rich in agricultural products. It does have this very serious wartime experience to overcome so that it can put together the tools to develop in the way it has potential for.

Senator Fong. Now, as an American, would you say we have been miserly in our treatment of the refugee problem?

Mr. Colby. No, sir, I do not. I believe we have responded to a human need and we have provided a great deal of assistance to them. It is one of those situations where it is hard to do all that might be needed. But I think we have responded and tried to accomplish our
task and tried to assist the Vietnamese Government to develop its
capability to handle these problems.

Senator Fong. As the director of this program, are you satisfied
that they have done substantially what could be done?

Mr. Colby. I am never satisfied, Senator. I think we have a lot
more to do. I think we just have to go to work and do as much as
we can.

Senator Fong. To do what you think you need to do, what more
do you need?

Mr. Colby. I think we may need time and we need some security
in which to carry on the program. We can't carry on the programs
without security.

Senator Fong. In other words, you are saying that it depends on
the situation?

Mr. Colby. In a way, yes, sir.

Senator Fong. If the conflict escalates you will have more prob-
lems; if the conflict deescalates you will have fewer problems?

Mr. Colby. It depends on the strength of the Vietnamese Govern-
ment and society, and I think these are growing so that they can
provide the climate of security in which we can continue to conduct
a program of assistance to those war victims.

Senator Fong. When were you back there?

Mr. Colby. I just came back—came here for these hearings 3 or 4
days ago, Senator.

Senator Fong. How long have you been stationed there?

Mr. Colby. I have been there for 3 years, yes, sir.

Senator Fong. In the past 3 years, what has been your estima-
tion of Vietnam's effort to bring about programs for growth and
a better condition of life for the people?

Mr. Colby. I think the Vietnamese people and government to-
gether have been working together to develop a whole new approach
toward their future.

They have rested their effort upon the people. They have engaged
the people through such programs as the self-defense program, where
they give the people weapons to help them defend themselves rather
than just running a war with troops. They have conducted a series
of elections in order to get the people to participate in their local
government and to build up the role of the local government, and
they have conducted a variety of development programs which have
substantially revived the rural economy and they are on their way
now toward developing a base for an industrial effort, probably
mainly agricultural processing.

But there is a great deal of momentum which has occurred over
the past few years, and I think it is continuing.

Senator Fong. Much is to be done and much could be done, but do
you feel that the effort toward these ends has been substantial?

Mr. Colby. There has been a substantial change in the situation
in Vietnam in terms of security, in terms of the relationship between
the Government and the people, and in terms of the economic life
of the ordinary Vietnamese.
Senator Fong. And the life of the refugee?

Mr. Colby. Even the life of the refugee.

Senator Fong. Thank you.

Senator Kennedy. Mr. Ambassador, do you have any idea of what we are doing now in terms of the physically disabled, the amputees, paraplegics?

Mr. Colby. We have four rehabilitation centers——

Senator Kennedy. That we are supporting under AID?

Mr. Colby. Yes, I believe so.

Senator Kennedy. I had a chance to visit the Quaker operation, which is enormously impressive. But I understand that the waiting time for prosthetic devices still runs anywhere up to 2 years for children.

Mr. Colby. Well, in terms of the rehabilitation centers, there are a number of rehabilitation centers which have been set up in Vietnam. Some of these have been supported by the United States; some of them have been supported by other countries, some of them have been supported by voluntary agencies such as the Quakers.

With respect to prosthetic devices, some years ago it literally was inhuman, the problems that they faced. At this time there is——again, I hate to refer to the improvement, but there is an improvement in the production of these: It is not up to the need yet. It is not by any means up to the need yet. I don't want to give a wrong impression here.

Senator Kennedy. What is the experience in using that new device that Dr. Rusk asked for? As you know, in terms of a child's development, they have to change prosthetic devices any number of times——maybe 12 times. It seems they have now developed a device that will be able to be changed as the child develops. I understand they have made a request to assist that kind of program but haven't been able to get much of a response.

Mr. Colby. I am not aware——

Senator Kennedy. Well, I would be very interested in what we are doing in terms of aiding those who need prosthetic devices in Vietnam. It just seems to me amazing that we can't, with something that is as modest as that, that we can't——with all the techniques we have——to insure that war victims have the best in at least this kind of device.

Mr. Colby. You catch me a little off balance, Mr. Chairman, partly because, quite frankly; in Vietnam the medical aid program is not my responsibility. It is handled by USAID there.

Senator Kennedy. Dr. Phelps, would you like to make a comment on it?

Dr. Phelps. There are four centers now for rehabilitation. The production of prosthetic and orthopedic devices has gone up from about 140 a month to now over 850 a month. Vietnamese have been trained to do this work. With respect to the process that you mentioned, a supply has been sent to Vietnam, and the Center under Dr. Rusk's direction, is now evaluating them to see how they are working.

Senator Kennedy. What is the delay now, for prosthetic devices?

Dr. Phelps. It is still rather long. There is a big backlog.
Senator Kennedy. Tell us how long.

Dr. Phelps. I cannot do it.

Senator Kennedy. Approximately?

Dr. Phelps. I would say probably 6 months to a year.

Senator Kennedy. I see. I suppose people wonder why we, who can be so efficient in the delivery of bombs over there, why we have to let children wait for this length of time for simple prosthetic devices and training.

Dr. Phelps. These are new devices and—

Senator Kennedy. Even with regard to the older devices, you have to wait that length of time?

Dr. Phelps. They have to be made by hand, all of them. The new devices may speed things up. This is the reason why they were sent to Dr. Rusk, but he wanted to evaluate them before they went into mass production.

Senator Kennedy. I would hope certainly that everything that can be done for the improvement of these would be done.

Does the United States support any of the orphanages in Vietnam, even those that come under the GVN budget? We can't find what they spent on that, or what increases in terms of orphanages.

Mr. Colby. The orphanages do get some support out of the Ministry and also Public Law 480 surplus foods.

Senator Kennedy. But we are not really involved in a substantial program?

Mr. Colby. Not directly. As a matter of fact, Senator, quite frankly, we learned from the Korean experience not to encourage our troop units to sponsor orphanages because this was somewhat abused in the situation there, and what we have tried to do is have this work done by the Vietnamese Government, through support of them, but to avoid the situation where you encourage the proliferation of a lot of very weak orphanages which frequently are not filled with actual orphans and create a situation which leads to some socially undesirable solutions.

Senator Kennedy. Well, I want to thank you again, Mr. Ambassador, for being with us this morning.

I think the real thrust and purpose of our inquiry into this problem, which I know is shared by you personally and, I am sure by many others who are working in this program, is to reemphasize the priority it should have. But, as I mentioned before, what distresses me greatly is any suggestion of complacency—any suggestion that our responsibility as a Nation in terms of the war victims of Vietnam has been reduced.

For us, any kind of figure which suggests that there isn't the gravest kind of responsibility and obligation on the part of this great Nation towards so many millions of people—people who are truly the victims of a war fueled by us—would be, to me, unconscionable. So it distresses me very much, to be frank about it, to see a reduction in the allocation of resources in this Administration's budget for social welfare.

This is the human aspect of the war, the kind of program that will affect people, war victims, many of whom have suffered physical
wounds. Yet, as we started our hearings today I read about a new program of pacification that will run into hundreds of millions of dollars, that will assure a more effective police operation in hamlets whose war wounded we have yet to repair. I think it is this kind of priority—or lack of priority—that distresses millions of Americans who feel so deeply concerned about what our policy in Vietnam is doing to millions of helpless people. This is really the greatest concern, I know, to me and to so many other people.

It just seems that "Vietnamization" means the destruction of Vietnam, rather than the rehabilitation of it.

Again, you have been extremely frank and candid in your responses to this committee, and helpful in responding completely to our questions. As I mentioned earlier, I think you have done—and I say this with great respect and sincerity—an excellent job in attempting to defend an indefensible policy.

Senator Fong. Mr. Chairman, I want to thank the Ambassador for coming here and giving us a very candid summation of what is happening in Vietnam. I am quite pleased that we have been doing as much as we have.

Of course, we haven't done as much as we should. But the program that you have outlined for us, the work that has been done by the South Vietnamese Government, has been commendable—even though there is a reduction in the total expenditure for these programs in conformity with other reductions in the tremendous amount of money we have spent for Vietnam.

You have done a very commendable job. Of course, we should never lose sight of the fact that we owe an obligation to these victims of war, that we should do our very best to rehabilitate and resettle them. I am satisfied we have done a lot, although much more could be done.

I am hopeful that we will follow through and see to it that we do more for these victims of the war.

Thank you, Mr. Ambassador.

Senator Kennedy. This afternoon we will have some representatives of the voluntary agencies, and I hope perhaps you might have one of your staff here, if it is convenient, just to hear some of their observations. [See part III of the hearings.]

(The full text of Mr. Colby's statement follows.)

STATEMENT OF AMBASSADOR WILLIAM E. COLBY, DEPUTY TO COMUSMACV FOR CIVIL OPERATIONS AND RURAL DEVELOPMENT SUPPORT, APRIL 21, 1971

Mr. Chairman and Members of the Committee:

THE PEOPLE'S WAR

The nature of the war waged in Vietnam has imposed a heavy burden on the population of that country. By Communist appellation it has been a "people's war." The fundamental premise of the enemy's strategy has been to attempt to seize control of the people, pull them from under the government in power and thus cause its collapse. The stages and techniques of this new form of war were developed on the China Mainland and in Vietnam during the late 1940's and early 1950's. After the 1954 Geneva Agreement truce, the process was...
again initiated with an organizational stage during the years 1957 through 1960, conducted by operatives trained in and directed from North Vietnam. This was followed from 1960 to 1964 by a guerrilla stage, designed to erode the presence and programs of the government from the countryside. By late 1964, asserting the fall of the Diem regime, the situation had matured sufficiently to move to the third, or military, stage, marked by the infiltration into South Vietnam of North Vietnamese battalions, regiments and divisions. Their success was forestalled by the introduction of U.S. combat forces in 1965. Behind the military shield they supplied, the Vietnamese and American Governments over the next years organized the policies and programs appropriate to conducting a people’s war on the government side, reflecting the realization that the people are, indeed, the key to success. These programs were gathered together during 1967 and in the aftermath of the convulsive military effort by the enemy at Tet 1968, and the government assumed the initiative in the people’s war, expanding out into the countryside, reestablishing security for the local communities.

The realization of the people’s nature of the war on the government side brought a variety of new programs and tactics to the effort. These included the distribution of some 500,000 weapons to the population to participate in their own defense on a part-time and unpaid basis, elections of local leadership and the revival and expansion of the rural economy. These were all considered as parts of “one war,” with all programs reflecting the essential popular and political nature of the overall effort. These programs have been integrated into Vietnamese national annual plans. They began as “Pacification,” or bringing security to the people, and expanded to “Pacification and Development.” The 1971 Plan is now entitled “Community Defense and Local Development.” Since expansion of government protection is no longer the main theme, it reflects the Vietnamese Government’s focus on participating local communities as the key to defense against Communist attack and to the future Independence, stability and growth of the nation. The anomaly is that the Communists developed a concept and initiated the people’s war but in 1968 turned most of their effort to a military and psychological war. In the early 1960’s, the government had initially reacted to their threat by strengthening its military forces. By 1960, however, it had put together the programs and strategy to fight a true people’s war. The results are to be seen in the roads, the markets and the schoolhouses, opening and bustling in many parts of Vietnam which two and three years ago were deserted and overgrown. Many of the people who had huddled in refugee centers seeking respite from battle are now in their original villages sharing tractors and growing the new miracle rice.

The Communists have called for a return to the people’s war tactic through a “protracted” war. The contest is thus by no means over. Village Chiefs are assassinated, refugee camps are mortared and self-defense units are attacked. However, the military level of the war has been pushed away from most of the population of Vietnam, which is now participating in local elections and local development programs. The regular soldiers fight on the frontiers or in the sanctuaries rather than among the farms and communities of the people.

It is important to appreciate this substantial difference in the overall picture in Vietnam, since it is the context in which the Refugee program is now being conducted. The military situation is substantially different than in 1965, when the Subcommittee so effectively pointed out the need for a Refugee program. The Vietnamese Government now has a different constitutional base and fundamental policies as to its relationships with its population. The political, economic and psychological atmosphere today is markedly changed from earlier days. Thus, while a refugee problem remains and new refugees appear, the government is undertaking programs to rebuild a war-torn society rather than meeting only the daily crises of refugee handling and care.

REFUGEES

The Subcommittee has received ample testimony of the enormous refugee burden suffered by the population of South Vietnam. A variety of statistical evidence has been offered, none sufficiently precise or reliable, but all of which indicate that something on the order of 20-80 percent of the some 500,000 population of South Vietnam have at one time or another been in refugee status or directly hurt by the war during the past seven years.
The problem of attending to the needs of this overwhelming number of refugees was made more difficult by the Government's need to build a structure and procedures to deal with them, in the face of competing demands for national survival on the small Vietnamese leadership corps. As has been outlined previously to the Subcommittee, the first flood of refugees in Vietnam caught the South Vietnamese Government without established structures or procedures for handling the problem itself and there were many weaknesses and failures in the process. Just when a program was being constructed in late 1967, it was again overwhelmed by the impact of the Communist Tet Offensive. Last year, the problems were aggravated again by the influx of over 200,000 repatriates from Cambodia in the spring of 1970 and the floods in Military Region I and parts of Military Region II which made 300,000 people homeless in the fall of 1970.

These problems have caused the Refugee Program in Vietnam to be concentrated on payments to individuals included in certain broad categories of beneficiaries. This had the positive value of ensuring the receipt of at least some actual assistance by individuals and families. It had the drawback, however, of complex bureaucratic procedures of registration, authentication and financial accounting. The focus on these procedures sometimes limited the ability of the Government to give any other form of substantial assistance to refugee communities, camps, or overseas.

