HEARINGS
BEFORE THE
SUBCOMMITTEE TO INVESTIGATE PROBLEMS
CONNECTED WITH REFUGEES AND ESCAPEES
OF THE
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CIVILIAN CASUALTIES, SOCIAL WELFARE, AND REFUGEE PROBLEMS IN SOUTH VIETNAM

TUESDAY, JUNE 24, 1969

U.S. SENATE,

SUBCOMMITTEE ON REFUGEES AND ESCAPES OF THE COMMITTEE ON THE JUDICIARY,

Washington, D.C.

The subcommittee met, pursuant to call, at 10:05 a.m., in room 1318, New Senate Office Building, Senator Edward M. Kennedy (chairman) presiding.

Present: Senator Kennedy.

Also present: Dale S. de Haan, majority counsel; Dr. Donald M. Chang, minority counsel; and Mr. Stan Darling, assistant to Senator Mathias.

Senator Kennedy. The subcommittee will come to order.

As we come into these hearings today, the 26th such meeting over the last 4 years, we do so with a continuing determination to make the case that the problem of Vietnamese refugees and civilian war casualties must be a matter of vital concern to the United States.

Humanitarian grounds alone should have been sufficient to arouse national concern for those caught in the crossfires of this ugly war. Even that aside, this subcommittee has long sought to convince the agencies of our Government and the government in Saigon that the millions of refugees and civilian casualties, properly treated and cared for, would have been a potential source of political strength to an unstable central government.

Now, there is serious question whether or not there is time or energy left to care for the victims of this war.

When we first began our hearings, over 4 years ago, when we issued our first report and recommendations and began field trips to Vietnam, the air was full of assurances of the importance placed on the so-called “other war.” But now it is apparent that for all of the refugee programs, for all of the formal declarations of intent, for all of the pacification programs, experts, computers, and countless land reform programs, we and the Government of South Vietnam have failed in winning the allegiance of those we have fought so hard to defend.

Since 1961, nearly one-third of the nation of 16 million people has passed through the hands of government as refugees or casualties. Treated so cruelly by the very nature of this war, they received little in compassion and care from those who claimed to be their champions. We may soon know and reap the harvest of our small concern.

Now, we are in Paris seeking to negotiate an end to this struggle, and we have begun to withdraw our troops with the promise of future
rapid withdrawals. The day is fast approaching when the people of Vietnam by avowed action will declare their choice for the future. For the millions of refugees we have little or no assurance that they will stand for all that we offered 35,000 lives to gain.

In the face of a new phase in this endless struggle called Vietnam, this subcommittee is still distressed by the continued lack of urgency and active concern by Washington and Saigon for the daily lives of the South Vietnamese people. A business-as-usual attitude continues to pervade much of our view on what needs to be done. A quicksand of optimism continues to characterize much of our view on what has been done.

It is a regrettable fact that the problems of the people are as overwhelming today as they have ever been in the past. Registered refugees still exceed well over a million persons, and given the pace of the battle, the flow of the homeless will probably continue in significant numbers. Civilian war casualties totaled nearly 300,000 during 1968, a sharp increase over the estimated 175,000 in 1967. And, again, given the pace of battle, these high numbers will undoubtedly continue.

Emergency programs geared to meeting the immediate needs of the people in distress are still bogged down with redtape and corruption and low priorities. The longer term programs geared to meeting basic needs in education, health, and social welfare have hardly gotten off the ground, if they have moved at all.

This is our first hearing with representatives of the new administration. We are pleased to begin once again to make our case with men of the stature and competencies of Dr. John A. Hannah, the Administrator of AID. This subcommittee fully understands the difficulty faced by the new Administrator in meeting the many challenges of directing and guiding an agency as complicated as AID, not to mention the nearly impossible task of relating that Agency’s efforts effectively to the war in Vietnam.

I can only hope that our witness will also understand that we, in the subcommittee, have developed a natural skepticism of endless rosy reports that emanate from the civilian as well as the military side of the war. We plan with this administration, as was the case of its predecessor, to be as tenacious in our views and investigations as we feel the important situation warrants.

Tomorrow, the subcommittee will hear testimony from Dr. John Levinson of Wilmington, Del., and Dr. Thomas Durant, of Boston, who recently traveled to Vietnam for this subcommittee to retrace the steps of our visit in January 1968.

Today, I want to welcome Dr. Hannah and the Assistant Secretary of Defense Warren Nutter. Their appearance here will allow the subcommittee an opportunity to be brought up to date on the programs of refugees and civilian casualties now underway in Vietnam, and to begin a new effort to improve these programs if possible. I would hope that by next fall we would be able to arrange for more extensive hearings on the basis of our findings and investigations over the summer.

I would also expect at that time to hear from the administration their plans for the future of the Vietnamese civilians displaced by war or physically hurt in the struggle. As I understand, we are now making extensive preparations for future support of the Army of South
Vietnam following the departure of our combat forces. We are also anxious, I am told, to do all we can for the future of the government in Saigon. I feel it is important for this subcommittee to know the plans contemplated to better the future of the Vietnamese people themselves, what such obligations will mean, what priorities will be given to the effort and the cost that will be associated with reconstruction.

Again, it is a pleasure to be able to welcome the Administrator and the Assistant Secretary today.

Dr. John Hannah, the Administrator of the Agency for International Development, is no stranger to Washington, for in his distinguished career of public service as president of Michigan State University, he served Presidents Truman, Eisenhower, and Kennedy and Johnson before his recent appointment to AID. Among other things, he was the able chairman of the U.S. Commission on Civil Rights for a number of years, and his long association with the foreign aid program makes him especially qualified for his current position.

Dr. Hannah, we are delighted to have you with us this morning, and we welcome you and your associates from AID.

Also participating on the panel this morning is Dr. Warren Nutter, Assistant Secretary of Defense for International Security Affairs.

Dr. Nutter is an academic economist. Before his appointment to the Defense Department earlier this year, he was a professor of economics and director of the Thomas Jefferson Center of the University of Virginia.

We are delighted Dr. Nutter can join us as well.

Gentlemen, we welcome you to the subcommittee, and ask Dr. Hannah to proceed.

STATEMENT OF HON. JOHN A. HANNAH, ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT, AND HON. G. WARREN NUTTER, ASSISTANT SECRETARY OF DEFENSE, INTERNATIONAL SECURITY AFFAIRS, DEPARTMENT OF DEFENSE; ACCOMPANIED BY HON. JOSEPH A. MENDENHALL, ACTING ASSISTANT ADMINISTRATOR FOR VIETNAM, AID; LT. COL. JOHN F. CONLEE, U.S. ARMY, ASSISTANT EXECUTIVE OFFICER, OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE; LT. COL. PAUL R. PALMER, U.S. ARMY, OFFICE OF THE ASSISTANT TO THE SECRETARY OF DEFENSE FOR LEGISLATIVE AFFAIRS; HON. BERT TOLLEFSON, ASSISTANT ADMINISTRATOR FOR LEGISLATIVE PUBLIC AFFAIRS, AGENCY FOR INTERNATIONAL DEVELOPMENT; JOHANNES U. HEBER, SENIOR REFUGEES AND SOCIAL WELFARE OFFICER, BUREAU FOR VIETNAM, AGENCY FOR INTERNATIONAL DEVELOPMENT; ALLAN R. FURMAN, CHIEF, LEGISLATIVE PROGRAMS COORDINATION STAFF, AGENCY FOR INTERNATIONAL DEVELOPMENT; AND SAM DILLON, CONGRESSIONAL LIAISON STAFF, AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. Hannah. Mr. Chairman, I appreciate your kind words. As you have indicated the Agency for International Development is a large and complex and widely scattered operation.
Since you may want to ask specific questions I have with me today some of our people who will be able to provide the specifics that you may desire.

Mr. Joseph Mendenhall who is the acting assistant administrator for our Vietnam bureau;

Dr. Hoeber is in charge of our refugees program;

Dr. Greenlaw, who is in the public health division;

Mr. Furman who is one of our people with a particular concern in providing information for the Congress; and

Mr. Bert Tollefson is the assistant administrator for Legislative Public Affairs.

With your permission, sir, we will file the statement as it has been provided, and I would like to read extracts from it. I think it will conserve your time.

(The prepared statement submitted by Mr. Hannah reads in full as follows:)

STATEMENT OF HON. JOHN A. HANNAH, ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. Chairman and Members of the Committee, I appreciate this opportunity to report to your Committee on the continuing efforts to improve the care provided to civilian casualties and refugees in Vietnam.

The Agency for International Development recognizes the strong and continuing interest of this Committee in our efforts to improve assistance to these people.

BACKGROUND

A.I.D.'s programs are designed to contribute to the protection of life and the improvement of the living conditions of the Vietnamese people, as well as to contribute to the overall goals of American policy.