It is important to recognize the function and frailty of the statistics used in this program. The statistics were designed as management tools, identifying numbers of individuals to whom payments were due. Counts of those applying and eligible for the standard benefits have been the key to distributing resources to assist them. These statistics have been a source of considerable misunderstanding on the whole refugee problem over the years. The outside observer has thought of them as representing the number of refugees in the country. The staffs working with them have thought of them as representing the current number of refugees to whom payments are due. Consequently, the current case load might go up because of a delay in payment, even though those who were refugees have achieved a new economic basis for their lives or returned to their original homes. Similarly, the case load could be low because of a failure to register claimants, although many eligible for payments existed. In the figures used in this presentation, I have attempted to clarify our effort and the scope of the problem in Vietnam. We are in no sense trying to obscure the very real problems there, but I would like to show what has actually been done in the course of a most extensive effort.

The Subcommittee in previous hearings has raised questions as to the priority the Refugee Program receives from the Vietnamese and American Governments. During the past three years, the Refugee Program has been one of the major areas of concentration affecting all levels of government, as an aspect of the pacification program. During 1969 and 1970, the pacification program included eight primary objectives, from territorial security through local government improvement to the improvement of the rural economy. The Refugee Program was one of these eight. All eight programs were constantly reviewed by and reported on to all levels of Vietnamese leadership in the course of regular reports and examination in the field. Virtually all villages in Vietnam kept track of progress in this area, which was included in a prepared presentation showing achievement of the village in reaching the eight objectives. A clear showing was made at all levels of government of the benefits granted; the refugees returned to village, and the remaining problems. Through this integration of the program into the overall national effort, the refugee program was given the personal attention of leadership at national, regional, provincial and district levels, instead of being left to specialist but subordinate staffs.

NEW REFUGEES

Despite the overall improvements in security, new refugees have continued to appear during the past years, although at a considerably reduced level. In some degree, the very improvement of the staffs and procedures for registering and giving assistance to refugees has contributed to the apparently large number of recent new refugees. In prior years there is little doubt that many of these probably would not have been registered as refugees. This is offered only as partial clarification of the situation, as there have also been other recent
situations in which refugees are generated by a force of enemy forces into an area, or the reaction of Vietnamese or allied forces against the presence of enemy units, with the consequent movement of the local population away from the scene of the conflict.

In statistical terms the new refugees and other war victims in Vietnam are as follows:

<table>
<thead>
<tr>
<th>Refugee/repatriates</th>
<th>Refugees generated</th>
<th>Cambodian repatriates</th>
<th>Casualty and wage claimants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1964-66 (estimated)</td>
<td>2,400,000</td>
<td></td>
<td></td>
<td>2,400,000</td>
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<tr>
<td>During 1967</td>
<td>436,000</td>
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<td></td>
<td>436,000</td>
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<td></td>
<td>340,000</td>
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<td></td>
<td>115,000</td>
<td>61,500,300</td>
<td></td>
<td>1,410,300</td>
</tr>
<tr>
<td></td>
<td>195,000</td>
<td>210,000</td>
<td></td>
<td>390,000</td>
</tr>
<tr>
<td>1st quarter 1971</td>
<td>70,400</td>
<td>45,000</td>
<td></td>
<td>115,000</td>
</tr>
<tr>
<td>Total</td>
<td>3,466,400</td>
<td>210,000</td>
<td>1,605,300</td>
<td>5,310,300</td>
</tr>
</tbody>
</table>

1 Includes approximately 1,000,000 temporarily displaced during Tet and May 1968 Offensives.

The figures from 1964 to 1966 are only general estimates, as at that time registration of these refugees was not developed. Figures for 1967 through 1971 include those actually registered. The 1970 figures after mid-year may be below the actual number generated. This stemmed from the fact that President Thieu at one point remarked that he did not wish to have any more refugees. The context in which he made this statement was that refugees should no longer be generated in view of the high degree to which the government now provides security for the population. To some extent, however, this statement was misinterpreted by some local officials, who refused to register actual new refugees. When this problem became apparent, a special procedure was arranged by which central government teams went to areas where such individuals appear, to authorize their recognition and registration for refugee benefits. This has happened in a number of cases.

MILITARY RESTRAINT

The overall reduction in refugees generated, however, is a real fact. While part of this has certainly been a result of increased security in the country as a whole, part is the result of a variety of military directives restricting the use of fire power to protect the population. Early in the conflict, detailed rules of engagement were issued by MACV and by the GVN Ministry of Defense to control the use of fire power by military units. These call for care in the use of weapons, prescribe the specific levels at which approval must be obtained for the use of different types of weapons. In 1968 they were further refined, especially in urban areas where the enemy appeared in great force during Tet. When the rules are not followed, of course, an investigation is made to determine the facts, fixing blame, and arranging for compensation in appropriate cases.

Such indicators as the following demonstrate that these rules have actually reduced the use of fire power:

a. Artillery. During the years 1969 and 1970 a decrease of over two-thirds took place in the expenditure of U.S. Army Vietnam 105 and 155 mm. artillery rounds. Some of this reflects the reduction of U.S. Army Vietnam artillery pieces, but the figures indicate that artillery pieces were reduced by only about a half while expenditures reduced over two-thirds. The figures include the rounds fired outside Vietnam during the Cambodian and Laos operations by American artillery. The ARVN artillery over this period increased its expenditures by about 80 percent, but the effect of the policy of restraint can be seen by the fact that its artillery pieces increased by about 60 percent in the same period, as a result of the Vietnameseization program. The expenditures also included very substantial expenditures in Cambodian and Laos operations. The ARVN increases were considerably smaller than the U.S. decreases so that there has been a net decrease to about 60 percent of the January 1969 total expenditure level.
b. Air Strikes. Total U.S. air strikes in South Vietnam similarly reduced very substantially. Tactical sorties reduced to about one-fifth from January 1970 to February 1971. B-52 strikes reduced over the same period to less than 6 percent of their previous level.

U MINH FOREST

In recent months there has been some increase in the appearance of new refugees. These originated primarily in two areas. In the U Minh Forest of the Delta, the GVN has moved into the last long-established major Communist base area of the Delta. A number of families and individuals who had lived in this region under Communist control have moved or have been moved to avoid the conflict between the Communist and government forces. These people have been received and settled along the central canal running through the forest. Many of these individuals make their way during daylight to their old fields which they continue to cultivate. In the long term, it can be confidently asserted that their lives will be improved by increased access to medical care, education, and economic improvement. When the North Vietnamese and Viet Cong military forces are ejected from the area, the people there will be assisted to return to their original communities.

RELOCATION

The other major source of recent new refugees has been the relocation of certain communities in the highlands. During the last six months, 44,000 have been relocated in MR 2. Such relocations have long been a subject of debate and difference of opinion among various observers. Both Vietnamese and Americans have been responsible for relocations which have been badly handled and where injustice, misery, and failure have resulted. At the same time, other Vietnamese and Americans have been responsible for relocations which have been effectively handled, such as in Kontum province, and which have resulted in highlander communities with improved security and greater accessibility to government benefits, contributing their full and willing participation to their own defense, local government and local improvement. An evaluation of such relocations must consider the geography of the region, with isolated communities scattered through a vast area. It must also include the nature of the war being conducted by the enemy, using the local population as porters, suppliers, and recruits. Vietnam is not the first nation which has responded to a deadly threat by measures to assemble and secure its population more effectively.

The GVN's policy calls for security to be brought to the people rather than the people brought to security, whenever this is possible. When it is not deemed possible, the GVN's directives call for proposals for relocations to be submitted to the central government level for prior approval by the Central Pacification and Development Council, together with a plan showing how the operation is to be accomplished. The object is, of course, to restrict local official enthusiasm for such relocations to those cases which offer substantial justification, and to ensure adequate prior-planning to care for the people affected. I would not pretend that the policy nor the procedure has always been followed. As a result, in a number of cases, action has been initiated and then reversed or special ex-post facto efforts have been necessary to assist the people involved. I do believe that such cases have become the exception rather than the rule. We are currently involved in further discussions with the GVN on various aspects of this problem and have agreed with the Commanding General of Military Region 2 that no additional projects will be launched in the highlands this year, although some movements will take place on projects previously approved. We will attempt in the future to ensure that such relocations are only accomplished where necessary and that, where accomplished, they are done with prior planning and sensitivity.

There has been some erroneous discussion in the press recently of possible plans for longer-range relocations of Vietnamese. This is a totally different subject than that involving highlander relocation. It came in part from the fact that a number of refugee communities in Central Vietnam have little or no hope of returning to their original areas or of attaining economic viability in the areas in which they now reside. An example is the settlement of Ha Thanh, whose inhabitants came originally from the Demilitarized Zone. This settlement formerly comprised about 20,000 people. Of these, some 12,000 have
...been resettled in new areas within Quang Tri Province. About 8,000 remain in Ha Thanh, most of whom have very little hope of return to their home areas, nor is there adequate land elsewhere in the province for them. In the southern part of Vietnam, especially in the almost empty provinces just north of Saigon, there are sizable tracts of empty land which are available for development and growth. From time to time, there has been talk of assisting individuals and communities to move into some of these virgin lands and to establish new lives there. At the moment, however, there is no settled program to move refugees or other people from MR 1 into the other regions.

The GVN has established a new Directorate of Land Development and Hamlet Building. This constitutes an attempt by the GVN to take a longer term look into the future development of the land, both virgin and abandoned, of the nation to strengthen its economy and give better lives to its people. The thought is that such lands might be developed in kibbutz-like communities, by released soldiers, disabled veterans, refugees, residents of the urban concentrations caused by the war, released U.S. employees, and other needy people. The resettlement of refugees is not the objective but may well be an element of this Directorate's program. Its chief is resolved to conduct such movements on a voluntary basis, bringing leaders of the communities to view the new sites before offering the remainder of the community a chance to move. Many of the proposed sites have in their neighborhood flourishing communities of North Vietnamese refugees of 1954 or Cambodian repatriates of 1970. On the ground it can be seen that the potential for a new life is there. No decision has yet been made with respect to U.S. support of this program.

BENEFITS

The program of assistance to refugees centered primarily on the payment of benefits or allowances to individuals meeting certain standards of eligibility. The attached chart outlines the various categories of these benefits to refugees and to an additional category developed in 1968 of "war victims". (Annex A) The "war victim" category was developed in order to provide benefits to individuals who did not become refugees, i.e., did not move away from their home areas, although they did need assistance to overcome some injury from the war.

TEMPORARY BENEFITS

Temporary benefits are precisely that, designed to give interim assistance to individuals thrown into refugee status. These benefits are provided by and through the Ministry of Social Welfare after registration of the individual. The registration is handled by local officials, by the Ministry staff, or by special teams sent to conduct such registrations in areas where substantial numbers of refugees appear. To these benefits of course, must be added such additional assistance as P-15-480 foods (see below), aid from various voluntary agencies, and civic action assistance from various military units in the neighborhood. Assistance from International agencies and other nations, has been particularly welcome, and has been substantial in volume (Annex B). We have indicated to these donors and potential donors our full concurrence with any actions they may take and U.S. willingness to withdraw from any program in their favor.

The numbers receiving the Ministry’s temporary benefits in recent years are as follows:

<table>
<thead>
<tr>
<th>REFUGEES RECEIVED TEMPORARY RELIEF ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Prior to 1967</td>
</tr>
<tr>
<td>During 1967</td>
</tr>
<tr>
<td>During 1968</td>
</tr>
<tr>
<td>During 1969</td>
</tr>
<tr>
<td>During 1970</td>
</tr>
<tr>
<td>During 1971</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Resettlement benefits are designed to assist the individual to settle himself in some other area than his original home. Before 1970, refugees who received these benefits were reported in our bureaucratic shorthand as resettled. This manner of reporting produced an earlier misunderstanding that these individuals were completely "resettled." Actually, of course, they were only paid specified benefits to assist in resettlement. This resettlement could take place in a refugee camp, in which case the camp would gradually become a normal community. In others, the individual was given the assistance to help him establish his own habitation in a new area. However, the payment of this benefit does not, in the eyes of the GVN or the U.S., represent any kind of final disposition of such individuals, nor does it intend to suggest that they are fully rehabilitated. We have thus changed our reporting to refer only to "resettlement benefits paid.

RETURN-TO-VILLAGE

The return-to-village program was originated in 1968 as a reflection of the more favorable security situation developing and to support the program of reestablishing the population with security in their original villages. It became a major aspect of the overall pacification program to repopulate the countryside. The benefits were consequently extended. Individuals who had previously received resettlement benefits were not barred from receiving return-to-village benefits in addition. In recent weeks eligibility for these benefits has been extended to individuals who fled from danger in their home hamlets and sought refuge in Saigon, whether originally registered as refugees or not. The purpose is to encourage these individuals to return to their rural communities to reduce the real social problems which could result from these urban concentrations. Of course, there were also substantial numbers of individuals who returned to their home villages as a result of improved security without receiving these benefits. The numbers estimated as returning to village, with and without these benefits, over the years has been as follows:

<table>
<thead>
<tr>
<th>Period</th>
<th>Estimated as having returned to original village without having received GVN return-to-village assistance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 1967</td>
<td>325,400</td>
</tr>
<tr>
<td>During 1967</td>
<td>315,500</td>
</tr>
<tr>
<td>During 1968</td>
<td>90,700</td>
</tr>
<tr>
<td>After 1968</td>
<td>80,000</td>
</tr>
<tr>
<td>Received full GVN return-to-village assistance:</td>
<td></td>
</tr>
<tr>
<td>During 1969</td>
<td>188,600</td>
</tr>
<tr>
<td>During 1970</td>
<td>388,000</td>
</tr>
<tr>
<td>January-March 1971</td>
<td>37,200</td>
</tr>
<tr>
<td>In process of receiving GVN return-to-village assistance:</td>
<td></td>
</tr>
<tr>
<td>As of March 20</td>
<td>279,300</td>
</tr>
</tbody>
</table>

Return-to-village statistics have been separated from normal refugee totals. The common interpretation of the current case load of "refugees" reflects individuals forced from their homes and receiving some temporary assistance. Since the basic thrust of the return-to-village program is quite in the opposite direction, i.e., returning to the original home area and being assisted to reestablish life anew, they do not fit the common conception of "refugees."

WAR VICTIMS

Payments to "war victims" for damages to their homes or personal injuries are not a compensation but rather an assistance to them to overcome a loss caused by the war. Over the past years these benefits have been provided as follows:
WAR VICTIM REGISTRANTS FOR CASUALTY AND DAMAGE COMPENSATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Registrants</th>
<th>Total Assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>1,070,000</td>
<td>900,000</td>
</tr>
<tr>
<td>1969</td>
<td>269,000</td>
<td>138,000</td>
</tr>
<tr>
<td>1970</td>
<td>198,000</td>
<td>25,445</td>
</tr>
<tr>
<td>1971</td>
<td>47,695</td>
<td>21,000</td>
</tr>
</tbody>
</table>

*Including approximately 1 million temporary victims of Tet and May 1968 offensives*

**PL-480**

Food for needy people has been provided under PL-480, Title II, in Vietnam since 1961. The actual distribution of such food has been through the GVN, various American voluntary agencies and UNICEF (See Annex C). The scale at which distribution was carried out in Vietnam, weaknesses in the administrative mechanisms, and a strong Vietnamese preference for rice as the staple food combined to produce resale by the recipients of the more exotic U.S. products, such as bulgar wheat, to obtain funds to purchase rice. During the past year, a careful review was made of this program and a series of steps taken to tighten it up. Certain provinces were suspended from distributions because abuses were discovered. It was determined that bulgar wheat, cornmeal and rolled oats are so rarely actually used by Vietnamese recipients that their further transport to and distribution in Vietnam is not warranted. With regard to the other commodities, tighter controls have been established over the GVN's direct mass distribution program and to reduce as much as possible individual feeding projects in favor of institutional projects in which the food is prepared in common kitchens and consumed on the premises. As a result of these decisions, a decline in the size of the PL-480 program is taking place, from 168,000 metric tons in 1970, to 98,000 in 1971, to 44,000 in 1972. Additional reasons for this decline are in the revival of the rural economy during these years and the consequent availability of food in Vietnam to a far higher degree than during the major war years, as well as the decline in new refugees as a result of the improved security situation. The program will continue in a more precisely defined manner so as to ensure continued assistance to needy persons as well as certain categories of war victims. Thus, it is planned that about 1,225,000 people will benefit from this program during FY: 1972, of whom 50,000 will be through school lunches.

**TOTAL BENEFITS PAID**

A recapitulation of the various types of benefits paid to refugees and war victims over the years is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Temporary Resettlement</th>
<th>Return to Village</th>
<th>War Victims</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to 1967</td>
<td>540,000</td>
<td>542,000</td>
<td>1,082,000</td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td>456,000</td>
<td>138,000</td>
<td>572,000</td>
<td></td>
</tr>
<tr>
<td>1968</td>
<td>341,000</td>
<td>251,000</td>
<td>609,000</td>
<td></td>
</tr>
<tr>
<td>1969</td>
<td>397,000</td>
<td>397,000</td>
<td>1,058,000</td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>407,000</td>
<td>37,200</td>
<td>1,045,000</td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>40,000</td>
<td>32,894</td>
<td>28,445</td>
<td>145,939</td>
</tr>
<tr>
<td>Total</td>
<td>2,266,000</td>
<td>1,671,000</td>
<td>611,000</td>
<td>5,898,148</td>
</tr>
</tbody>
</table>

The total number of persons assisted is, of course, lower than the above total figure, since many individuals have received more than one type of benefit. The figures display, however, the great extent to which assistance has been provided to victims of the war. This Subcommittee is entitled to substantial share of the credit for having urged and stimulated this effort, although none of us can be fully satisfied with the depth of the assistance or its gaps in coverage.
The current (20 March 1971) case load of the Ministry of Social Welfare, i.e., those cases who have applied for benefits but have not yet received all to which they are entitled, is:
Temporary benefits, 196,231.
Resettlement benefits, 48,816.
Return-to-village benefits, 270,368.

The total expenditures on behalf of refugees and war victims for the current year is approximately $91,000,000. The reduction in this figure in recent years stems primarily from the reduction in PL-480. A more detailed breakdown of these figures and earlier years is given in Annex D.

Starting almost from scratch, the Ministry of Social Welfare has been built into a functioning organization, comprised of 1,200 employees in the field, and 600 in Saigon with provincial social welfare services in each of the 44 provinces. One of the most significant aspects of recent developments is the increased degree to which the Vietnamese have taken responsibility for refugee situations.

During 1970, two events occurred which gave a new meaning to the word “Vietnamization”. With the Cambodian Government and people’s resolve to end Vietnamese Communist control of their country, an intense national feeling arose there which extended beyond Vietnamese Communists to all Vietnamese.

As a result, some 210,000 ethnic Vietnamese residents of Cambodia were moved with considerable GVN assistance to Vietnam. They were received in most cases in temporary camps hastily erected, were given temporary benefits, were released to resettle themselves at their request or were assisted in finding new areas for resettlement. This flood of refugees was handled almost entirely by the Vietnamese Government and by its local communities and officials, although U.S. funds were used in support. Some Province Chiefs, for instance, organized local citizens to contribute one cooked bag of rice each to these repatriates to assist their initial reception. A national campaign collected and distributed some 60,000,000 plaster in contributions. Of the total 210,000, some 160,000 have received assistance to resettle themselves and have been absorbed in the population. Some 50,000 are still being assisted to establish themselves in new communities.

The second event was an extensive flood in six Provinces of Central Vietnam. This flood struck with minimum warning, and in its initial days, approximately 225,000 were made homeless. A great loss of life was only avoided by an extensive effort by local officials and an intense and heroic performance by U.S. helicopters. A somewhat similar flood occurred in 1964 but the general consensus was that there was a vast difference in the degree in which the Vietnamese Government and communities took responsibility for disaster relief in 1970. U.S. resources were, of course, used but the transport of the assistance, its distribution and a variety of forms of assistance to the population affected was in most part a Vietnamese accomplishment.

The GVN took a substantial step in provision of assistance to victims of the war with the passage during 1970 of Law 8770 to provide extensive benefits to disabled veterans, widows, orphans and parents of deceased military personnel and retired veterans. As a result of this legislation, Ministry of War Veterans' budget increased from an annual 2.9 billion last year to more than 23 billion in 1971. The current total of those receiving these benefits is 460,000. For disabled veterans, a special effort has been made by the GVN to produce some 12,000 housing units during this year and to many provinces the first increments of these buildings are completed or nearing completion. This program has been undertaken without U.S. funding. The U.S. is assisting the Ministry of War Veterans in a special effort to eliminate a backlog of claims submitted by persons authorized under the new legislation. In summary, these benefits are an example of the Government of Vietnam’s assumption of re-
sponsibilities to the individuals and families who made sacrifices during the war. The United States has provided only limited advisory assistance and does not plan to institute any program of substantial financial assistance to this program.

**SITE DEVELOPMENT**

The benefits discussed above have been primarily individual benefits. There are additional needs, however, beyond those of the individual and his family. To meet the needs of refugee camps, resettlement centers or return-to-village communities, special programs have been developed.

The Ministry of Social Welfare (MSW) Refugee Site Development program was first started in late 1966. The program was designed VN$808,000,000 for regular resettlement site development, and the reconstruction of community facilities in the refugees original village. An important new flexibility has been designed into the current program. Instead of MSW making individual project decisions at the central level, this authority has been decentralized to the Provincial Pacification and Development Councils.

Beyond the special funds for temporary assistance, resettlement or return-to-village of the refugees, of course, lie the regular programs of assistance by the government to the local communities. Over the past years these have been substantially modified in orientation and concept. In previous years they reflected Saigon's view of what would be good for the local communities in terms of schools, bridges, dispensaries, etcetera. Since 1969, under the Village Self-Development and similar programs, Saigon's role has been to provide the funds to the local community for decision by the local community as to its needs. Each village thus now receives a certain sum for discussion and consultation among the villagers and decision by the village council as to the kind of projects desired. In addition, extra funds are available from the central government for particular programs of assistance needed, especially in the form of roads, bridges, etcetera. In this way, during 1970, 100,000,000 plasters was provided to fund special return-to-village projects in five villages in Sa Dec and Ving-Long Provinces. These projects included funds for tractors and ploughs to restore productivity of the resettled land, new village offices to support the local government, secondary roads to provide access to the resettled areas, and primary schools and rural dispensaries to provide basic public services.

**SOCIAL WELFARE**

There are substantially social welfare needs in Vietnam. Some of these stem directly from the war in terms of individuals who are not able to resettle themselves within the allowances provided or to find some permanent solution to their problems. Others stem from more indirect causes of the war such as the changes in traditional family and village attitudes and the social disorganization in the urban slums produced during the war. From this vulnerable population come street boys, prostitutes and other disoriented elements. Of particular concern are civilian war widows and their children, who are not eligible for benefits under the Veterans' Law, but who face the same problems of raising their families without a father.

The GVN, with U.S. assistance, is conducting programs aimed at strengthening the GVN's social welfare capabilities, and in the interim a substantial number of the voluntary agencies are assisting these groups. In addition to the many American and Third Country voluntary agencies now operating in Vietnam, there has also been an encouraging growth of Vietnamese private agencies. It is clear, however, that there is more to do and that we cannot turn these cases of human need away with a reference to Asian standards of life. The Vietnamese Government and the U.S. have a positive obligation to assist these individuals suffering from the effects of the war. The following actions are in process along these lines:

- Establishment of regional social service centers for war victims. The first center is being established in Da Nang with the technical support of a four-man vocational advisory team under U.S. contract with the World Rehabilitation Fund. A major emphasis will be vocational counseling and referral training services for the physically handicapped in conjunction with the National Institute of Rehabilitation.
- Support of community centers under public, private, and labor (CVT) auspices, especially in urban areas. These centers focus increasing attention on youth as well as provide day care and adult education programs.
Expansion of a public and private day care center program, which has proven to be preferable to orphanage care, by freeing mothers to work, and increasingly provides employment for widows. The rapid development of this system of child care under the technical support of the United Nations and with technical aid from UNICEF has been a notable development on the Vietnamese welfare scene.

The Ministry of Social Welfare is increasing the capability of private Vietnamese welfare groups with grants of funds and commodities.

With the technical assistance of the United Nations, material aid from UNICEF, and building funds from the U.S., the GVN through its Ministry of Social Welfare has established a National School for Social Work, to build a trained corps of social workers in Vietnam.

The Ministry of Social Welfare with U.S. assistance, is operating and expanding a vocational training program, with Ministry of Education facilities and staff, for refugees and war victims with a special accent on youth.

CIVIC ACTION

I cannot terminate this part of this presentation without reference to the substantial Civic Action contribution made to refugees and war victims by the U.S. and other military forces in Vietnam. During 1970, some 44,276 man days and VN$29,586,900 of military supplies were utilized in Civic Action projects for refugees. Much of this can be documented in terms of particular assistance given to specific refugee sites. There are innumerable examples of such assistance. A road three kilometers long to the refugee village of My Ca in Cam Rahn was built so the villagers could market their produce; agriculture and animal husbandry training for the refugees of Hoa Yang in Quang Nam helped the people improve their farming techniques and the quality of their stock; the land was cleared for refugees in Dien Khanh and Go Noi, returning home after five years. These few examples are presented only to illustrate the broad spectrum of Civic Action in Vietnam. But, beyond this, are literally thousands of individual cases of assistance (and direct financial contributions) by U.S. and allied servicemen to local refugees and residents to help them overcome the difficulties in which the war has placed them.

CIVILIAN WAR CASUALTIES (CWO)

Innocent civilians have been killed or wounded in every war in history. Vietnam is no exception. Since 1957, when the Communists began their aggressive campaign to take over South Vietnam, many civilians have been caught in the middle. There is much evidence to show that the Government of Vietnam has recognized the part that health care can play in a people's war. In the early phases of the war the Ministries of Health and Education increased their output of medical and auxiliary staff by establishing schools of nursing, midwifery, medicine, and dentistry mounted with USAID and WHO support, a successful nationwide malaria eradication program. The latter, before the marked deterioration of security and the assassination or terrorizing of its rural teams by the Viet Cong, was one of the most effective malaria programs in the world.

At an early stage in this buildup of Vietnam's health program, decisions as to priorities were made. First priority was given to the training of health personnel, as only about 800 physicians were present in Vietnam in 1965. The 1,119 Vietnamese physicians and 8,774 other medical personnel trained between 1965 and 1970 (Annex F) are providing the bulk of the working-level medical manpower at civilian and military health facilities throughout Vietnam. At the same time, efforts were made to improve the inherited system of provincial hospitals, almost all of which, were inadequate in terms of surgical facilities and basic utilities. The heavier requirements for surgical care generated by the war called for the construction of 29 (2 funded by the GVN and 27 by USAID) surgical suites at the larger provincial and referral hospitals. Ten existing surgical facilities were also upgraded. The major part of this effort was completed by early 1968. Also in recognition of the limited number of Vietnamese surgeons, the U.S. Government in 1964 authorized surgical teams from the Public Health Service to provide direct medical care at Provincial hospitals. From the outset of this effort, we, and the Ministry of
Health, in policy and practice, made the care of civilian casualties the first priority at each hospital.