Our role with the Government of Vietnam is that of advisors and supporters. We assist the people of Vietnam to help themselves, but we cannot do the job for them. Enduring progress cannot be assured unless the Vietnamese recognize their problems and assume the responsibility for their solutions.

The manner in which the government handles refugees and civilian casualties is important not only to these unfortunate people, but is also important as a contribution to the attitude of people toward their government. How they are treated may well influence decisively their loyalty or support to the Vietnamese Government.

I have had some acquaintance with Vietnamese affairs for more than 15 years. In my visit there last month, I was favorably impressed with the attitude and competence of many of the leaders of the Vietnamese Government. They are demonstrating a real awareness of the kind of services that a government must provide for its people if it is to gain and hold their support and loyalty.

My predecessor, Mr. Gaul, testified before your Committee in October 1967 on the status of the refugee and health programs. On July 24, 1968, he provided you a written review of the subsequent changes in these programs. Today, I shall attempt to cover the developments which have occurred in these programs, with emphasis on those that have taken place since last summer.

First, the problem of civilian war-related casualties and related developments in public health.

Second, the subject of refugees and their treatment.

CIVILIAN WAR-RELATED CASUALTIES

Death and injuries to large numbers of civilians is one of the tragic costs of war. While it is impossible to be precise as to the numbers of civilians killed or injured in the fighting in Vietnam, we do have quite reliable information as to the numbers of civilian war-related cases admitted to and treated in hospitals.

Attachment "A" to this statement provides a table showing that the incidence of these cases reached a peak of roughly 16,500 in February 1968. This was a direct result of the Tet offensive. Subsequently, the monthly totals admitted to
hospitals fell to about 5,000 a month by the end of 1968. They climbed in March of this year to over 7,000 and then declined again. Throughout calendar year 1967, there were almost 49,000 cases treated; for 1968, the number jumped to over 88,000. Currently, the numbers are running well below those for comparable months of 1968, but above those for 1967.

A very large percentage of all deaths and injuries to civilians has been due to attacks by the Viet Cong and the North Vietnamese. Regrettably, the military response from the GVN, U.S. and allied forces inevitably contributes to the number of deaths and injuries among the civilian population.

Many of the civilian war casualties are women and children. Many of them result from the military response to enemy harassment. Because the Government of South Vietnam did not have the facilities or staff to quickly cope with large numbers of injured, our Government and other Free World allies have undertaken many programs designed to help alleviate this problem.

**United States and other free world programs**

In an effort to minimize the number of deaths and injuries to civilians as a result of military operations, a special effort has been made to remove civilians from areas of expected conflict. This has not been easy; nor has it been fully understood and appreciated by the civilians involved. Many prefer to take their chances at home than to be uprooted and moved to safer locations. These relocations have undoubtedly saved many lives and prevented many thousands of injuries.

Most of the programs that are helpful in providing care and relief for civilian war casualties are those designed to support the general public health activities of the Vietnamese. This U.S. and Free World public health assistance effort is provided in cooperation with the Ministry of Health, Social Welfare and Relief. It is designed for and aimed at both improving short-term emergency and developing long-term health services. To the extent that the Vietnamese public health capabilities are strengthened through this assistance, the care and treatment of civilian war-related casualties is improved.

The number of American and other Free World medical treatment personnel working in public health activities reached a high point in mid-1968. Replacement of U.S. nurses by Vietnamese nurses and changes in the composition of the MILPHAP (Military Provincial Health Assistance Program) teams have caused a decrease to 848. The main effort of this group is directed at immediate improvement in the capabilities of the Vietnamese system with principal concentration on the surgical services provided by the Ministry's hospitals.

**Health assistance teams**

Because of the assistance of the United States and other Free World groups, there is now a health assistance team operating in each of the 44 provinces and in Saigon. These teams are composed of personnel from thirteen different countries including major contributions from such nations as Australia, Korea and the Philippines. Activities of individual teams have expanded, and there are now thirty-six of these medical teams which assist regularly at the district level, helping to bring improved health service to an ever-increasing percentage of the Vietnamese people.

Overall U.S. personnel increased from 41 in September 1965 to a peak of 525 in mid-1968, and are now down to 438 for the reasons indicated above. Included in the latter total are 20 volunteer doctors working under an A.I.D.-American Medical Association arrangement and 315 personnel in 26 MILPHAP teams. The balance are A.I.D. and U.S. Public Health Service personnel.

**Hospitals**

Since mid-1968, six new A.I.D. financed Provincial Hospitals have been completed. With the recent improvement in security, the seventh and eighth units probably can be finished this year. The A.I.D. Mission also is now helping the Ministry to erect temporary buildings to accommodate the increased hospital patient load, including war-related civilian casualties. Major renovation of three Saigon hospitals is in process, including the addition of the special Plastic and Reconstructive Surgery Center at Oho Ray Hospital which was set up by Children's Medical Relief International—an A.I.D. contractor. The new Nguyen Van Hoc Hospital, built by the Ministry at Gia Dinh, will commence operations this year. The Mission-supported Vietnamese program of health facility renovation and expansion continues, with $1.1 million in the 1969 GVN budget for this purpose.
Our contribution in the form of medical supplies and equipment increased from $2 million in FY 1965 to $11.8 million in FY 1969. U.S. Government projects for construction and renovation of treatment facilities increased from $3.5 million in FY 1965 to $7 million in FY 1968. Our contribution to the cost of construction of Vietnamese health facilities financed by the GVN budget increased from $330,000 in 1965 to $3 million in 1967. For 1968 the total was $2 million. The emergency construction phase of our health effort reached peak funding in 1967. Subsequent projects have concentrated on renovations, including utilities, and engineering surveys designed to provide the Ministry a firm basis for long range development of hospital facilities.

Our military hospitals, designed and staffed to provide emergency field care for military cases, were also opened for civilian cases resulting from war-related causes. During the past two years, over 13,000 casualties were admitted to U.S. military hospitals, while many others were treated as out-patients.

In 1967, admissions of Vietnamese civilians to United States military hospitals averaged 217 per month. They rose to an average of 646 in 1968 and in 1969 through April to an average of 896. In order to insure a maximum contribution, our military hospitals are concentrating on the more serious cases among Vietnamese civilians, whether war-related or not. The average number of beds occupied by Vietnamese civilians in our military hospitals in the first four months of 1969 is about double the number for the same period of 1968.

The estimated Vietnamese, U.S. and Free World commitments in the Public Health sector from mid-1965 to date total about $248 million. The United States has provided approximately 47 percent of this figure. It has been estimated that the A.I.D. contribution directly related to treatment of the civilian war injured has approximated $45 million during this same four-year period. For FY 1970, A.I.D. is requesting about $22 million for public health.

Vietnamese Efforts
The Vietnamese Government is moving toward an effective program to minimize the loss of lives, and to care for those civilians injured by military action. Because this is a difficult and complex problem, we must patiently continue helping them to build up their own abilities to act on these problems.

Medical Manpower
The Ministry of Health, Social Welfare and Relief had filled about 17,000 of its authorized 20,000 personnel spaces by the end of 1968. The output of education and training programs in 1968 was the highest on record: 184 doctors graduated from the Medical School of the University of Saigon compared to 85 in 1963; 538 nurses and assistant nurses graduated from seven schools compared to 280 graduated from four schools in 1965. The output of other graduates, including pharmacists and midwives, has leveled off as immediate objectives have been achieved. Training in other categories, such as laboratory technicians and sanitary agents, lags well behind minimum objectives. Except for losses to the military draft, a situation which now is reasonably controlled through arrangements with mobilization authorities, the principal factor inhibiting reinforcement of Public Health staffs is inadequate pay schedules. The effects of pay deficiencies are especially severe in the upper level professional and technical categories. They also affect relatively low status jobs, such as malaria spraymen and medical supply specialists, who are essential to the overall success of the program. Correction of this problem is tied to a need for general upgrading of the pay of Vietnamese civil servants which seems to be imminent.

Past inequities in the allocation of Vietnamese health personnel with more than two-thirds of the country’s doctors in the Armed Forces are being corrected. About 170 military doctors are now detailed full time to work in the government’s civilian hospitals. In recent weeks the Vietnamese Ministries of Defense and Health, Social Welfare and Relief agreed to a program which will establish joint civilian-military treatment operations in 26 provinces and 185 districts. When the Prime Minister’s decision on this program is fully implemented, it is expected to involve an additional 4,300 military medical personnel, including 125 more doctors. This Vietnamese military medical contribution is equal to more than one-fourth of the current staff of Vietnam’s Public Health Program.

Medical Logistics
Medical logistics support has continued to improve during recent months. The rate for filling medical supply requisitions has been improved from about 20 percent in 1965 to 80 percent. As the operations of three regional subdepos have
developed, the responsiveness of the Ministry system to the immediate needs of individual provincial health services has increased significantly. Supply shortages, which not many months ago were a general and serious problem, now occur only sporadically in a small percentage of line items. Ministry personnel are taking over an ever-increasing share of the supply operating functions. With the anticipated addition to the Ministry logistics system of a substantial number of Vietnamese military supply technicians in the immediate future, our Mission is planning withdrawal, in late 1969, of more than 100 “third-country national” supply technicians who have been augmenting Vietnamese capabilities for more than two years.

There is, and will continue to be, a need for medical maintenance technicians from other Free World countries. This need will continue until the Vietnamese military manpower requirements subside and release personnel for training and for replacement of these third country technicians.

Disease prevention

The first priority in meeting Vietnam's health problem lies in the area of preventable disease. The Ministry has sharply increased its immunization against three of the most important communicable diseases: cholera, plague, and smallpox. Immunizations rose to an impressive 27.8 million in 1968, as compared to 5.1 million in 1967, and 4.1 million in 1966.

In summary, I believe the Vietnamese Government and people are doing a creditable job in the light of their limited resources and past attitudes. They have faced up to an extremely complex and difficult situation, and are achieving substantial results. We feel that—barring a major flood of new injuries—the problem of reasonably adequate care for civilian war-related casualties is well on the road to solution.

Refugees

The refugee program is also administered by the Ministry of Health, Social Welfare and Relief which has absorbed the functions of the former Special Commissariat for Refugees in the Prime Minister's Office, and the former Ministry of Social Welfare and Refugees.

Our financial and technical support of this program is administered by the Refugee Directorate of CORDS (Civil Operations and Revolutionary Development Support), which reports to Ambassador Colby, the civilian deputy of the United States Military Command in Vietnam. Its funds and most of its personnel come from A.I.D.

Numbers

As of May 1969, there were 1,212,000 temporary refugees of whom 612,000 were in about 900 camps. The remaining 600,000 refugees were outside of camps in scattered locations. The current overall total was 116,000 lower than at the end of calendar 1968.

The cumulative total of those who have been refugees at one time or another since 1965 stood, at the end of May, at 3.2 million. Of these, about 2 million have been resettled or have returned to their own villages.

Attachments “B” and “C” show the flow of refugees by months for all of 1968 and the first five months of 1969, and the distribution of refugees by corps areas and provinces at the end of April 1969.

Over 700,000 or almost 60% of the refugees are concentrated in the coastal areas of the five provinces of I Corps and in Binh Dinh, the northernmost province of II Corps. The majority of the refugees are women and children and older men.

At the beginning of 1968, the number of temporary refugees stood at approximately one million, and there was every indication that the number being reestablished either in their own villages or in new resettlement sites was beginning to exceed the number of new refugees.

Then came the Viet Cong—North Vietnamese Tet and May offensives which once again, like the extensive military actions in I Corps in 1967, seriously disrupted the combined Vietnamese-American efforts to care for the refugees.

Tet and post-tet “evacuées”

As you know, the Tet offensive was directed against the cities and the provinces and district capitals throughout the country, and the May offensive primarily against Saigon. Military necessity forced the Vietnamese and American armed forces to concentrate on the defense of these places. Security in the countryside,
where most of the refugees are located, was reduced, and the manpower of both the Vietnamese and American refugee staffs had to be redeployed to meet the crisis in the cities.

The Tet and May offensives forced upwards of one million people from their homes. Called "evacuees," to distinguish them from the regular refugees, their principal problem was temporary housing and short-term emergency care.

The Vietnamese Ministry, the CORDS Refugee Division and the voluntary agencies operating in Vietnam performed well to meet these crises. In Saigon and Hue, the two hardest-hit cities, hundreds of emergency shelters were opened within hours in schools, churches, pagodas and public buildings. Feeding, mass immunizations and other types of emergency care were provided by the Ministry's regular staff, by the Ministry's American-trained mobile cadres, by hundreds of volunteers and by American and Vietnamese military forces. In Saigon alone, more than 270,000 evacuees were cared for at one time or another.

Because shelter was the principal problem of the evacuees, the Central Relief Committee, appointed by President Thieu and composed of top-ranking Vietnamese and American representatives to direct "Operation Recovery," instituted what became known as the "Triple Ten Program": ten thousand piasters (about $85) in Saigon and Hue, (five thousand piasters—about $42—elsewhere), ten sheets of roofing and ten bags of cement for every family whose home had been destroyed or seriously damaged. The magnitude of this effort can be summarized in a few figures: over one billion piasters (about $8.5 million) in relief and resettlement allowances, more than one million sheets of metal roofing, and almost 950,000 bags of cement were distributed to the victims of the Tet and May offensives.

By October, all but some 30,000 of the one million evacuees had been re-established; only a few thousand of these still are in temporary housing. What is more important: the Vietnamese refugee services, which, as late as 1966 had been almost non-existent, had demonstrated, with the help of American and other Free World technical and material support, their capability to meet the demands of this emergency.

Refugee program gets back on track

As security was gradually restored to the countryside by late summer 1968, the regular refugee program began to get back on track. The number of new refugees flowing into the system began to go down: from 900,000 in 1966 to 400,000 in 1967 to just over 300,000 in 1968 to less than 50,000 in the first five months of 1969.

The gradual reduction in the flow of new refugees is attributable in large measure to a change in military tactics. "Search and destroy" missions and the creation of large "free-fire zones" which had resulted in the long-term displacement of very large numbers of civilians were replaced by "cordon and search" missions which displace relatively few civilians for usually only brief periods of time.

The quality of reception centers and temporary camps for new refugees has shown marked improvement. In December 1967 the Joint General Staff issued orders to all field commanders that prior approval must be obtained from Saigon headquarters for military actions likely to generate large numbers of refugees, and that, within the limits of security requirements, civilian authorities must be given advance notice of such actions to enable them to prepare for the reception and care of the resultant refugees. A recent example of the application of this policy was "Operation Russell Beach", a "cordon and sweep" operation to break the twenty-year-old grip of the Viet Cong on the 20-square-mile Batangai Peninsula east of Quang Ngai in I Corps. Local Vietnamese and American authorities were notified one month in advance. When the operation began on January 25, 1969, preparations had been made to receive and care for the 12,000 civilians who were flown out of the area by helicopter and housed temporarily in a large tent city. With the military operation completed they are now returning to their original hamlets.

Since the middle of 1968, the number of re-established refugees—those resettled or returned to their own villages—has exceeded the number of new refugees. During the second half of 1968 there were 150,000 new refugees and 245,000 were re-established. During the first five months of 1969 there were 58,000 new refugees and 295,000 were re-established. The 1969 Tet offensive created less than 50,000 evacuees compared with one million evacuees from the Tet and May offensives of 1968, and all of them were quickly re-established.
A new reporting system

Refugee statistics for Vietnam have been a frequent target of criticism, and much of it was originally justified. The 900-odd refugee camps are not fenced in. People are free to move in and out at will. More than half of the refugees live outside of camps in scattered groups of as few as 20 families. It is almost impossible to make an accurate count every month. However, during the last six months the statistical reports have been greatly improved. Last fall the CORDS Refugee Directorate introduced a new computerized reporting system which requires monthly updating of information for each of the 44 provinces and each of the 900 refugee sites. To obtain a firm base for this new system, survey teams from the Ministry of Health, Social Welfare and Relief, assisted by A.I.D. advisors, conducted a complete recount of all out-of-camp refugees. The survey uncovered large numbers not previously counted. This explains why the overall monthly totals of temporary refugees showed some increases early this year, despite the fact that the number of re-established refugees was exceeding the number of new refugees.

The principal purpose of the new reporting system was to obtain reasonably accurate data for the overall management of the program by the Ministry and its A.I.D. advisors. Besides the head count, we now receive each month comprehensive reporting on the physical characteristics of each site in each province; whether it has vacant space or is overcrowded; whether or not it has the necessary physical facilities—water supply, sanitary facilities, schools, and dispensaries; whether or not needed services—medical, sanitation, educational occupational—are adequate; how many of the children go to school and how many of the people are employed. We receive information on how much the Ministry has allocated in funds to the provinces and how much has been expended for temporary relief payments, for resettlement allowances, for commodity support, for health and educational programs, for construction of camp facilities, etc.

To eliminate the previously troublesome discrepancies between the data collected by the Vietnamese provincial refugee services and those reported by the A.I.D. advisors, the Vietnamese Government has now adopted the jointly designed reporting system for the data collection by its own staff.

Upgrading of refugee sites

The monthly site reports are the key to the concerted effort now underway to upgrade or, if necessary, close out substandard refugee sites. In each province the sites with the greatest needs for improvement have been identified and a time-phased plan has been developed for bringing them up to reasonable standards.