Fortunately our Government was not alone in giving direct medical care. In fact, the first surgical team to arrive in country was a contribution of the Government of Australia. Later Australia sent two more surgical teams, as did New Zealand. Some 20 Free World Medical Teams (non-U.S.) are now serving in Vietnam. Finally, it should be noted that many Voluntary Agencies and religious and social organizations (see Annex G) have, since the early sixties, made an inestimable contribution to health care for refugees, casualties and other war victims. More than 800 American physicians have served as volunteers in Vietnam and have played and continue to play a major role in the direct care of civilian casualties. In 1965, the U.S. military also provided major assistance to the civilian program by assigning 28 medical teams to Vietnam. Again the prime responsibility of these teams was the care of civilian casualties, but it was recognized that they should also play a key role in the prevention of epidemics. Two unfortunate side effects of the war have been the spread of plague and malaria to areas of Vietnam which had been historically free of them. In the main, however, the containment of these diseases has been nothing short of remarkable and must be in large part attributed to the Joint American/Vietnamese inoculation/spray/dust campaigns. (See Annex H for statistics on inoculations administered during the past six years.)

During the years 1967-1969, the major steps undertaken by our Government with the Ministry of Health were the construction of eight impact hospitals in remote areas heretofore without such facilities, and the assignment of 1,100 military beds to the care of civilian casualties. An airlift for civilian casualties was also established during this period and from January 1969 through February 1971, a total of 102,400 Vietnamese civilians (not restricted to war casualties) were transported by U.S. medical aircraft, some 93,100 by helicopter. Another contribution of the U.S. military forces has been the assignment of a large number of medical officers and medical technicians (MEDCAPS) to work directly with the civilian population. Unfortunately, nationwide figures were not kept for MEDCAP treatments for battle and non-battle injuries until 1969. (Annex I provides these figures to your Committee for the first time.) I regret that the figures do not provide more historical perspective. I would caution against their use in absolute terms in that patients are counted for each treatment, including taking the patient's history. Also, the dramatic decline in the number of MEDCAP civilian casualty treatments in recent months does not directly reflect a similar decline in civilian casualties, since in great part it reflects a reduction in MEDCAP's as U.S. troops are withdrawn.

A.I.D. and the Defense Department during these years collaborated in the establishment and funding of a medical logistics system to support the civilian health system. The effectiveness of this system, as measured by the "fill rate", has increased from 20 percent in 1966 to an acceptable 86 percent in 1970. The logistic function is gradually being assumed by the Vietnamese, although the U.S. supports it financially.

As a final major effort of the U.S. Government during this period, a 174 bed unit for the care of civilian casualties, primarily children under the age of 16, was established in Saigon. Since its opening in August 1968, nearly 2,500 patients requiring plastic and reconstructive surgery have been treated at this model unit, the largest of its kind in the world.

Also, in the area of war injuries, the U.S. Government has, since 1965, provided support to the Vietnamese National and Regional Rehabilitation Centers through a grant to Dr. Howard Rusk and the World Rehabilitation Fund. With only a minimal U.S. advisory effort, these Vietnamese prosthetic technicians have achieved the highest man-hour output in the world. Unfortunately the backlog of amputees remains high, in large part because Viet Cong tactics often result in loss of limbs.

**J O I N T U T I L I Z A T I O N**

One of the most significant recent developments has been the Joint Utilization Program. During the Tet crisis of 1968, Vietnamese civilian and military medical personnel worked together on a daily basis for almost the first time. They recognized that only through combining the personnel assets of the
Ministry of Defense with the physical facilities of the Ministry of Health could a developing nation like Vietnam hope to establish a viable nationwide health system. Negotiations were lengthy, but in September 1969, Joint Utilization was inaugurated and by December 1969, it was underway in 26 Province hospitals. The remainder will be helped by an augmentation of military doctors in the civilian hospitals, but without sending military patients there as well. So successful was the new system that it has also been put into effect in 185 of Vietnam's 245 districts and is scheduled to cover all districts eventually. Most significant in this augmentation is the number of ARVN physicians (112 to date) and 1,480 other military medical personnel now serving the civilian populace throughout Vietnam. The Ministry of Health provides all the medical commodities for Joint Utilization and is supported in turn by USAID and the U.S. Department of Defense. We (USAID and DOD) are presently projecting a reduction of support in this area, as the Vietnamese capability to handle the task has grown. In brief, the trained personnel developed by the Government of Vietnam during the past six years, in spite of war time limitations, and the medical facilities as constructed and upgraded under a joint U.S.-GVN program, can and will, with minimal advisory assistance, sustain a nationwide health system.

CIVILIAN WAR CASUALTY STATISTICS

From the statistics of admissions to GVN and U.S. hospitals, it is plain that a significant decline has occurred in the number of civilian war casualties since 1968. (Annex J). The decline in war-casualty admissions must be read in the context of the increased facilities available, with the likelihood that a higher percentage are now treated (and reported) than may have been treated earlier. The MIDDCAP figures noted above cannot be automatically added to these, as in some cases the MIDDCAP's generate the admission of the patient.

An additional set of statistics bears on this problem, responsive to the Ministry of Health's directive that reports be submitted by Ministry hospitals on origins of wounds. No absolute conclusions can be drawn from these, but in general they can be grouped as enemy inflicted (mines, mortars), either side (guns, grenades) and friendly inflicted (bombing, artillery). Annex K. The period 1967 through 1970 shows a clear increase in the percentage of enemy inflicted, a moderate drop in the either side category, and a 50 percent drop in the friendly category.

A variety of formulae have been constructed by which total figures of civilian war casualties have been projected. We have also made efforts in the field to collect estimates locally. We are in no way satisfied with the reliability of these formula or the field estimates. We are continuing our efforts to refine them and will provide the results as soon as they are reasonably consistent of them. The clear indication comes from our efforts to date, however, that civilian war casualties have both absolutely and proportionate decline very considerably from those of earlier years, reflecting a variety of causes including increased security.

CONCLUSION

In this presentation I have tried to outline the enormous burdens imposed on the Vietnamese people and the Government by this war for national survival, together with an account of the steps being taken to alleviate them. We are well aware that the programs do not fully cover the needs, nor have they worked as efficiently or as sensitively as they might have. I believe, however, that there has been a genuine response by our Government and by the Vietnamese Government to the problems of the Vietnamese people. We both have come to a full realization of the importance of the people in this people's war. The Refugee and Health Programs have become a part of the overall efforts by the GVN to respond to the needs of its people and rest its future upon the people's participation and satisfaction. There has been a major change in the lives of the Vietnamese people as a result; reflected in greater security, and a revived economy. We Americans are still heavily involved in the effort, but increasingly we have assumed the role of helper rather than doer. The Communists have changed tactics and reverted to a more subtle and "protected" approach than during the major military phase of 1965 to 1968. Thus, pressure against Vietnam and its people will undoubtedly continue, albeit in a different way. The Vietnamese, however, have given every evidence of building the will and ability not only to handle their program of Community Defense and Local Development but also to bind up the wounds of the war.
**ANNEX A**

**REFUGEE RELIEF, RESETTLEMENT, AND RETURN TO VILLAGE BENEFITS, MARCH 1, 1971**

<table>
<thead>
<tr>
<th>Immediate relief assistance</th>
<th>Commodities</th>
<th>House construction allowance</th>
<th>Duration of benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 grams of rice per person per day</td>
<td>3 cans condensed milk per family of at least 5 members; 20 grams of salt per person per day.</td>
<td></td>
<td>7 days limit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temporary assistance</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Duration of benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either VN$30 or 500 grams rice per person per day, VN$50 food allowance per person for 6-month period.</td>
<td></td>
<td>Temporary shelter is provided for in-camp refugees.</td>
<td>2 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resettlement or return to village assistance</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Duration of benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Montagnards receive 20 grams salt per person per day for 6 months.)</td>
<td></td>
<td></td>
<td>6 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rice allowances</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 grams per person per day for 15 days. (Note: money may be paid in lieu of rice at the rate of VN$40 per kilogram.)</td>
<td>2 meters cloth per person, 1 blanket and 1 mosquito net per family of 2-4 persons; 2 blankets and 2 mosquito nets for each family with 5 or more members. (Note: if money is paid in lieu of commodities the rates are: 50VN$ per meter of cloth, 400VN$ per blanket, 400VN$ per mosquito net.)</td>
<td>VN$3,000.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rice allowances</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 grams per person per day for 39 days (or plastic equivalent).</td>
<td></td>
<td>VN$7,500 and 10 sheets of roofing.</td>
<td></td>
</tr>
</tbody>
</table>

**ANNEX A-1**

**WAR VICTIM BENEFITS**

<table>
<thead>
<tr>
<th>Rice allowances</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>To families whose house was damaged to 20 percent.</td>
<td>2 meters cloth per person, 1 blanket and 1 mosquito net per family of 2-4 persons; 2 blankets and 2 mosquito nets for each family with 5 or more members. (Note: if money is paid in lieu of commodities the rates are: 50VN$ per meter of cloth, 400VN$ per blanket, 400VN$ per mosquito net.)</td>
<td>VN$5,000 if deceased was 15 years old or more; VN$2,000 if deceased was less than 15 years.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rice allowances</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>To families whose house was damaged over 50 percent.</td>
<td></td>
<td>VN$4,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rice allowances</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>For death</td>
<td></td>
<td>VN$4,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rice allowances</th>
<th>Commodity</th>
<th>House construction allowance</th>
<th>Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>For injuries requiring medical treatment for at least 7 days.</td>
<td>VN$2,000.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANNEX B**

**INTERNATIONAL & FREE WORLD ASSISTANCE**

In addition to assistance from the U.S. Government and American Voluntary Organizations, a significant amount of economic and social assistance is being provided by the United Nations including UNICEF and a number of its Specialized Agencies, by 46 Free World Countries through both government and national voluntary agency channels and a number of international non-governmental organizations.

1. **INTERNATIONAL ASSISTANCE**

Since 1965, the United Nations and UNICEF have assisted the Ministry of Social Welfare in upgrading and developing child welfare services for orphans and children of working mothers, child feeding programs and the training of child care workers. The United Nations, through funds-in-trust contributed by the Netherlands Government, has provided a team of social welfare training advisors since 1967, to assist the MSW in establishing a suitable training program to upgrade the capability of GVN personnel at all levels of operation, as well as to meet the longer term personnel requirements in this field. More recently, UNICEF, through funds-in-trust contributed by the U.S. Government and the Netherlands, has amplified the resources available for this training program thus enabling the GVN to formally establish the National School of Social Work in October 1969. The school is now in full operation and will
coordinate the multiplicity of specialized training courses that have been laid on to meet emergency staffing needs.

Informal consultations lead us to believe that as the level of military activities declines and security is further extended, these international bodies would be responsive to a GVN request for expansion of such assistance in developing basic social programs, provided, of course, that these bodies have the resources available.

The UN High Commissioner for Refugees sent a representative to South Vietnam in 1970 in response to the problem of refugees who crossed the borders from Cambodia and Laos into South Vietnam. The nature and scope of aid in dealing with the relatively small groups of refugees entitled to assistance by the UN High Commission is under study at this time.

2. FREE WORLD ASSISTANCE

As of December 31, 1969, of the 46 Free World Countries providing assistance to Vietnam, the following have contributed technical and material resources for refugees, war victims and disaster relief:

- Argentina
- Australia
- Belgium
- Brazil
- Canada
- China
- Denmark
- Ecuador
- France
- Germany
- Greece
- Guatemala
- Honduras
- Hong Kong
- India
- Ireland
- Israel
- Italy
- Japan
- Korea
- Laos
- Malaysia
- New Zealand
- Norway
- Philippines
- Singapore
- Spain
- South Africa
- Switzerland
- Thailand
- Turkey
- United Kingdom
- the Vatican
- Netherlands

The total value of donations and services for economic and social programs from Free World Countries, exclusive of the United States, has amounted to $125,444,451. Of this total amount, approximately $19 million, or about 15%, was for assistance to refugees and war victims.

There are upwards of 25 voluntary agencies from other Free World Countries and international non-governmental organizations operating programs that assist refugees and other war victims directly and indirectly.

These groups, as well as civilian war casualties, benefit from Free World Health and Medical Assistance which amounts to over one-third of the total amount—approximately $42,707,156.

ANNEX C

Public Law 480, title II commodities for refugees and social welfare

<table>
<thead>
<tr>
<th>Dollar value as programmed:</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal year:</td>
<td></td>
</tr>
<tr>
<td>1968</td>
<td>32.2</td>
</tr>
<tr>
<td>1969</td>
<td>33.9</td>
</tr>
<tr>
<td>1970</td>
<td>24.2</td>
</tr>
<tr>
<td>1971 (estimate)</td>
<td>17.2</td>
</tr>
<tr>
<td>1972 (estimate)</td>
<td>7.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric tons as programmed:</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal year:</td>
<td></td>
</tr>
<tr>
<td>1968</td>
<td>163.4</td>
</tr>
<tr>
<td>1969</td>
<td>161.0</td>
</tr>
<tr>
<td>1970</td>
<td>160.9</td>
</tr>
<tr>
<td>1971</td>
<td>93.0</td>
</tr>
<tr>
<td>1972 (estimate)</td>
<td>40.6</td>
</tr>
</tbody>
</table>
### ANNEX D

**REFUGEE AND SOCIAL WELFARE BUDGET SUPPORT**

[From all sources—in millions of U.S. dollars]

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AID budget</td>
<td>17.9</td>
<td>9.5</td>
<td>5.9</td>
<td>6.3</td>
</tr>
<tr>
<td>Counterpart funds</td>
<td>20.0</td>
<td>28.4</td>
<td>32.1</td>
<td>31.3</td>
</tr>
<tr>
<td>Public Law 480, title II (as programmed)</td>
<td>32.3</td>
<td>33.9</td>
<td>24.2</td>
<td>17.0</td>
</tr>
<tr>
<td>Ministry of Social Welfare (GOVT budget)</td>
<td>4.3</td>
<td>3.6</td>
<td>7.5</td>
<td>8.7</td>
</tr>
<tr>
<td>Voluntary agencies</td>
<td>22.4</td>
<td>22.4</td>
<td>22.4</td>
<td>22.4</td>
</tr>
<tr>
<td>Free world assistance</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Civic action</td>
<td>2.2</td>
<td>2.2</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.2</strong></td>
<td><strong>104.6</strong></td>
<td><strong>95.5</strong></td>
<td><strong>89.0</strong></td>
</tr>
</tbody>
</table>

### ANNEX E

**STATISTICS ON DEVELOPMENT PROJECTS CARRIED OUT FROM JAN. 1 TO DEC. 31, 1970**

<table>
<thead>
<tr>
<th>Projects</th>
<th>Funds allocated</th>
<th>Funds expended</th>
<th>Funds reimbursed to Ministry of Social Welfare</th>
<th>Operations performed</th>
<th>Number of recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Military region 1:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>$29,997,325</td>
<td>$25,876,171</td>
<td>149 classrooms</td>
<td>6,530</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>4,139,000</td>
<td>2,684,000</td>
<td>6 maternity disp</td>
<td>2,980</td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td>10,000,000</td>
<td>5,745,682</td>
<td>10 projects</td>
<td>11,040 persons</td>
<td></td>
</tr>
<tr>
<td>Vocational training</td>
<td>13,155,800</td>
<td>6,799,162</td>
<td>29 courses</td>
<td>360</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50,414,375</strong></td>
<td><strong>37,655,018</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Military region 2:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>20,392,517</td>
<td>14,897,342</td>
<td>$300,000</td>
<td>465 persons</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>6,190,000</td>
<td>1,996,183</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td>10,000,000</td>
<td>5,745,682</td>
<td>115 projects</td>
<td>11,906 persons</td>
<td></td>
</tr>
<tr>
<td>Vocational training</td>
<td>9,278,500</td>
<td>6,841,436</td>
<td>525,000</td>
<td>37 courses</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45,741,017</strong></td>
<td><strong>29,390,669</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Military region 3:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>13,188,000</td>
<td>7,088,924</td>
<td>600,000</td>
<td>600 persons</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>5,200,000</td>
<td>1,780,000</td>
<td>3 maternity disp</td>
<td>(n)</td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td>926,000</td>
<td>917,200</td>
<td>8 projects</td>
<td>1,011</td>
<td></td>
</tr>
<tr>
<td>Vocational training</td>
<td>2,624,070</td>
<td>1,916,120</td>
<td>251,000</td>
<td>232 persons</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,888,070</strong></td>
<td><strong>11,692,444</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Military region 4:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>23,189,000</td>
<td>15,414,177</td>
<td>1,147,233</td>
<td>99 classrooms</td>
<td>1,340 students</td>
</tr>
<tr>
<td>Health</td>
<td>10,300,000</td>
<td>9,094,185</td>
<td>17 maternity disp</td>
<td>(n)</td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td>380,000</td>
<td>286,000</td>
<td>39,000</td>
<td>1,011</td>
<td></td>
</tr>
<tr>
<td>Vocational training</td>
<td>5,270,000</td>
<td>4,190,625</td>
<td>253,000</td>
<td>24 courses</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35,300,000</strong></td>
<td><strong>28,098,933</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical education schools, Ministry of Education—Vocational training</td>
<td>16,000,000</td>
<td>13,965,156</td>
<td>70 courses</td>
<td>1,130 students</td>
<td></td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>171,852,466</strong></td>
<td><strong>121,400,220</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Grand total: 171,852,466 121,400,220 89,080,233
Recapitulation

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>96,656,842</td>
</tr>
<tr>
<td>Health</td>
<td>23,938,354</td>
</tr>
<tr>
<td>Self-help</td>
<td>14,428,030</td>
</tr>
<tr>
<td>Vocational training</td>
<td>46,328,370</td>
</tr>
<tr>
<td>Grand total</td>
<td>171,352,466</td>
</tr>
</tbody>
</table>

1. Not yet reported.
2. Self-help project:
   - Projects: 27
   - Agriculture and fishery equipment: 9
   - Construction: 12
   - Animal husbandry: 4
   - Farming: 1
   - Building of road, playyard: 1
3. Total: 183
4. Vocational training:
   - Courses: 4
   - Mechanics: 6
   - Automobile: 8
   - Sewing: 9
   - Home electricity: 10
   - Iron industry: 12
   - Wood industry: 4
   - Construction: 1
   - Engines: 11
   - Electrics: 1
   - Wireless set: 1
   - Machinery: 2
   - Accounting: 2
   - Mechanical drafting: 1
   - Lathes: 1
   - Industrial electricity: 1
   - Typing: 1
   - Hat making: 1
   - Embroidering: 1
   - Bath: 1
   - Bamboo knitting: 1
   - Sleeping matmaking: 1
   - Weaving: 1
   - Fishing matmaking: 1
5. Grand total funds:
   - Allocated: 171,352,466
   - Reimbursed to Ministry of Social Welfare: 3,080,233
   - Total: 168,272,233

Annex F

QVN Health Staff Trained Since 1964

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiclan (graduates from Saigon and Hue medical schools)</td>
<td>158</td>
<td>134</td>
<td>162</td>
<td>235</td>
<td>166</td>
<td>191</td>
<td>216</td>
<td>1,119</td>
</tr>
<tr>
<td>Hue</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>25</td>
<td>25</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>158</td>
<td>134</td>
<td>162</td>
<td>235</td>
<td>166</td>
<td>191</td>
<td>216</td>
<td>1,119</td>
</tr>
<tr>
<td>Dentists (graduates from Saigon dental school)</td>
<td>14</td>
<td>16</td>
<td>10</td>
<td>28</td>
<td>23</td>
<td>21</td>
<td>32</td>
<td>145</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>57</td>
<td>96</td>
<td>134</td>
<td>246</td>
<td>118</td>
<td>146</td>
<td>338</td>
<td>888</td>
</tr>
<tr>
<td>Nurses (3 years) Saigon and Hue nursing schools</td>
<td>86</td>
<td>134</td>
<td>126</td>
<td>174</td>
<td>118</td>
<td>146</td>
<td>338</td>
<td>888</td>
</tr>
<tr>
<td>Nurses (1 year) 9 schools</td>
<td>126</td>
<td>127</td>
<td>272</td>
<td>272</td>
<td>455</td>
<td>550</td>
<td>291</td>
<td>2,181</td>
</tr>
<tr>
<td>Paramedical personnel</td>
<td>564</td>
<td>639</td>
<td>551</td>
<td>605</td>
<td>549</td>
<td>603</td>
<td>552</td>
<td>4,081</td>
</tr>
</tbody>
</table>

* Including sanitation, health education, laboratory and X-ray, technology, hospital management, midwives, pharmacy, anaesthesiology, dental technology, and district health personnel.

Annex G

Foreign Voluntary Agencies Providing Medical Assistance in Vietnam

1. American Friends Service Committee.
2. American Red Cross.
4. Catholic Relief Services
5. Christian and Missionary Alliance
6. International Rescue Committee
7. Malteser Hilfsdienst (Knights of Malta)
8. New Zealand Red Cross
9. Project Concern
10. Quaker Service Vietnam
11. Salvation Army
12. Vietnam Christian Service
13. Children Medical Relief International
14. World Rehabilitation Fund
15. World Vision

ANNEX II
INOCULATIONS ADMINISTERED.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
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<tbody>
<tr>
<td>B.C.G.</td>
<td>87,347</td>
<td>203,313</td>
<td>212,860</td>
<td>145,122</td>
<td>201,797</td>
<td>(0)</td>
</tr>
<tr>
<td>D.P.T.</td>
<td>104,609</td>
<td>102,751</td>
<td>202,944</td>
<td>75,738</td>
<td>326,142</td>
<td>451,022</td>
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<tr>
<td>D.T.</td>
<td>71,268</td>
<td>2,060,265</td>
<td>4,808,242</td>
<td>5,797,445</td>
<td>5,866,980</td>
<td>7,811,563</td>
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<tr>
<td>Cholera</td>
<td>3,807,713</td>
<td>1,452,297</td>
<td>2,745,333</td>
<td>6,149,562</td>
<td>4,591,240</td>
<td>4,567,390</td>
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<tr>
<td>Plague</td>
<td>4,183,668</td>
<td>1,094,295</td>
<td>3,187,737</td>
<td>3,346,943</td>
<td>4,136,658</td>
<td>4,908,272</td>
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<tr>
<td>Smallpox</td>
<td>(0)</td>
<td>11,153</td>
<td>111,408</td>
<td>612,221</td>
<td>461,163</td>
<td>456,874</td>
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<tr>
<td>Poliomyelitis</td>
<td>(0)</td>
<td>(0)</td>
<td>(0)</td>
<td>295,514</td>
<td>137,631</td>
<td>626,400</td>
</tr>
</tbody>
</table>

1 Figures not available.
2 Figures not given.

These figures represent individual doses of vaccines administered to the population of Vietnam. In vaccines requiring two or more doses to an individual, i.e., polio, the figures remain as a single dose and do not reflect a complete immunization. It can be postulated, however, that the figures are at least 25 percent lower than what has actually been given to the population. This is because of shortcomings in the nation's reporting system. There are many voluntary agencies that provide gratuitous immunization services without submitting results through MOH reporting channels.

ANNEX I
U.S. MEDICAL CIVIC ACTION TREATMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Battle casualty treatments</th>
<th>Non-battle treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>October</td>
<td>2701</td>
<td>267,342</td>
</tr>
<tr>
<td></td>
<td>November</td>
<td>1326</td>
<td>344,528</td>
</tr>
<tr>
<td></td>
<td>December</td>
<td>2330</td>
<td>294,714</td>
</tr>
<tr>
<td>1970</td>
<td>January</td>
<td>1483</td>
<td>283,874</td>
</tr>
<tr>
<td></td>
<td>February</td>
<td>1127</td>
<td>238,896</td>
</tr>
<tr>
<td></td>
<td>March</td>
<td>1204</td>
<td>263,832</td>
</tr>
<tr>
<td></td>
<td>April</td>
<td>1031</td>
<td>283,817</td>
</tr>
<tr>
<td></td>
<td>May</td>
<td>1845</td>
<td>169,848</td>
</tr>
<tr>
<td></td>
<td>June</td>
<td>1583</td>
<td>197,450</td>
</tr>
<tr>
<td></td>
<td>July</td>
<td>1382</td>
<td>215,008</td>
</tr>
<tr>
<td></td>
<td>August</td>
<td>1655</td>
<td>165,053</td>
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<td></td>
<td>September</td>
<td>1906</td>
<td>191,776</td>
</tr>
<tr>
<td></td>
<td>October</td>
<td>1292</td>
<td>116,723</td>
</tr>
<tr>
<td></td>
<td>November</td>
<td>974</td>
<td>88,116</td>
</tr>
<tr>
<td></td>
<td>December</td>
<td>998</td>
<td>68,213</td>
</tr>
<tr>
<td>1971</td>
<td>January</td>
<td>299</td>
<td>67,550</td>
</tr>
<tr>
<td></td>
<td>February</td>
<td>959</td>
<td>52,925</td>
</tr>
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</table>

1 Patients treated in the MEDCAP may also have been admitted to either GVN/MOH or U.S. Military Hospitals.
# ANNEX J

## VIETNAMESE CIVILIAN WAR-RELATED CASUALTIES—GVN HOSPITAL ADMISSIONS

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>37,614</td>
<td>34,523</td>
<td>40,550</td>
<td>44,088</td>
<td>44,713</td>
<td>4,154</td>
<td>5,090</td>
<td>5,438</td>
<td>5,625</td>
<td>2,777</td>
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<tr>
<td>February</td>
<td>41,142</td>
<td>35,870</td>
<td>46,771</td>
<td>46,018</td>
<td>44,924</td>
<td>4,864</td>
<td>5,682</td>
<td>5,827</td>
<td>5,132</td>
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<tr>
<td>March</td>
<td>38,568</td>
<td>35,971</td>
<td>43,768</td>
<td>48,534</td>
<td>3,836</td>
<td>5,867</td>
<td>5,447</td>
<td>5,312</td>
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<tr>
<td>April</td>
<td>40,117</td>
<td>39,826</td>
<td>45,104</td>
<td>45,805</td>
<td>3,811</td>
<td>8,593</td>
<td>6,573</td>
<td>5,094</td>
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<tr>
<td>May</td>
<td>41,027</td>
<td>37,590</td>
<td>48,767</td>
<td>47,679</td>
<td>3,226</td>
<td>6,447</td>
<td>5,826</td>
<td>5,434</td>
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<tr>
<td>June</td>
<td>40,101</td>
<td>39,539</td>
<td>46,063</td>
<td>40,853</td>
<td>2,900</td>
<td>5,714</td>
<td>5,572</td>
<td>4,568</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>39,765</td>
<td>38,739</td>
<td>44,564</td>
<td>45,427</td>
<td>3,690</td>
<td>4,304</td>
<td>4,528</td>
<td>3,768</td>
<td></td>
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</tr>
<tr>
<td>August</td>
<td>39,250</td>
<td>42,130</td>
<td>45,802</td>
<td>51,845</td>
<td>4,296</td>
<td>6,305</td>
<td>4,405</td>
<td>3,892</td>
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<tr>
<td>September</td>
<td>36,208</td>
<td>37,546</td>
<td>45,765</td>
<td>45,807</td>
<td>4,332</td>
<td>5,224</td>
<td>3,902</td>
<td>2,511</td>
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</tr>
<tr>
<td>October</td>
<td>37,549</td>
<td>40,600</td>
<td>44,579</td>
<td>51,401</td>
<td>4,476</td>
<td>5,357</td>
<td>4,122</td>
<td>3,059</td>
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<td></td>
</tr>
<tr>
<td>November</td>
<td>39,765</td>
<td>42,739</td>
<td>46,063</td>
<td>40,853</td>
<td>2,900</td>
<td>5,714</td>
<td>5,572</td>
<td>4,568</td>
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</tr>
<tr>
<td>December</td>
<td>38,204</td>
<td>37,456</td>
<td>45,765</td>
<td>46,845</td>
<td>3,690</td>
<td>4,296</td>
<td>3,982</td>
<td>2,974</td>
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</tbody>
</table>

Total: 473,140 (456,972) 525,772 (574,814)