The Ministry has fully endorsed the CORDS Refugee Directorate's "Project Focus" plan for the upgrading of substandard refugee sites. Forty sites have been selected as the first targets for upgrading.

In I Corps, the 29th Civil Affairs Company has been assigned to assist the Ministry's provincial refugee services and the U.S. refugee advisors in the upgrading of those sites which will be converted into administrative hamlets.

Some examples of the kinds of improvements currently being made are included as attachment "D".

Progress in the overall refugee program depends on three factors: security in the countryside; the capability of the Ministry of Health, Social Welfare and Relief to deliver the services the program calls for, and the availability of arable land for the resettlement of refugees.

Increased capability of the GVN

As a result of the intensified pacification campaign being directed by the Central Pacification Council, security in most rural areas is improving steadily. This makes it possible for more and more refugees to return to their original villages. In the last three months alone, over 80,000 refugees returned home.

The capability of the Ministry to administer the program is increasing steadily. Dr. Tran Lu Y, who was appointed as head of the new combined Ministry in May, 1968, has substantially upgraded the calibre of his headquarters and field staffs which now number approximately 700 at headquarters and 1600 in the field. There are still weaknesses caused by the manpower drain arising from the military draft. Dr. Lu Y has been increasingly active in eliminating corruption in the disbursement of funds and the distribution of commodities. Refugees, by and large, are now receiving the services to which they are entitled, although the speed with which the services are delivered still leaves much room for improvement.
Lack of arable land in secure areas is still a major obstacle to resettlement. At the end of April, 140 additional resettlement sites were under active consideration and in various stages of planning. As the progress of the pacification program brings additional areas under government control, new resettlement sites become available.

During my recent trip to Vietnam, I had an opportunity to visit two resettlement centers near Cam Rau Bay.

The My En resettlement hamlet, established in December, 1968, houses 189 families with 1035 persons. They came from Quang Ngai Province in I Corp where they were farmers. With the 5,000 piasters, ten bags of cement and ten sheets of roofing given them by the refugee service, they built their own houses. All of the able-bodied workers—96 men and 79 women—are employed on the nearby military base. The hamlet has 5 wells and 40 latrines. There are 310 children of school age; 193 are attending school in 3 classrooms; 175 adults are receiving vocational training. A 4-member team of the International Rescue Committee, a voluntary agency under contract with A.I.D., is assisting the refugees to get adjusted to their new community.

The Vinh Cam resettlement hamlet was established in August, 1967. It houses 163 families with 1006 persons. They are farmers who fled from VC terror in the nearby mountains. All of the able-bodied adults—170 men and 180 women—are employed; 200 of the 460 children attend school in 5 classrooms. The hamlet has 40 wells and 180 latrines. A team from Catholic Relief Services, also under contract with A.I.D., is assisting this hamlet. These are two examples of good resettlement hamlets.

I will not contend that conditions are equally good in all of them. For example, I visited another resettlement hamlet near Hue where conditions had not yet been improved to the same extent. Nevertheless, we are continuing efforts to improve the remaining resettlement hamlets.

Refugees Return to Normal Life

The next step is to normalize the lives of those refugees who have been resettled or returned to their original villages. To re-integrate them as quickly as possible into the mainstream of the nation and the local community is vitally important for both humanitarian and political reasons. Beyond the relief and resettlement allowances they receive from the Ministry of Health, Social Welfare and Relief, they require for the development of their hamlets assistance from the technical services of all the other Ministries involved in national development; the Ministry of the Interior, the Ministry of Revolutionary Development, the Ministry of Public Works, the Ministry of Education and Youth, and the Ministry of Agriculture and Land Reform. To give permanency and recognition to their status within the village, the district and the province, they must be given the opportunity to elect their own government representatives. The Deputy Prime Minister in charge of Pacification is now in the process of issuing to all Ministries the necessary directives to carry out this program of normalization. The aim is to move these war victims out of the status of refugees and back into the status of normal citizenship.

Finances

The capability of the Ministry to fund the refugee program is greatly enhanced by the addition of large sums from U.S. counterpart funds to the government's appropriations from its own revenues. In 1969 support from U.S. counterpart funds will add 3 1/4 billion piasters (roughly $28 million) to the 450 million plasters (about $3.5 million) budgeted from Vietnamese government revenues.

Besides this assistance to the Ministry from counterpart funds, the U.S. Government has provided steadily increasing dollar support for the refugee program. Through June 1968, A.I.D. obligated more than $32 million from its own project funds. We expect to obligate another $18.4 million during this fiscal year and we are requesting $13.5 million for refugees and social welfare in FY 1970. The dollar costs will go down in FY 1970 because we are shifting procurement of commodities, such as cement, from dollars to piasters.

In addition, during FY 1969 and FY 1970, we expect that PL 480 Title II relief commodities will have a value of some $20 million.

The overall support of the refugee program will remain at the level of about $60 million.
Increased CORDS Refugee Staff

The staff of the CORDS Refugee Directorate has increased steadily in numbers and in capability to work effectively in the field. The numbers have increased from 35 in 1966 to 90 in 1967 to 116 in 1968. Of the 116 positions authorized for FY 1969, 109 were filled as of April 30. Of these 77 were assigned to the field (27 to I Corps, 25 to II Corps, 13 to III Corps and 12 to IV Corps) and 32 to work with the Vietnamese Ministry and CORDS Headquarters. Five at Headquarters and one in each Region are Social Welfare specialists. One at Headquarters and one in each Region are Vocational Training Specialists. The refugee staff is further augmented by the assignment of about two dozen military personnel. We have been successful in recruiting good personnel for this staff. The new recruits include large numbers of ex-Peace Corps Volunteers who, because of their prior experience and training, have proven to be especially well qualified for work in the field with their Vietnamese counterparts.

The Future

For the immediate future we plan to continue our efforts to help the Vietnamese Government upgrade the existing camps and to accelerate the re-establishment of the refugees by either returning them to their original villages or by resettling them in new locations. Recent substantial improvements in security in many parts of the countryside have made it possible for large numbers of refugees to return home and we expect this return-to-village movement to pick up momentum during the remainder of this year. Those refugees whose original hamlets remain insecure can expect to be resettled in place by upgrading their present temporary camps into resettlement hamlets, or to be resettled in new locations as suitable, secure sites become available. As I pointed out earlier, 295,000 refugees were re-established during the first five months of this year.

The CORDS Refugee Directorate has set a goal of 600,000 refugees to be re-established during 1969, and, if present trends continue, this goal should be reached. If the present low level of generating new refugees is maintained, the overall total of temporary refugees should be reduced from 1.3 million at the beginning of 1969 to well below one million by the end of this year.

The long-range plans depend entirely on what kind of arrangements will prevail in Vietnam when peace eventually comes. The report on "The Postwar Development of the Republic of Vietnam" prepared by the Joint Development Group, under the direction of David Lilienthal and Professor Vu Quoc Thuc, anticipates that South Vietnam will attain after the cessation of hostilities a considerable economic upswing and a near full-employment economy. If these projections materialize, the refugees could soon be absorbed into the normal economic life of the country. Whether they will choose to return to their traditional agricultural pursuits in the countryside, or whether they will prefer to seek more remunerative employment in urban centers will certainly depend, in part, on the nature of Vietnam's postwar economy.

ATTACHMENT A.—VIETNAMESE CIVILIAN WAR-RELATED CASUALTIES

<table>
<thead>
<tr>
<th>Month</th>
<th>GVN hospital admissions</th>
<th>U.S. military hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All causes</td>
<td>War casualties</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>37,814 34,523 40,559</td>
<td>4,154 5,609 4,338</td>
</tr>
<tr>
<td>February</td>
<td>34,053 34,767 36,757</td>
<td>3,920 15,796 5,450</td>
</tr>
<tr>
<td>March</td>
<td>41,142 35,870 36,771</td>
<td>4,468 8,645 5,932</td>
</tr>
<tr>
<td>April</td>
<td>39,186 35,971 43,768</td>
<td>3,726 5,867 5,447</td>
</tr>
<tr>
<td>May</td>
<td>40,177 33,876</td>
<td>3,811 6,256</td>
</tr>
<tr>
<td>June</td>
<td>41,827 37,986</td>
<td>3,238 6,647</td>
</tr>
<tr>
<td>July</td>
<td>45,101 35,298</td>
<td>2,929 5,971</td>
</tr>
<tr>
<td>August</td>
<td>43,979 39,485</td>
<td>3,626 5,589</td>
</tr>
<tr>
<td>September</td>
<td>42,290 42,130</td>
<td>4,262 5,695</td>
</tr>
<tr>
<td>October</td>
<td>39,785 36,799</td>
<td>3,630 4,794</td>
</tr>
<tr>
<td>November</td>
<td>38,294 37,456</td>
<td>4,312 4,333</td>
</tr>
<tr>
<td>December</td>
<td>37,539 40,800</td>
<td>4,476 4,857</td>
</tr>
<tr>
<td>Total</td>
<td>473,140 456,972</td>
<td>46,783 80,359</td>
</tr>
</tbody>
</table>

1 Compiled by USAID/VN from medical assistance reports and records, and records of the Vietnamese Ministry of Health, Social Welfare, and Relief.

2 Includes unspecified number of patients treated and released by Vietnamese hospitals.
ATTACHMENT B.—REFUGEE STATISTICS 1968

<table>
<thead>
<tr>
<th>Month</th>
<th>Current temporary refugus</th>
<th>Net increase (decrease)</th>
<th>Adjustment of previously reported figures</th>
<th>New refugees</th>
<th>Resettled</th>
<th>Returned to total since 1965</th>
<th>Cumulative total since 1965</th>
<th>Resettled and returned since 1965</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In camp</td>
<td>Outside camp</td>
<td>Total</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>August</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>(4)</td>
<td>(2)</td>
<td>(3)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

Refugees are defined as persons who leave their homes for war-related reasons and have not yet reestablished a permanent home. Statistics do not include victims of the Tet and May offensives, numbering in excess of 1,000,000; virtually all of them were reestablished by the end of the year.

Adjustments result from reviews of previous provincial reports to remove from refugee rolls those persons who should no longer be classified as refugees and to include those who are actually refugees but have not been reported previously.

1 Monthly reporting was interrupted by the Tet offensive and its aftermath. It was partially resumed in March and fully resumed in June.

2 Not available.

3 Includes refugees in process of being resettled.
<table>
<thead>
<tr>
<th>Month</th>
<th>Current temporary refugees</th>
<th>Adjusted previously reported figures</th>
<th>New refugees</th>
<th>Resettled</th>
<th>Returned to village</th>
<th>Cumulative total since 1965</th>
<th>Reestablished since 1965</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In camp (1)</td>
<td>Outside camp (2)</td>
<td>Total (3)</td>
<td>Net increase (decrease) (4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
</tr>
<tr>
<td>January</td>
<td>699,645</td>
<td>618,651</td>
<td>1,318,296</td>
<td>(-10,221)</td>
<td>43,063</td>
<td>21,131</td>
<td>65,096</td>
</tr>
<tr>
<td>February</td>
<td>719,447</td>
<td>730,189</td>
<td>1,449,636</td>
<td>131,340</td>
<td>207,193</td>
<td>2,513</td>
<td>75,446</td>
</tr>
<tr>
<td>March</td>
<td>711,691</td>
<td>794,939</td>
<td>1,506,630</td>
<td>(-303)</td>
<td>12,620</td>
<td>8,076</td>
<td>7,932</td>
</tr>
<tr>
<td>April</td>
<td>694,872</td>
<td>630,440</td>
<td>1,325,312</td>
<td>(-116,311)</td>
<td>(-83,973)</td>
<td>11,256</td>
<td>10,307</td>
</tr>
<tr>
<td>May</td>
<td>612,101</td>
<td>600,100</td>
<td>1,212,206</td>
<td>(-31,906)</td>
<td>53,283</td>
<td>21,922</td>
<td>47,685</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>(-116,311)</td>
<td>125,497</td>
<td>53,283</td>
<td>200,832</td>
</tr>
</tbody>
</table>

1 Refugees are defined as persons who leave their homes to escape from Communist terrorists, to flee from artillery or bombardment, to evade military action, or who are evacuated from combat areas.

2 Includes refugees in process of being resettled.

- Adjustments result from reviews of previous provincial reports to remove from refugee rolls those persons who should no longer be classified as refugees and to include those who are actually refugees but have not been reported previously.
### THE REFUGEE PROBLEM

**April 30, 1969**

1. Current refugees by Province and Region

<table>
<thead>
<tr>
<th>REGION</th>
<th>No. of Refugees</th>
<th>Refugees</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>303,150</td>
<td>303,150</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>247,049</td>
<td>247,049</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>207,344</td>
<td>207,344</td>
<td></td>
</tr>
<tr>
<td>East</td>
<td>170,194</td>
<td>170,194</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>931,738</td>
<td>931,738</td>
<td></td>
</tr>
</tbody>
</table>

2. Refugees on Map Showing Refugees present in an area other than their native region.

<table>
<thead>
<tr>
<th>REGION</th>
<th>No. of Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>9,000</td>
</tr>
<tr>
<td>South</td>
<td>20,000</td>
</tr>
<tr>
<td>West</td>
<td>50,000</td>
</tr>
<tr>
<td>East</td>
<td>Less than 1,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>77,000</td>
</tr>
</tbody>
</table>

3. Establishment of refugees

<table>
<thead>
<tr>
<th>REGION</th>
<th>No. of Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>227,545</td>
</tr>
<tr>
<td>South</td>
<td>180,659</td>
</tr>
<tr>
<td>West</td>
<td>137,470</td>
</tr>
<tr>
<td>East</td>
<td>30,105</td>
</tr>
<tr>
<td>TOTAL</td>
<td>625,779</td>
</tr>
</tbody>
</table>

**Legend**

- More than 50,000 Refugees
- More than 20,000 Refugees
- More than 5,000 Refugees
- Less than 5,000 Refugees

**Figures on Map Show Numbers of Refugees**
Conclusion

Let me conclude this statement by reiterating a point those of us in A.I.D. must always remember. We are not the Government of South Vietnam. Our mission is to help the Vietnamese, to give them support and to prevent a forcible conquest of the country—to enable the people of South Vietnam to determine their own form of government and to do so without coercion.

As we carry out this mission, we must remember that, while it might be easier to do their work for them than to assist them to assume their own responsibilities, we must resist that temptation.

As our military forces now seek to have the Vietnamese army take over greater responsibility, so should we be careful not to do too much unilaterally in the non-military sphere. Our efforts should continue to stress the need for Vietnamese action and, whenever possible, to help them to improve their capabilities.

This is not said to minimize any delays and disruptions that have occurred and that may still occur. It is meant to be a simple statement of a fact with which we must live if we are to leave a Vietnam capable of managing its own affairs.

ATTACHMENT "D"

EXAMPLES OF REFUGEE CAMP IMPROVEMENTS

I CORPS

Quang Tri Cam Lo District. An extensive irrigation system was opened on May 5; as a result, farming conditions were improved for 20,000 refugees.

Quang Tri, Cam Chin and Cam Hieu Districts. Refugee camps in Thiet Trang and Vinh Dai hamlets formerly housing 229 refugees under unsatisfactory conditions have been closed after their inhabitants returned to their home villages.

Thu Thien Phu Vang District. As a result of the return-to-home movement, the Thu An site housing 448 refugees is being closed.

Quang Nam. Hoa Vang District, Hoa Khanh Village. At the Tiep Cu resettlement center, housing 4322, concrete houses are replacing makeshift structures.

Quang Tin, Tham Ky District. The Tham Ky reception center, formerly housing 4285 has been closed.

II CORPS

Phu Yen Tuy Hoa District. In the Ninh Tinh resettlement camp housing 430, 260 housing units of cement and wood have been built to replace substandard houses.

Phu Yen Tuy An District. A mobile cadre team has completed a water system for the Phuoc Chi Reception Center (population 1505) and the Phuoc Chi Resettlement Hamlet (population 934).

Ninh Thuan Than Hai District. A market was completed at Son Hai (population 1611), the work being done by the refugees. The relocation of street vendors into the market spurred a hamlet sanitation project with important camp ungrading consequences.

III CORPS

Hai Ngoc Duc Hoa District. Cau Cu resettlement center (population 889) 276 concrete and clay block houses have been built during the last six months; three classrooms are presently under construction.

Phuoc Long Phuoc Binh District. All the refugees (1463) living in the Nguyen Van Cang temporary camp have been resettled, and the temporary camp has been closed.

I appreciate this opportunity to report to your committee on the continuing efforts to improve the care provided to civilian casualties and refugees in Vietnam.

The Agency for International Development recognizes the strong and continuing interest of this committee in our efforts to improve assistance to these people.

AID’s programs are designed to contribute to the protection of life and the improvement of the living conditions of the Vietnamese people, as well as to contribute to the overall goals of American policy.
Our role with the Government of Vietnam is that of advisers and supporters. We assist the people of Vietnam to help themselves but we cannot do the job for them. Enduring progress cannot be assured unless the Vietnamese recognize their problems and assume the responsibility for their solutions.

The manner in which the Government handles refugees and civilian casualties is important not only to these unfortunate people, but is also important as a contribution to the attitude of people toward their government. How they are treated may well influence decisively their loyalty or support to the Vietnamese Government.