1. Compiled by USAID from medical assistance team reports, and records, and records of Vietnames Ministry of Health.

2. Includes only MOH hospitals with war casualty admissions. Does not reflect total MOH hospital admissions.

## U.S. MILITARY HOSPITALS

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</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>642</td>
<td>749</td>
<td>487</td>
<td>162</td>
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<tr>
<td>February</td>
<td>694</td>
<td>899</td>
<td>482</td>
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<td>March</td>
<td>784</td>
<td>1,121</td>
<td>431</td>
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<tr>
<td>April</td>
<td>816</td>
<td>755</td>
<td>438</td>
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<td></td>
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<tr>
<td>May</td>
<td>935</td>
<td>887</td>
<td>562</td>
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<tr>
<td>June</td>
<td>953</td>
<td>725</td>
<td>458</td>
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<tr>
<td>July</td>
<td>963</td>
<td>880</td>
<td>371</td>
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<tr>
<td>September</td>
<td>517</td>
<td>588</td>
<td>211</td>
<td></td>
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<tr>
<td>October</td>
<td>281</td>
<td>537</td>
<td>211</td>
<td></td>
<td></td>
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<tr>
<td>November</td>
<td>314</td>
<td>679</td>
<td>183</td>
<td></td>
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<tr>
<td>December</td>
<td>1,951</td>
<td>7,790</td>
<td>5,444</td>
<td>6,335</td>
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</tr>
</tbody>
</table>

## ANNEX K

### CIVILIAN CASUALTIES BY METHOD

<table>
<thead>
<tr>
<th>Method</th>
<th>Mine and mortar</th>
<th>Gun or grenade</th>
<th>Shelling and bombing</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>1967</td>
<td>15,253</td>
<td>6,115</td>
<td>11,811</td>
<td>43,849</td>
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<tr>
<td>1968</td>
<td>21,244</td>
<td>10,107</td>
<td>28,052</td>
<td>74,403</td>
</tr>
<tr>
<td>1969</td>
<td>24,648</td>
<td>11,814</td>
<td>38,245</td>
<td>72,645</td>
</tr>
<tr>
<td>1970</td>
<td>22,948</td>
<td>7,660</td>
<td>8,607</td>
<td>38,305</td>
</tr>
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</table>

## ANNEX L

### REPUBLIC OF VIETNAM

**President's Office,** **July 9, 1970.**

**Law 8/70**

Subject: Rights and Benefits of Disabled Soldiers, War Deced's Families, and War Veterans.

Considering the Constitution of the Republic of Vietnam of 1 April 1967, and after discussion and vote by the Congress, the President of the Republic of Vietnam promulgates Law 8/70, 09 July 1970 specifying the rights and benefits...
of disabled soldiers, war dead’s families, and war veterans. Following is the full text of this Law:

**CHAPTER I—NATIONAL OBLIGATION**

Article 1. The Nation is grateful to the noble sacrifice of the combatants who fought for the defense of the Fatherland.

The Nation recognizes and secures the moral and material rights and benefits of disabled soldiers, war dead’s families, and war veterans.

Article 2. The Nation has the obligation to support war veterans, disabled soldiers, war dead’s parents, war widows, and war orphans.

**CHAPTER II—RIGHTS AND BENEFITS OF DISABLED SOLDIERS**

**SECTION I—DISABILITY ALLOWANCES**

Article 3. Considered as disabled soldiers entitled to the rights and benefits as prescribed by this Law are all military men who are elements of the Vietnam Armed Forces and who have received disability included in one of the two following cases:

1. Disability as a result of wounds received in war actions or as a result of service-connected accidents.
2. Disability as a result of service-connected diseases.

Article 4. Disabled soldiers are entitled to inherent disability allowances based on the following formula:

Inherent allowances are equal to the salary (base salary in active service based on grade and rank, plus high cost of living allowance and all increments excluding functional allowance) multiplied by the degree of disability.

In addition to the inherent disability allowances, disabled soldiers also are entitled to full family allowances for their wives and children based on the family allowance rate for men in active service.

Article 5. If recommended by the Medical Council, disabled soldiers whose limbs are either paralyzed or impaired to such a degree that they cannot use them any longer for moving or making indispensable acts in their everyday life such as eating, bathing, etc., are entitled to an additional monthly special allowance enough for them to hire a laborer as an attendant.

Article 6. The inherent disability allowances will be suspended during the following periods:

- Period in which corporal punishment and penalties, except for offenses committed due to negligence, are inflicted on disabled soldiers.
- Period in which disabled soldiers are deprived of civil rights. While the inherent disability allowances are suspended, disabled soldiers continue to receive special allowances, if any, and their wives and children still are entitled to family allowances.

Article 7. Within 30 days beginning the date this Law is promulgated, a Decree of the Prime Minister will determine the following:

1. Classification of disabilities based on various degrees of disability.
2. Rate of special allowances.
3. Procedures for establishment of dossiers and procedures for payment of allowances.

**SECTION II—MEDICAL AND SOCIAL SUPPORT**

Article 8. Disabled soldiers are entitled to the following:

- Health recuperation free of charge (orthopaedics, physical therapy, etc.)
- Professional re-adaptation free of charge (professional orientation and vocational training).

Article 9. Disabled soldiers and their families (wife and children) are entitled to medical examination and treatment free of charge, including medicine expenses at public hospitals (military and civilian hospitals).

Article 10. Disabled soldiers with disability degree at 80% and higher are given type of benefit entitled to “Veterans Sanatoria”. Statutes of Veterans Sanatoria will be published in a Decree of the Prime Minister, and the establishment of these Sanatoria must be completed within one year at the latest, beginning the date this Law is promulgated.

Article 11. After his death, a disabled soldier is entitled to the following:

1. Being buried at a military or public cemetery.
2. All allowances for the last month.
3. A burial allowance equal to that of a deceased soldier in active service.
Article 12. A number of proper jobs and places of employment at Government and private offices and enterprises should be reserved for disabled soldiers. Based on recommendations from the Minister of War Veterans, in agreement with the Ministry of Labor and the Ministry of Economy, the Prime Minister will issue a Decree determining the number of jobs and places of employment.

Article 13. Disabled soldiers are admitted or reclassified as career employees without examination if they meet all required educational conditions or professional skills. Their service seniority will include the period of their military service.

Article 14. All disabled with disability degree over 70% may concede the rights to be admitted as career employees without examination and priority to be admitted to Government Offices to their legal spouse or to one of his children. In these cases the spouse or child entitled to the conceded rights must meet all required educational conditions or professional skills.

Article 15. At their request and based on their option, disabled soldiers are entitled to the following:
1. Be admitted to Veterans Villages, or allocated land and materials to construct houses at their residing place if they do not have their own.
2. Be included in priority one (next to farmers who are presently cultivating their land) to be allocated land based on the "Land-to-Tillers" Law.

Article 16. Ownership priority is given to disabled soldiers if they meet all conditions required of other candidates.

Article 17. At their request, disabled soldiers will be authorized to receive vocational training free of charge at Government’s technical, industrial, and handicraft training centers, and food allowance during their training period. Food allowance during the training period is paid only once to each disabled soldier.

Article 18. At their request, disabled soldiers and their wives and children are given priority of being admitted as employees in Government and private offices and enterprises if they meet all conditions required of other candidates, and are not subject to examination in case an examination is organized for other candidates.

SECTION 4—OTHER RIGHTS AND BENEFITS

Article 19. In entrance examinations or educational and technical graduation examinations up to the degree of high school terminal courses, disabled soldier candidates are granted exemption from age conditions and are entitled to an increase of 10% of the marks. This increase of marks will be calculated based on the total marks obtained in entrance examinations, and on the minimum total of marks required for graduation in graduation examinations.

Article 20. Disabled soldiers are exempted from fees of examination and entrance into different University Faculties.

Article 21. Each disabled soldier will be issued a Disabled Soldier Card by the Ministry of War Veterans. With this card disabled soldiers are entitled to the following:
1. Be given priority of being rendered permanent services reserved for the public.
2. Be exempted from administrative fees prescribed by Government Agencies.
3. Entitled to special rate of public transportation fee determined by the Prime Minister.
4. Entitled to all rights and benefits reserved for Disabled Soldier as prescribed in this Law.

CHAPTER III—RIGHTS AND BENEFITS OF NATIONAL WAR DEAD’S FAMILIES

SECTION 1—DEFINITION

Article 22. Considered as “War Dead” are all military men of all elements of the Vietnam Armed Forces.

Who died for their country or were missing in specific circumstances under which they were fighting for the Nation.

Who died of a cause which is not a result of war wounds, but which is connected with service.

Article 23. Considered as “War Dead’s Family” members to be entitled to the rights and benefits fixed by this Law are the following persons:
1. The paternal grandparents, parents, or widow who was first-rank wife, or stepwife of war dead mentioned in Article 22.

2. Wards of the Nation and War orphans mentioned in Articles 24 and 25.

Article 24. Considered as "Wards of the Nation" are legitimate children, legitimated children, officially recognized extra-marital children, and legal foster-children of the following persons:

1. War dead mentioned in Paragraph 1, Article 22.

2. Disabled soldiers with disability degree at 60% and over caused by wounds received in action or wounds resulting from war actions.

3. Personnel or Cadres of all civil branches of activities who become disabled under circumstances mentioned in Paragraph 2 of this Article.

Article 25. Considered as war orphans are all children under 18 years old of war dead mentioned in Paragraph 2. Article 22, including legitimate children, legitimated children, legal foster-children, and officially recognized extra-marital children.

SECTION 2—CATEGORY OF ALLOWANCES

Article 26. The father or mother of war dead mentioned in Paragraphs 1 and 2 of Article 22 is entitled to parents allowances. The war dead's paternal grandfather or grandmother will be entitled to these allowances if his parents are deceased or missing.

The entitlement to parents allowances (father or mother) is also granted to anybody who can justify that he had brought up and provided for the war dead, and for a long period had replaced his parents until he was 16 years of age.

Article 27. The following widows are entitled to "war widow allowances":

Widow who was first-rank wife, or step-wife of war dead mentioned in Paragraphs 1 and 2 of Article 22.

Widow who was first-rank wife or step-wife of disabled soldier who died when he was being entitled or had the entitlement to allowances of disability at 60% degree or higher.

Any widow who remarries will be considered as automatically renouncing the entitlement to these allowances.

Article 28. The widow allowances consist of:

Main allowance, based on the war dead's rank and grade.

Allowance for children based on the number of legitimate children, legitimated children, officially recognized extra-marital children, and legal foster-children (including the case their father was entitled only to a flat salary without family allowances when he was alive).

Article 29. Wards of the Nation are entitled to an allowance called "Allowance for Wards of the Nation".

Article 30. The Family Council will designate a tutor to receive allowance and bring up the children when the widow is in one of the following cases:

Death.

Loss of reason (in this case the right to receive allowance will be returned to the mother when she recovers from illness).

Indigence (because she abandoned her children or is deprived of the entitlement to receive allowance based on a Court sentence).

The Family Council will confirm the case of loss of reason and the case of indigence based on a medical certificate issued by a Government physician for the first case, and on a Court sentence or an evident proof for the second case.

Article 31. The entitlement to allowances for Wards of the Nation and war dead's children (War widow allowances) can be extended until they are fully independent and when the children are continuing their study, and will be extended for their life-time if they receive an incurable disability and cannot earn their living by themselves.

Article 32. A Decree of the Prime Minister will fix the following:

Rate of the above categories of allowances.

Procedures to establish dossiers for allowances and procedures for payment of these allowances based on each category of allowance.

SECTION 3—PROCEDURES FOR RECOGNITION OF WARDS OF THE NATION

Article 33. The recognition of Wards of the Nation will be pronounced in the chamber by the Civil Court of First Instance at the residing place of the first representative of the child, based on the request of this representative, or of the child's relative, or of the Public Prosecutor's office, no later than 30 days beginning the date of receipt of this request.
All necessary details related to the application for recognition must be included in the request and submitted with all necessary justification documents.

Article 33. In case of any doubt, the Court can order a supplementary investigation and request the complainant to present documents, or designate an expert for re-examination.

Article 35. The Public Prosecutor's Office must be notified of the case of request for recognition of wards of the Nation for conclusion.

The Court sentence for approval or ignorance of the request for recognition of Wards of the Nation will be notified by the Court Clerk to the complainant and the Ministry of War Veterans, in which are mentioned the reasons for approval or ignorance. Within two months after receipt of this notification, the complainant, Public Prosecutor's Office, or the Ministry of War Veterans can lodge an appeal to the Court of Appeal.

The sentence pronounced by the Court of Appeal will be notified in the same way as the sentence pronounced by the Court of First Instance.

In case the request for recognition is rejected, and if later there are new factors which can justify that the child meets all necessary conditions prescribed by law to be recognized as Ward of the Nation, the persons or agencies mentioned in Article 33 are entitled to submit another request to the Court for re-examination of the case.

All procedures related to the request for recognition of Wards of the Nation are exempted from all fees and Court costs.

**SECTION 4—EDUCATION FOR WARDS OF THE NATION AND WAR ORPHANS**

Article 36. Wards of the Nation and War Orphans are given priority of being admitted to public primary schools throughout the country, in case schools reserved for Wards of the Nation and war orphans do not have enough rooms for them.

Article 37. Wards of the Nation and war orphans are entitled to an increase of 10% of the total marks obtained in all entrance examinations to general and Technical Junior schools in Provinces where Nation Wards schools are not available.

Article 38. Wards of the Nation and war orphans who have to attend private schools will be granted scholarships by the Government.

In addition to scholarships for further studies in-country or overseas especially reserved for Wards of the Nation, these students are also entitled to other scholarships based on a ratio to be fixed yearly by the Prime Minister.

**SECTION 5—MEDICAL SUPPORT AND EMPLOYMENT SUPPORT**

Article 39. In case of sickness, parents, wife, and children of war dead mentioned in Article 23 will be entitled to medical examination and treatment free of charge, including medicine expenses, at public hospitals (civil and military hospitals).

Article 40. In case they meet all prescribed conditions, war widows, Wards of the Nation and war orphans are given priority of being recruited as employees at public and private offices and enterprises, and are exempted from examination if an entrance examination is required of other candidates.

In case they meet all necessary conditions on diplomas required by the particular statute of the grade of career employees they want to join, war widows, Wards of the Nation, and war orphans are also exempted from an examination to be classified or reclassified as career employees.

War widows without diplomas will be automatically admitted as daily hired personnel.

In examinations for admission of students to professional courses, war widows are entitled to an increase of 10% of the total marks obtained.

Article 41. War widows are given priority of being provided with ownership if they meet all necessary conditions.

Article 42. Based on their application, war widows, wards of the Nation, and war orphans are entitled to attend vocational training courses free of charge at Government's vocational, technical, industrial and handicraft training centers and to food allowance during the whole training period.

Food allowance for vocational training will be allocated only once to each veteran.

Article 43. All provisions concerning the rights and benefits mentioned in Section 5 are not applicable to remarried war widows.
CHAPTER IV—RIGHTS AND BENEFITS OF VETERANS.

SECTION I—EMPLOYMENT SUPPORT

Article 44. Considered as veterans and entitled to the rights and benefits fixed by this Law are all military men of the Republic of Vietnam Armed Forces who have served during war time and were discharged as prescribed by the Law, excluding the discharges for disciplinary actions or by Court sentences.

War time is counted from the day of establishment of the Vietnam Armed Forces (23 May 1945) to the day the present War is ended.

Article 45. When they meet all prescribed conditions veterans are given priority of being recruited as employees at public and private offices and enterprises, and are exempted from examination if an examination is organized for other candidates. In examinations for admission of students to educational and professional courses, veteran candidates are entitled to an increase of 10% of the total marks obtained and are exempted from age conditions.

Article 46. Veterans are given priority of being provided with ownership if they meet all conditions required of other candidates.

Article 47. Based on application, veterans are entitled to vocational training free of charge at Government’s vocational, technical, and handicraft training Centers, and food allowances during the whole training period. Food allowances are given only once to each veteran.

SECTION 2—MEDICAL AND SOCIAL SUPPORT

Article 48. Veterans and their families (wives and children) are entitled to medical examination and treatment free of charge, including medicine expenses at public hospitals (military and civil hospitals).

Article 49. Old and weak veterans over 60 years of age who can no longer earn their living by themselves or have not any relatives to support them will be admitted to Veterans Sanatoria at their request.

Article 50. Deceased veterans are entitled to be buried at military or public cemeteries.

SECTION 3—OTHER RIGHTS AND BENEFITS

Article 51. The Ministry of Education and the Ministry of War Veterans will organize special classes of primary and secondary education free of charge for veterans and disabled soldiers.

Article 52. Veterans are exempted from examination to be classified or re-classified as career employees in administrative or technical branches if they meet all conditions prescribed by regulations of each cadre branch concerned. Their military service seniority will be added to their service seniority.

Article 53. In cultural and professional examinations up to the terminal classes of the Secondary education, veteran candidates having been discharged for less than two years are entitled to an increase of 10% of the minimum total of marks required for passing these examinations.

Article 54. Veterans who meet all requirements for diplomas are exempted from age, conditions and fees for undergoing entrance examinations or for enrollment in Colleges, Institutions, and University Faculties.

After discharge, veterans who are ex-students of Colleges, Institutions and University Faculties will be re-enrolled in order to resume their studies in case their education was interrupted by the draft.

Applications of Veterans for overseas training at Superior Schools or Universities will be considered in priority based on national requirements.

CHAPTER V—RIGHTS AND BENEFITS OF DISABLED SOLDIERS', VETERANS', AND WAR WIDOWS' ASSOCIATIONS

Article 55. The duty of the Government is to give support for the development of Disabled Soldiers', Veterans' and War Widows' Associations whose operations are legal.

Article 56. Disabled Soldiers', Veterans', and War Widows' Associations are entitled to the following:

Government assistance in the establishment or development of business or production enterprises, partial or total exemption from all categories of taxes, loan of capitals with favorable conditions.
Special favors and privileges in the exploitation of natural resources with the purpose to provide jobs and advantages for Association members in every service.

CHAPTER VI—FINAL PROVISIONS

Article 57. All production Centers subordinate to the Ministry of War Veterans and belonging to Disabled Soldiers', Veterans', and War Widows' Associations are exempted from production tax during the first four operational years.

Article 58. When recruitment of personnel is needed, all Government and private offices and all Government and private industrial and trade enterprises of all categories must notify in advance the Ministry of War Veterans for introduction of candidates with priority prescribed in this Law.

Article 59. A Decree of the Prime Minister will determine the types of paramilitary forces and military forces not mentioned in the above Chapter to be entitled to a part or the total of the rights and benefits prescribed in this Law.

Article 60. The Decrees indicated in Articles 59 must be promulgated within thirty days at the latest after the promulgation of this Law.

Article 61. Allowances prescribed in this Law are of an inalienable and unsellable nature under all circumstances.

Article 62. Disability allowance is given beginning the day the concerned is discharged for disability. Parents, allowance, war widow allowance, and Wards of the National allowance are given beginning the day the person concerned is dead or confirmed to be disabled.

Article 63. Facilities for the gratification of the rights and benefits of disabled soldiers, war dead's families, Wards of the Nation, War orphans, and Veterans prescribed in this Law, especially on the education, vocational training, and convalescence must be completed within two years at the latest after the promulgation of this Law.

Article 64. Applications for allowance must be examined and concluded within a month at the latest after submission of full dossier concerned.

Article 65. Disabled soldiers, war dead's families, Wards of the Nation and War orphans, who have been entitled, prior to the promulgation of this Law, to any allowances not prescribed by this Law or of a higher rate than that prescribed in this Law or by executive document, are still entitled to the allowances based on the former rate.

Article 66. In all circumstances, the priorities prescribed in this Law are classified as follows:

Disabled soldiers.

War dead's families.

Veterans.

Article 67. The allowances prescribed in this Law will be reviewed once every year for amendments suitable to current cost of living. Amendments will be decided through a Decree by the Prime Minister.

Article 68. All provisions concerning the rights and benefits of disabled soldiers, war dead's families, and war veterans prescribed in existing laws which do not agree with those in this Law are cancelled.

This Law is promulgated through emergency procedures and will be published in the Official Journal of the Republic of Vietnam.

(Signed) NGUYEN VAN THIEU.

Senator KENNEDY. Thank you, Mr. Colby. The subcommittee will now stand in recess until 2:30 this afternoon.

(Thereupon, a recess was taken in the hearing; to reconvene at 2:30 p.m. this day.)
The plight of civilians who are casualties of the war in Vietnam stands in glaring contrast to the remarkable medical care available to injured American troops, who are receiving what is clearly the best such care in military history (1). Among combatant casualties who reach medical aid, the death rate has fallen from 4.8% in World War II and 2.5% in Korea to but 1% in Vietnam (2). One survey of a major American combat hospital unit showed that patients arrived on an average of 40 minutes after wounding; some were under expert medical care within 5 minutes (1)*. Accounts of the medical facilities and care available to noncombatant casualties, on the other hand, use such descriptions as shocking, appalling, and frightful. Casualty statistics were not kept or apparently even attempted during the first 3 years of intensified hostilities; only estimates of the magnitude of war damage to civilians are available (3, 4). Yet even the most moderate of these reveals massive suffering and a major tragedy.

Between 1967–1969, the number of civilians killed or wounded each year has been between 100,000 to 300,000, according to authoritative estimates (5, 6). Of these, an estimated 25% have been killed outright or have died seeking medical care or abandoned without any care (6, 7); and this figure has been sharply challenged as being far too low (8). One knowledgeable estimate placed the civilian casualty toll as 1,000,000, with an estimated 800,000 killed, during a decade of war (9).

What medical care was available during these years existed largely in 43 provincial hospitals, none of which was considered to be minimally adequate in 1967 (10). None was judged to have adequate potable water, electric power, or sanitation (11). Most hospitals had two and three patients in each bed (12); until provided by a voluntary agency, rubber gloves were not available for obstetrical units (13); more than 85,000 amputees were without prostheses (14).

During 1967, the total number of South Vietnamese physicians was 1,000. Of these, approximately 700 served in the military forces, 100 were in Saigon, 100 were engaged in other work, and there were only 100 in provincial hospitals under the Ministry of Health to provide medical care for a population of 16 to 17 million (15). Long-An Province, with nearly 500,000 people, had three Vietnamese physicians (16). The ratio of physicians to population is 1 to 28,000 in Saigon but only 1 to 100,000 in the rest of the country (17). Recent graduates of the single remaining medical school in South Vietnam, at the National University of Saigon, have increased the numbers, but the ratio of civilian-military physicians has not been appreciably altered (4, 18).

An extensive search of the medical literature for reliable research reports or accounts of medical care in South Vietnam yields two kinds of data. On one hand, the number of reports on medical care for American troops has reflected, in almost direct proportion, the escalation of involvement there since 1965. Specialized papers are abundantly present in the literature and range from accounts of trauma facilities to reports of fairly sophisticated clinical investigation conducted under combat conditions. In contrast, very few independent

*Footnotes at end of article.
reports of any significance are devoted to civilian medical problems; most are personal reminiscences and accounts by volunteer American physicians.

For the most part significant data appear only in official documents, few of which have been made public. The single most comprehensive source of such data is the series of reports published by the U.S. Senate Judiciary Subcommittee to Investigate Problems Connected with Refugees and Escapes, under the chairmanship of Senator Edward M. Kennedy. Composed of testimony by both government and nongovernment witnesses, staff reports, official investigation reports by such bodies as the General Accounting Office and the Medical Appraisal Team, these publications present a wide diversity of data accumulated over more than 5 years.

Yet even here deeply ambiguous elements are well mixed. Rationalization and reluctant disclosure contend with accuracy and candor; concern and urgency are frequently diluted with denial and avoidance, and political complexities abound. What evidence is available, however, amply corroborates the enormous magnitude of a basic human challenge—to the principles as well as to the resources of American medicine.

BACKGROUND OF THE MEDICAL CRISIS

Civilian war casualties have been incurred by the South Vietnamese throughout the more than 20 years of a war that had already ravaged the country, but the magnitude of the problem burgeoned with the escalation of hostilities (10). After the first landing of U.S. Marines on 8 March 1965, United States troop levels had reached more than 375,000 by the end of August, and major military engagements and casualties became routine. Widespread civilian casualties became routine as well.

No reliable statistics regarding noncombatant injuries or deaths in South Vietnam exist for periods before 1967. According to the United States Agency for International Development of the U.S. Department of State (USAID), such data were identified in the medical records of neither the Vietnamese nor United States hospitals concerned (4). In response to increasing public pressure, the first authoritative estimates were made in April 1967 and later clarified before executive sessions of a Senate Subcommittee. These indicated that each month approximately 1,200 civilian war casualties were being admitted to the Ministry of Health (MOH) hospital system in 1965; these casualties increased to between 1,500 to 2,000 in 1966 and jumped sharply to 4,000 per month for 1967. Half the casualties that were actually occurring; it was judged; never reached provincial hospitals, nor were figures then available as to those treated as outpatients. Since 1967 an attempt has been made to collate statistics regarding hospitalized civilian war casualties (4) (Table 1), but reporting by Vietnamese provincial hospitals has been incomplete and erratic (6, 21, 22). The total number of civilian war casualties and the basis and methods for compiling whatever figures are cited remain an issue of sharp political contention (Tables 2, 3).

### Table 1. Vietnamese Civilian War-Related Casualties

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Ministry of Health admissions (No.)</th>
<th>War related (No.)</th>
<th>War-related admissions (No.)</th>
<th>Percent</th>
<th>Total Ministry of Health and U.S. Military war-related admissions (No.)</th>
<th>Monthly average (No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967</td>
<td>473,140</td>
<td>46,773</td>
<td>1,951</td>
<td>9.9</td>
<td>48,724</td>
<td>4,060</td>
</tr>
<tr>
<td>1968</td>
<td>458,667</td>
<td>79,775</td>
<td>7,747</td>
<td>17.4</td>
<td>87,522</td>
<td>7,296</td>
</tr>
<tr>
<td>1969</td>
<td>525,766</td>
<td>58,222</td>
<td>6,354</td>
<td>11.3</td>
<td>67,766</td>
<td>5,647</td>
</tr>
<tr>
<td>1970 (3 months)</td>
<td>150,433</td>
<td>11,686</td>
<td>1,469</td>
<td>8.0</td>
<td>13,069</td>
<td>4,482</td>
</tr>
<tr>
<td>Total</td>
<td>1,588,006</td>
<td>197,456</td>
<td>19,642</td>
<td></td>
<td>217,038</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Reference 33*
Expanded hostilities also produced a flood of refugees who began "to wash down from the north to the dubious security of Saigon as if the whole country had been tilted up to drain" (28). From an estimated total of 40,000 at the end of 1964, the refugee population grew by an officially admitted cumulative total of 1,679,000 during the next 2 years. It had reached a cumulative total of 2,114,200 by the end of 1967, with unofficial estimates insisting the actual figure was between 2 to 3 million more (6). One third of the population has been made homeless during the course of hostilities (21).

Even before the war's escalation public health problems in the nation were critical. Life expectancy was approximately 35 years, half the children born died by age 5, and infant mortality was estimated to be 256 per 1,000 live births (17). Major diseases were widespread: malaria, tuberculosis, enteric and parasitic diseases, and typhoid fever were endemic (24). In some areas 22% of the population were estimated to be infected with tuberculosis (25), with pulmonary tuberculosis the most common type (24); 60% of hospital admissions were found to have tuberculosis in addition to their primary diagnosis (17). Trachoma was estimated to have infected 80% of the population at one time or another, with an estimated 80% suffering partial loss of vision (24).