I have had some acquaintance with Vietnamese affairs for more than 15 years. In my visit there last month, I was favorably impressed with the attitude and competence of many of the leaders of the Vietnamese Government. They are demonstrating a real awareness of the kind of services that a government must provide for its people if it is to gain and hold their support and loyalty.

Senator Kennedy. Dr. Hannah, if you do not mind, as you move on through your statement here—I had a chance to go over it last evening, and I want to thank you for observing a rule of the subcommittee in having your statement in 24 hours prior to the meeting—I will ask you some questions. I hope any of your assistants, if so inclined, will feel free to help supply some of the responses to the questions.

On the question of the attitude and the competence of many of the leaders of the Vietnamese Government—their concern about these matters—if we go back over the period since 1965, when we had Ambassadors Unger and Lodge and Taylor talk about the GVN leadership, all we hear is good comment. As a matter of fact, Rutherford Potts, who is an assistant administrator, suggested in 1965, that he was impressed with the vigor provincial chiefs and social welfare ministry officials exhibited. In 1966, this view was reiterated before the subcommittee by Secretary Rusk and Mr. Gaud. Again, in 1967, by Mr. Gaud.

I am just wondering, with the experience that you have, what you feel.

Mr. Hannah. Well, I have to rely on my experience. I started going to Vietnam at the time of the partition of South and North Vietnam when Mr. Diem became its principal executive officer. For the several years that he was the head of the Government, I visited Vietnam at least once a year and was pretty well acquainted with him. In fact, during the period that he was a refugee in this country, before the division, he had spent some time on our campus. That is how I happened to know him.

I watched that government show promise in the beginning for being concerned with the problems of its people, and then, as various things happened, lose that interest. After Mr. Diem's departure, I visited the country only on two occasions, and then as a private citizen without official status.

On the trip a few weeks ago, I had an opportunity to visit at length with the President and the Prime Minister and with many of the ministers who were concerned with the problems that I am interested in, I was impressed. These words are not idle words. I came away with the feeling that for the first time in my limited experience extended
over many years there was an awareness in the minds of many of them, including the Prime Minister, of what a nation needs to provide for its people. This was something I had not seen before. That was the basis for this comment that I was more hopeful than I had been before.

Senator Kennedy. Is this true as well about your impressions, when you go into the field, regarding the local administrators?

Mr. Hannah. Yes; I was particularly pleased with the Province chiefs. As you know, they have been largely replaced within the last year. Of course, I recognize, as you do, when you are on a very short-time trip and the itinerary is arranged by others, you see what people want you to see. So, I discount this somewhat.

But I was pleased and somewhat surprised that there was as much security as there is. For example, we stayed overnight in a province capital in the delta without undue security measures and so on. I came away with a notion that the attitude and approach of the government was hopeful. There seemed to be the feeling in the central government that they had to greatly decentralize their decision-making power and farm it out to the provinces and the towns and the hamlets, and then rely on their judgments. This was unique when compared to previous governments.

As I go on, I shall attempt to cover the developments which have occurred in these programs, with emphasis on those that have taken place since last summer:

First, the problem of civilian war-related casualties and related developments in public health.

Second, the subject of refugees and their treatment.

Attachment "A" to this statement provides a table showing that the incidence of these cases reached a peak of roughly 16,500 in February 1968. This was a direct result of the Tet offensive. Subsequently, the monthly total admitted to hospitals fell to about 5,000 a month by the end of 1968. They climbed in March of this year to over 7,000 and then declined again. Throughout calendar year 1967, there were almost 49,000 cases treated; for 1968, the number jumped to over 88,000. Currently, the numbers are running well below those figures for comparable months of 1968, but above those for 1967.

A very large percentage of all deaths and injuries to civilians has been due to attack by the Vietcong and the North Vietnamese.

Regrettably, the military response from the GVN, United States, and allied forces inevitably contributes to the numbers of deaths and injuries among the civilian population.

Many of the civilian war casualties are women and children. Many of them result from the military response to enemy harassment. Because the Government of South Vietnam did not have the facilities or staff to quickly cope with the large numbers of injured, our Government and other free world allies have undertaken many programs designed to help alleviate this problem.

Senator Kennedy. Now, in these areas here—and perhaps you would want to ask some of your assistants—war-related casualties, as I understand, were actually treated in the hospitals. Do you have any statistics on how many war-related casualties are treated as outpatients?

Mr. Hannah. Let me ask Mr. Mendenhall.
Mr. MENDENHALL. No, sir; there are no specific figures on how many are treated as outpatients.

Mr. HANNAH. One of our problems has been and still is, to get accurate and specific figures in this whole area.

Senator KENNEDY. I would hope, over time—and we do not want to add additional levels of bureaucracy to count and add the casualties—but I think it is helpful for us at least to get some kind of a feel as to approximately how many are being treated as outpatients. The subcommittee has been able to make some estimates on this, based upon information of medical personnel who came back from Vietnam. Of course, these figures here, as I understand, do not reflect those treated as outpatients, nor do they include those who are treated in field clinics, private facilities, and so forth. There were a number of field clinics when I was over in Vietnam, and I noticed, and in many instances, they treated the war injured because, for the most part, they were closest to where they were.

Also, some estimates could be made of those being treated in VC hospitals. And what about those who never got any treatment or those who die?

It moves the figure up quite extensively. I would hope that when you are considering the dimension of the problem, whether it results from Vietcong terrorism or our own situation, you would consider every angle and get as much information as is possible.

Mr. HANNAH. Sir, I would like to say, somewhat related to your comments that you are asking, that what we are trying to emphasize today is the fact that the situation is evidently improved since 1967. But at the same time we recognize that it is not as good as we would like to have it. We are aware of the point that you are making with reference to counts and priorities, and we will take it seriously.

I would volunteer that my own impression is that what we are doing there now is probably better partly as a result of the interest you and other Members of the Congress have taken in this whole problem.

In an effort to minimize the number of deaths and injuries to civilians as a result of military operations, a special effort has been made to remove civilians from areas of expected conflict. This has not been easy; nor has it been fully understood and appreciated by the civilians involved. Many prefer to take their chances at home than to be uprooted and moved to safer locations. These relocations have undoubtedly saved many lives and prevented many thousands of injuries.

The number of American and other free world medical treatment personnel working in public health activities reached a high point of 938 in mid-1968. Replacement of U.S. nurses by Vietnamese nurses and changes in the composition of the MILPHAP (Military Provincial Health Assistance Program) teams have caused a decrease to 848. The main effort of this group is directed at immediate improvement in the capabilities of the Vietnamese system with principal concentration on the surgical services provided by the Ministry’s hospitals.

Because of the assistance of the United States and other free world groups, there is now a health assistance team operating in each of the 44 provinces and in Saigon. These teams are composed of personnel from 13 different countries including major contributions from such
nations as Australia, Korea, and the Philippines. Activities of individual teams have expanded. There are now 36 of these medical teams which assist regularly at the district level, helping to bring improved health service to an ever-increasing percentage of the Vietnamese people.

Overall U.S. personnel involved in medical treatments increased from 41 in September 1965 to a peak of 525 in mid-1968, and are now down to 438 for the reasons indicated above. Included in the latter total are 20 volunteer doctors working under an AID-American Medical Association arrangement and 315 personnel in 26 MILPHAP teams. The balance are AID and U.S. Public Health Service personnel.

Hospitals: Since mid-1968, six new AID-financed Provincial hospitals have been completed. With the recent improvement in security, the seventh and eighth units probably can be finished this year. The AID mission also is now helping the Ministry to erect temporary buildings to accommodate the increased hospital patient load, including war-related civilian casualties.

Our contribution in the form of medical supplies and equipment increased from $2 million in fiscal year 1965 to $11.8 million in fiscal year 1969. U.S. Government projects for construction and renovation of treatment facilities increased from $3.5 million in fiscal year 1965 to $7 million in fiscal year 1968. Our contribution to the cost of construction of Vietnamese health facilities financed by the GVN budget increased from $339,000 in 1965 to $3 million in 1967. For 1968 the total was $2 million.

Our military hospitals, designed and staffed to provide emergency field care for military cases, were also opened for civilian cases resulting from war-related causes. During the past 2 years, over 13,000 casualties were admitted to U.S. military hospitals, while many others treated as outpatients.

In 1967, admissions of Vietnamese civilians to U.S. military hospitals averaged 217 per month. They rose to an average of 646 in 1968 and in 1969 through April to an average of 896. In order to insure a maximum contribution, our military hospitals are concentrating on the more serious cases among Vietnamese civilians, whether war-related or not. The average number of beds occupied by Vietnamese civilians in our military hospitals in the first 4 months of 1969 is about double the number for the same period of 1968.

Senator Kennedy. What would that figure be?
Mr. Hannah. It is about 790.

Senator Kennedy. I am sorry; 790—at what?
Mr. Mendenhall. It is 790 average for the first 4 months of 1969.

Senator Kennedy. That is in the impact hospitals?
Mr. Mendenhall. That is in our military hospitals. Average per month.

Mr. Mendenhall. For the first 4 months of 1968, the average was about 400; and then in 1969, it went up to about 790 average for the corresponding period.

Senator Kennedy. What is your vacancy ratio now?
What percent of the beds are vacant?
Mr. Hannah. This is a military question, and I am not sure I can answer.

Mr. Nutter. Mr. Chairman, I believe normally we attempt to keep the hospitals about 65 percent occupied, to provide for emergency use.
Senator Kennedy. Sixty-five percent occupied?

Mr. Nutier. Yes.

Senator Kennedy. So, in that 65 percent would be included the civilian casualties; and, so, you have a 35-percent-vacancy rating now in the military hospitals in Vietnam?

Mr. Nutier. To provide for the emergency situations, yes, sir.

Mr. Hannah. By and large, the more serious cases are transferred to the military hospitals.

Senator Kennedy. Is there a ceiling on the number of civilian casualties that you take, or is that flexible in terms of the military casualties that you have there?

Mr. Nutier. Let me just check.

Mr. Hannah. It is my understanding, Senator, that we have in the hospitals, serious cases that we would like to have transferred. It has been a matter of negotiation with the nearby hospitals to see if they can take them. Generally they are cooperative.

Mr. Nutier. In answer to that question, Senator Kennedy, there is no ceiling in any of the hospitals. We are making an effort now to increase the number of civilian patients, but it is a flexible amount. About 15 percent of the occupied beds are now used by civilians.

Senator Kennedy. Do you have any airlift assigned to movement of civilian casualties between provincial hospitals and the other hospitals?

Mr. Nutier. There is nothing specifically assigned, but we do use it in the event that it is needed. He will be moved by military air.

Mr. Hannah. In response to that question, which I asked in Vietnam a few weeks ago, the answer was that this was not a problem. When they had a serious case that needed to be transferred by helicopter, the military provided the helicopter for the transfer.

The estimated Vietnamese-United States, and free world commitments in the public health sector from mid-1965 to date total about $248 million.

The Vietnamese Government is moving toward an effective program to minimize the loss of lives, and to care for those civilians injured by military action. Because this is a difficult and complex problem, we must patently continue helping them to build up their own abilities to act on these problems.

The Ministry of Health, Social Welfare and Relief had filled about 17,000 of its authorized 20,000 personnel spaces by the end of 1968. The output of education and training programs in 1968 was the highest on record: 164 doctors graduated from the medical school of the University of Saigon compared to 85 in 1965; 583 nurses and assistant nurses graduated from seven schools compared to 280 graduated from four schools in 1965. The output of other graduates, including pharmacists and midwives, has leveled off as immediate objectives have been achieved. Training in other categories, such as laboratory technicians and sanitary agents, lags well behind minimum objectives.

Past inequities in the allocation of Vietnamese health personnel, with more than two-thirds of the country's doctors in the armed forces, are being corrected. About 170 military doctors are now detailed full time to work in the government's civilian hospitals. In recent weeks the Vietnamese Ministries of Defense and Health, Social Welfare and Relief agreed to a program which will establish joint
civilian-military treatment operations in 26 provinces and 185 districts. When the Prime Minister's decision on this program is fully implemented, it is expected to involve an additional 4,300 military medical personnel, including 125 more doctors. This Vietnamese military medical contribution is equal to more than one-fourth of the current staff of Vietnam's public health program.

Medical logistics support has continued to improve during recent months. The rate for filing medical supply requisitions has been improved from about 20 percent in 1965 to 80 percent. As the operations of three regional subdepots have developed, the responsiveness of the Ministry system to the immediate needs of individual provincial health services has increased significantly. Ministry personnel are taking over an ever-increasing share of the supply operating functions. With the anticipated addition to the Ministry logistics system of a substantial number of Vietnamese military supply technicians in the immediate future, our mission is planning withdrawal, in late 1969, of more than 100 "third-country national" supply technicians who have been augmenting Vietnamese capabilities for more than 2 years.

The first priority in meeting Vietnam's health problem lies in the area of preventable disease. The Ministry has sharply increased its immunization against three of the most important communicable diseases: cholera, plague, and smallpox. Immunizations rose to an impressive 27.8 million in 1968, as compared to 5.1 million in 1967, and 4.1 million in 1966, or by a factor of about six times.

In summary, I believe the Vietnamese Government and people are doing a creditable job in light of their limited resources and past attitudes. They have faced up to an extremely complex and difficult situation, and are achieving substantial results. We feel that—barring a major flood of new injuries—the problem of reasonably adequate care for civilian war-related casualties is well on the road to solution.

Now, sir; I would like to turn to the problem of refugees.

Senator KENNEDY. Before we move into that, as I understand, nine impact hospitals were planned and programmed in 1967, and one has been canceled. Six have been operational only in recent months. The Gianghia hospital appears to be 1½ years from completion at the Cao Lanh hospital, and construction ceased in October of 1968 due to red tape.

We also have had some information that most of these impact hospitals have a very low staffing situation, and I was wondering if that is correct or if you have any additional information?

Mr. MENDENHALL. Of the eight impact hospitals, six are finished. One in Cao Lanh is about 60 percent complete and should be finished over the next few months. The one in Gianghia is only about 16 percent complete. There have been serious problems in proceeding with construction there, because of insecurity. Recently, a convoy brought in, about 60 truckloads of sand from up in the plateau so that one of the principal missing building supply ingredients would be on hand.

Other commodities have been brought in. If security does not get too bad, it is hoped that that hospital can be completed this year as well.

To indicate the security problems, in a Vietcong attack on June 12, five of the carpenters working on the project were killed. There have been various other attacks in the neighborhood of this project over the past several months.
Senator Kennedy. I have some information that the construction of Cao Lanh was terminated in October 1968. You are suggesting that that is going on?

Mr. Mendenhall. Our information is that construction is now proceeding.

Senator Kennedy. Could you comment on the degree of staffing that now exists in these hospitals?

Mr. Hannah. While they are getting the specifics, Senator, I will say that I was satisfied that the situation is much better than it had been in the past, but I would also volunteer that by our standards it certainly could be greatly improved, both with in terms of equipment and in numbers and quality of nurses and other staff. I visited one of these hospitals where there was nursing only a part of each day and where the availability of competent surgeons and medical doctors was less adequate than it should be. By our standards, we would consider it very unsatisfactory, although they think it is pretty good.

Mr. Mendenhall. May I add a comment, Senator?

Senator Kennedy. Yes.

Mr. Mendenhall. Our expert indicates that much of the staffing of these impact hospitals will rely in very considerable measure on the new step taken by the Vietnamese Government toward joint utilization of military and civilian health personnel. Under this program there will be inputs from the military for staffing hospitals.

For example, take the hospital at Gia Nghia, the one that is only 16 percent complete. One of the first moves under this new joint utilization program was to name a military doctor as the Provincial medicine director. Other moves of this sort will be taken in order to help staff these hospitals with military personnel.

Senator Kennedy. Brigadier General Neland states, as I understood his conversation with those representing the committee, that the 1,200 beds at the 91st Evacuation Hospital will be closed this fall. He maintains that there are still adequate U.S. military medical facilities to help the Vietnamese.

This has been quite contrary to our own findings in the field, and I would like to know what your attitude is on the closing of the 91st Evacuation Hospital.

Mr. Hannah. I refer that to Mr. Nutter. That is a Defense Department decision.

Mr. Nutter. Yes, sir, Mr. Chairman, I would be very glad to speak of that.

The 312th Evacuation Hospital is an Army Reserve Unit located in Chu Lai. It is being deactivated and returned home in July or August in connection with the release of Reserve units. The 91st Evacuation Hospital at Tuy Hoa is being moved to Chu Lai to replace the deactivated unit.

As far as we know, there are no further moves anticipated.

Now, this change is being made, of course, in connection with our general policy of releasing the Reserves. It is a move being made by the military services because of their belief that the hospital is needed more in the Chu Lai area than in the Tuy Hoa region for military purposes.

Senator Kennedy. Do you have any record of what the extent of the civilian casualties, are in that province or in that corps area?
Mr. NUTTER. You mean, sir, in the area?

Senator KENNEDY. I am trying to find out what the need is, whether we are closing the hospital in spite of what is generally recognized as a need for hospital beds. I am just wondering if we have statistics from any of your staff, on what the civilian casualties were in that province.

Mr. MENDENHALL. About 10 percent of the hospital admissions to Vietnamese hospitals in the II Corps area where this hospital is now located are civilian casualties.