One governmental study indicated that there were approximately 15,000 registered lepers with clinically recognizable disease, with many more unrecognized or unreported (17). Smallpox was prevalent and apparently epidemic every 8 or 4 years (17), with past epidemics carrying a death rate as high as 92% (25). In 1967 plague was reported in 24 of the 41 provinces (26), including pneumonic forms in certain locales. Cholera had reached epidemic proportions, with 20,000 reported cases in 1965 (6); in 1969 it continued to pose a threat to Vietnam (27).

VIETNAMESE HEALTH RESOURCES

Such problems of disaster proportions placed an immense burden on what has been described as a "stagnant medical system, teetering under a top-heavy and often corrupt bureaucracy" (22). Woefully inadequate even without the strains and disruptions of a war, the medical system existed as a fragmented legacy of French colonial policy. France had organized a public health system, constructed and maintained provincial hospitals, and established a dispensary-clinic network in hamlets and villages—all at primitive levels. At best, only a few such facilities approached minimal adequacy. Placed under a Ministry of Health after the 1954-partition of Vietnam, the system was administered in the South along the lines of civil authority. Under the Ministry of Health plans, a Médecin Chef was to supervise each province's health needs and resources; each district was to have a maternity-infantary-dispensary with 20 to 35 beds; each village a maternity-dispensary; and each hamlet a health station (10).
What actually existed in 1965 was described by Major General James W. Humphreys, then Assistant Director of the U.S. Agency for International Development, medical programs in South Vietnam. Approximately 60 hospitals had been constructed, most near the turn of the century; their size varied from 85 to 1,500 beds. Waste disposal facilities were nonexistent, most had little or no power, and 90% had no running water. None of the 28 surgical suites planned by USAID had been completed; none of the rehabilitation projects for 10 hospitals had been completed, and all were termed inadequate. For 236 rural districts only 163 maternity-infirmary-dispensaries existed, and not all were in use. More than 2,500 villages supposedly had a maternity-dispensary, but only 842 were in existence. Over 6,000 hamlets required health stations; it was not known how many actually existed (28).

Medical equipment throughout the country was totally inadequate in basic items, except in the larger facilities; the technical competence to use much of the equipment was lacking (28). Of the 28 surgical suites under construction or completed, only 11 were in use because medical personnel were unavailable (6). Maintenance capability was wholly deficient. The supply situation was chaotic; the fill-rate even in the best installations was at a maximum of 20%. There were no supply catalogues, no standard items, and no available consumption data. The Government of Vietnam’s health budget was described as “woefully inadequate”; its system of administration was regarded as “so rigid as to be almost completely unresponsive to the situation.” The MOH had neither short-term nor long-range plans, and no specific goals were being defined (28).

Of an estimated 800 South Vietnamese physicians in the country in 1965, more than 600 were in the Armed Forces; 150 were engaged in political and administrative functions or practicing only among private-paying patients; only 150 were available to serve 15 to 16 million civilians (6). With urban maldistribution more than half of these were resident in Saigon (17); and most medical personnel of all types were loath to work in the provinces (21). A sizable number of Vietnamese physicians had apparently remained in North Vietnam after partition (29), and more Vietnamese physicians were reported to be living in France than in South Vietnam itself (30).

Most Vietnamese physicians were graduates of the single remaining medical school in the country, that of the National University at Saigon. Formed in 1947, as a satellite of the medical school founded by the French at the University of Hanoi, the Saigon branch was poorly staffed and equipped until the 1954 partition, when emigres from the north reestablished the school. One other smaller medical college was in existence from 1951 until destroyed during the 1968 Tet offensive, that of the Imperial capital of Hue. Opened by a small faculty affiliated with the University of Freiberg, support for the school dwindled throughout its life, and no student had ever been graduated (18).

### Table 3. Vietnam War Victims

<table>
<thead>
<tr>
<th>War Victims</th>
<th>Civilian</th>
<th>Military</th>
<th>Combined total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically disabled</td>
<td>156,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amputees, paraplegics, and other serious limitations</td>
<td>79,600</td>
<td>44,400</td>
<td></td>
</tr>
<tr>
<td>Blind/deaf</td>
<td>25,600</td>
<td>6,600</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>105,200</td>
<td>51,000</td>
<td></td>
</tr>
<tr>
<td>Orphans</td>
<td>255,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In registered orphanages</td>
<td>20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In nonregistered orphanages (pagodas, churches, etc.)</td>
<td>85,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wards of the nation</td>
<td>1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awaiting processing</td>
<td>43,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>War widows</td>
<td>131,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civilian (estimate)</td>
<td>50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving benefits</td>
<td>61,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awaiting processing</td>
<td>20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total war victim caseload</td>
<td>545,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

While American aid is being given to the National University at Saigon, there are apparently no plans for the reconstruction of the medical college at Hue (21).

Modeled as a duplicate of the French system, the Saigon School of Medicine was educationally archaic. Emphasis by the small faculty was placed on didactic lectures, demonstrations, and rote learning. An inadequate library was kept as a professional preserve, not admitting students. Embalming and basic science facilities were entirely inadequate before a construction program instituted by USAID, and no teaching hospital existed.

UNITED STATES RESPONSE TO HEALTH NEEDS

The United States government had been involved in providing some medical aid to Vietnam since 1952, although the initial assistance effort was very small and purely developmental. Early emphasis was on programs to improve Vietnamese nursing and midwifery services. After the 1954 partition a small component still under the auspices of USAID continued in South Vietnam, with renewed emphasis on public health, medical education, and a growing program of malaria control (24, 28).

Moderate assistance levels were maintained until 1962, when the National Security Council recommended that U.S. agencies devoted to civil assistance participate more actively in the counterinsurgency program (28). In response, the first USAID direct medical assistance units were surgical teams; by January 1963, three such units had been established at Nanang, Nha Trang, and Can Tho (22, 28). Two months later New Zealand sent a surgical unit as the first non-American team. The Medical Civic Action Program (MEDCAP), developed to strengthen the loyalty of a people to its government, as well as to improve medical care, was activated in Vietnam in 1965 (19). By 1966 the USAID-sponsored units reached a total of four United States teams, four from the Philippines and one each from New Zealand and Australia (28). Two nursing schools were being supported, and a basic science building was being constructed for the medical school at the National University at Saigon.

With the appointment of Major General James W. Humphreys, Jr., as Assistant Director for Public Health of the USAID, a redirection was mounted in American efforts. Operational concepts were based on the explicit assumption that the war situation would become more intense through 1968 and that the steadily increasing number of injured persons would overwhelm the current capabilities of health resources in Vietnam. A key policy principle enunciated at that time stipulated "the philosophy of working within the framework of the Government of Vietnam will remain valid and only in those instances where they wholly lack, or a critical shortage of technical skill exists, will any direct action be taken and then only with the approval of/or in conjunction with the Vietnamese authorities. Assessing the Vietnamese Ministry of Health's "budgetary limitations and depleted health service levels," USAID planned "an orderly, phased, and planned build-up of foreign technical assistance under strict control" (28).

Specific objectives were delineated: to place highest priority upon basic, essential care to the acutely ill and injured; to contain rather than attempt to eradicate communicable and infectious disease of greatest national significance; to effect responsive management through a reorganization of the Ministry of Health; and to increase working medical manpower through a number of programs. Additional objectives stressed improved coordination of all health services, more equitable distribution of health manpower between military and civil populations, development of a long-range health plan, and the improving of fiscal affairs. Priority was given to increasing medical facilities and to developing an effective health logistics system. The real objective is to do those things which are capable of coping with massive aid, USAID planned "an orderly, phased, and planned build-up of foreign technical assistance under strict control" (28).

Thus the USAID, charged with directing all American medical assistance to South Vietnam, clarified its policy principles just as hostilities increased the medical burdens sharply, both in scope and intensity. Enunciated clearly and explicitly, these two standards were to dominate both policies and procedures throughout the subsequent years: aid was to be directed toward the sharpening psychological impact upon the population's loyalty to the Government of Viet-
Within such constraints United States medical assistance to South Vietnam increased markedly during the next 2 years. And by mid-1969 certain substantial accomplishments could justifiably be claimed in providing care for civilian war casualties.

**Increased Medical Personnel**

Not only USAID's efforts but mounting international awareness of the pressing needs of Vietnam's citizenry stimulated voluntary efforts; many such agencies had long histories of assistance to the nation's people. Medical efforts were supported by such groups as Church World Service, the Roman Catholic Church, and the International Rescue Committee. An active rehabilitation center existed in Quang Ngai under the auspices of the American Friends Service Committee. From July 1964 through 1968 approximately $42.8 million was provided from such sources in the form of medical teams, medical supplies and equipment, and health facilities (33).

Under the direction of USAID, personnel from 13 countries were recruited and placed in 33 health assistance teams (4). A contract was negotiated between USAID and the American Medical Association (AMA) to support volunteer American physicians for 2-month tours of duty, and more than 700 have served in the provinces since 1963. Instituted in 1965, the Military Provincial Health Assistance Program (MILPHAP) was designed to provide military medical personnel to serve and teach at the provincial hospital level. Twenty-seven teams with 62 physicians are currently at work (4). Medical treatment personnel under USAID's sponsorship reached a high point of 938 in mid-1968 (34).

**Medical Facilities and Education**

USAID's construction program was directed primarily toward the provision of surgical suites for 28 provincial hospitals; the construction of 9 new "Impact Hospitals" in high-casualty areas; a basic sciences complex at the National University at Saigon; a teaching hospital at the same location; and renovation of 15 provincial hospitals. By 1969, 8 Impact Hospitals with 710 beds had been completed; some progress has been made at each of the other levels (4).

### Table 4. South Vietnam Public Health Program

*Health assistance teams, other than American, now in Vietnam*

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>No. of teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under USAID contract—U.S. Catholic Conference:</td>
<td></td>
</tr>
<tr>
<td>Korea</td>
<td>12</td>
</tr>
<tr>
<td>China</td>
<td>1</td>
</tr>
<tr>
<td>Under other country sponsorship or non-U.S. Government agencies:</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>2</td>
</tr>
<tr>
<td>Canada</td>
<td>2</td>
</tr>
<tr>
<td>China</td>
<td>1</td>
</tr>
<tr>
<td>France</td>
<td>1</td>
</tr>
<tr>
<td>Germany</td>
<td>2</td>
</tr>
<tr>
<td>Iran</td>
<td>1</td>
</tr>
<tr>
<td>Japan</td>
<td>2</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
</tr>
<tr>
<td>Philippines</td>
<td>4</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
</tr>
</tbody>
</table>

Through another-AMA-USAID-contract-the-curricular-and-teaching-modes
of the medical school were being redirected. To utilize the basic sciences build-
ing complex as the first wedge in educational reform, contractual relations-
ships have been established with 21 basic-science departments in the United
States to plan and implement a new curriculum. Admissions policies have
been altered to help dismantle the high-compensation, high-attrition French
system; the library has been both expanded and opened to students, and the
number of physicians graduating each year has markedly increased (31). The
small German-affiliated medical school at Hue has not been rebuilt since its
destruction during the 1968 Tet offensive, and there are apparently no plans
for doing so.

Medical Logistics and Care

A substantial renovation of the supply system has been effected, raising
the requisition fill-rate from but 20% in 1965 to 85% in 1969 (33). Medical care
is delivered at levels far superior to those of 1965. The application of con-
temporary medical technology has largely contained, albeit not eradicated, the
major communicable diseases. Immunizations rose from 4.1 million in 1966
and 5.1 million in 1967 to 27.8 million in 1968 (27). As acute medical care re-
sources have been multiplied throughout the country, patients have steadily
received more and better medical aid. Much-needed rehabilitation resources have
been built under USAID auspices, and, under the direction of Dr. Arthur J.
Barsky, Children's Medical Relief International now operates a 50-bed center
for reconstructive plastic surgery in Saigon; the National Rehabilitation In-
stitute, stimulated by Dr. Howard A. Rusk, has taken leadership both in re-
habilitation and the production of critically short orthopedic prostheses; and a
unit of the International Rescue Committee operates a 120-bed convalescent
unit in Saigon (35-37). The Committee of Responsibility had evacuated more
than 70 severely damaged children to the United States for reconstructive
surgery by American volunteers; and Terre des Hommes, an analogous
European group, has continued similar therapeutic evacuations (38).

Assistance from nations other than the United States from July,1964
through December 1969 had reached a total of approximately $43 million.
Such aid, which has ranged from the operation of the hospital ship Helpoland
to the construction of a 175-bed hospital scheduled for 1971 completion, has
been received from Germany, Japan, The Netherlands, Switzerland, Australia,
New Zealand, and Canada (27).

Financial Commitments

According to testimony in open hearings by Dr. John A. Hannah, Admin-
istrator of the Agency for International Development, the estimated Viet-
namese, United States, and foreign commitments in the Public Health sector
approximately 47% of this amount. The USAID contribution directly related
to the treatment of civilian war casualties was estimated to be $46 million
for the same 4-year period (34).

The major portion of the funding has been spent for medical supplies and
equipment (Table 5), with the Department of Defense contributing directly
during the past 5 years as well. Table 6 shows USAID construction contribu-
tions directly related to the Public Health program under the Ministry of
Health of South Vietnam. Table 7 shows total contributions by USAID to the
Public Health program.

PUBLIC CRITICISM OF AMERICAN POLICIES

Despite such accomplishments, criticism of United States efforts in behalf
of injured civilians has recurred sporadically in the public press. Some of this
has been directly related to political dissent over the nation's role in the
Vietnamese war, but informed criticism has come from physicians and other
voluntary agency personnel who have worked in Vietnam. The most persistent,
concerted, and informed scrutiny of the plight of civilian war casualties has
been directed by Senator Edward M. Kennedy, through his role as Chairman
of the Subcommittee to Investigate Problems Connected with Refugees and
Escapes of the Senate Committee on the Judiciary. Kennedy's public in-
volve ment predates American military escalation and was expressed for the
first time in a Subcommittee report dated February 1965 (6).