Excuse me, it is 10 percent of the overall total of hospital admissions of civilian casualties that take place in the II Corps where the hospital is now located. It is being removed to the I Corps where more than 25 percent of the total civilian casualties are located.

Senator KENNEDY. So, what are the percentages, 25 percent in I Corps, 10 percent in II Corps; is that right?

What are the percentages in the other Corps?

Mr. HANNAH. We seem to have some difficulty with the arithmetic. I suggest we get this as accurately as we can and submit it for the record. These are the rough statistics? 25 percent in I Corps, 10 percent in II, and 35 percent in IV, and what is left, in III.

We would like to check this. I just have an idea that does not figure out quite right.

VIETNAMESE MINISTRY OF HEALTH, SOCIAL WELFARE, AND RELIEF—GEOGRAPHICAL DISTRIBUTION—HOSPITAL ADMISSIONS OF CIVILIAN WAR CASUALTIES

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<td>Region IV</td>
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Senator KENNEDY. Let me just go back, before we get into the refugees. As I understand, from what Mr. Nutter mentioned earlier—how many casualties do we have in military beds in Vietnam?

You gave us a 700-odd figure. Could you give me that figure once again, please?

Mr. MENDENHALL. I can give you the average beds occupied by Vietnamese civilians in military hospitals. An average of 829 in January 1969; 721 in February; 781 in March; 823 in April.

Senator KENNEDY. All right. Now, how many military beds do we have in Vietnam?

Mr. NUTTER. There are, according to my figures, Mr. Chairman, about 5,000 beds occupied.

Senator KENNEDY. How many beds do you have available in the military hospitals in Vietnam?

Mr. NUTTER. The 5,000 would be about 60 percent of the total. Actually, 5,000 beds occupied is about 60 percent of 8,300 beds available. Policy is to not have over 65 percent occupied, country average is 60 percent.

Senator KENNEDY. It is about 8,300, I think.
Mr. NUTTER. It would be 5,000 occupied. That is 60 percent of the total.

Senator KENNEDY. So, it is about 8,300 beds?

Mr. NUTTER. About 8,300 total available beds.

Senator KENNEDY. 15 percent of those were assigned to civilian casualties, as I understand.

Mr. NUTTER. Approximately 15 percent of 5,000 occupied are now occupied by civilians. Actually, a little bit more.

Senator KENNEDY. Do you have any percentage ceiling that you give to civilian casualties?

Mr. NUTTER. There is no fixed limit; no, sir.

Senator KENNEDY. It is even less than 15 percent; is it not? Because, even looking at the figures: 829,721,781,823, you see that it is less than 10 percent?

Mr. NUTTER. It is 15 percent of the occupied beds, Mr. Chairman. Of 5,000 occupied, about 15 percent are civilian.

Senator KENNEDY. I do not know how different it is now from when we were there, about a year ago. When we went through then in many instances, because of the jam, these patients were in tents outside the Provincial hospital. These provincial hospitals in many instances are only a few miles away, but there is a difficult transportation problem. That is why I asked the question earlier. And still we see, in terms of the military hospital, that a little less than 10 percent are occupied by civilian casualties; is that right?

Mr. NUTTER. Yes, sir. But, of course, we try to keep the total number of beds from being occupied. The 65 percent is the desired occupancy to provide for emergency use. There are a number of factors which do militate against the civilian personnel being treated in military hospitals.

There is a language problem, distance from the villages to the hospitals, the unfamiliarity of the civilians with the hospitals, and in some cases some unwillingness on the part of the South Vietnamese doctors to admit that they cannot handle their patients as well as, perhaps, military hospitals.

But, in any event, we do make every effort to admit as many as apply, particularly war-related cases but other serious cases as well, and the additional 35 percent is not reserved for military casualties alone, but for any civilian casualties that might result from hostilities.

Senator KENNEDY. Would you expect that a lessening in the intensity of the war in Vietnam and the reduction in American troops over there will result in there being more space available for casualties in the military hospitals?

Mr. NUTTER. Well, sir, that is a very difficult question to answer, because the casualty rate is not entirely a function of our presence; in fact, it is more closely related to the level of enemy activity.

Senator KENNEDY. I was thinking about the reduction of American personnel, who will be involved in the fighting. According to the President's comments and statements, it would seem to me that this would cause a rethinking in terms of the amount of beds that you are going to need to preserve to insure that there would be adequate medical treatment for American fighting men.

Mr. NUTTER. Well——
Senator Kennedy. It would be reasonable to assume that if there is a high priority on civilian casualties that you would be able to provide more services to them.

Mr. Nutter (continuing). I think that is a very reasonable assumption, Mr. Chairman, provided that the actual number of American casualties does decline significantly as we replace our troops.

Senator Kennedy. Well——

Mr. Nutter. And to whatever extent that happens.

Senator Kennedy (continuing). Well, I would certainly hope so.

Would you not expect so; or, otherwise we are just making the American fighting men fight either a little harder or longer, and the significance of withdrawal has little meaning.

Mr. Nutter. We certainly do hope so.

Senator Kennedy. Do we not expect that with the withdrawal of the American troops that the burden of the fighting would move more significantly to South Vietnamese fighting?

Mr. Nutter. Yes; indeed, we do. I might point out that it has been made clear to me by our supporting staff, Mr. Chairman, that no one is now turned away from hospital care. If they need to be referred somewhere else, they are.

But now to come back to your question. We certainly do hope that the actual number of casualties will decline. That, of course, is the purpose, to turn more of the burden of the war increasingly over to the South Vietnamese. As that takes place and as our hospital units remain intact, of course, we will give more attention to the civilians if they apply for hospital care.

Senator Kennedy. I have nothing but the highest commendation for the American personnel who are functioning in those hospitals as well as in MILPHAP teams, and I think all of us who have seen them working in those provincial hospitals under the most difficult kinds of conditions are of the opinion that they have done an absolutely superb job.

Maybe we could move on into the refugee area.

Mr. Hannah. As of May 1969 there were 1,212,000 temporary refugees of whom 612,000 were in about 900 camps. The remaining 600,000 refugees were outside of camps in scattered locations. The current overall total was 116,000 lower than at the end of calendar 1968.

The cumulative total of those who have been refugees at one time or another since 1965 stood, at the end of May, at 3.2 million. Of these, about 2 million have been resettled or have returned to their own villages.

Over 700,000 or almost 60 percent of the refugees are concentrated in the coastal areas of the five provinces of I Corps and in Binh Dinh, the northernmost province of II Corps. The majority of the refugees are women and children and older men.

At the beginning of 1968 the number of temporary refugees stood at approximately 1 million, and there was every indication that the number being reestablished either in their own villages or in new resettlement sites was beginning to exceed the number of refugees.

Then came the Vietcong—North Vietnamese Tet and May offenses which once again, like the extensive military actions in I Corps in 1967, seriously disrupted the combined Vietnamese-American efforts to care for the refugees.
As you know, the Tet offensive was directed against the cities and the province and district capitals throughout the country, and the May offensive primarily against Saigon.

The Tet and May offensive forced upward of 1 million people from their homes. Called evacuees, to distinguish them from the regular refugees, their principle problem was temporary housing and short-term emergency care.

The Vietnamese Ministry, the CORDS Refugee Division and the voluntary agencies operating in Vietnam performed well to meet these crises. In Saigon and Hue, the two hardest hit cities, hundreds of emergency shelters were opened within hours in schools, churches, pagodas, and public buildings. Feeding, mass immunizations, and other types of emergency care were provided by the Ministry’s regular staff, by the Ministry’s American-trained mobile cadres, by hundreds of volunteers and by American and Vietnamese Military Forces. In Saigon alone, more than 270,000 evacuees were cared for at one time or another.

By October, all but some 30,000 of the 1 million evacuees had been reestablished; only a few thousand of these still are in temporary housing. What is more important: The Vietnamese refugee services, which, as late as 1966 had been almost nonexistent, had demonstrated, with the help of American and other free world technical and material support, their capability to meet the demands of this emergency.

As security was gradually restored to the countryside by late summer 1968, the regular refugee program began to get back on track. The number of new refugees flowing into the system began to go down, from 900,000 in 1966 to 400,000 in 1967 to just over 300,000 in 1968 to less than 53,000 in the first 5 months of 1969.

The gradual reduction in the flow of new refugees is attributable in large measure to a change in military tactics. “Search and destroy” missions and the creation of large “free-fire zones” which had resulted in the long-term displacement of very large numbers of civilians were replaced by “cordon and search” missions which displace relatively few civilians for usually only brief periods of time.

Senator KENNEDY. Now, just on that area. Have we abandoned the free-fire zones?

Mr. NUTTER. In general, Mr. Chairman. The strategy has been shifted to an attempt to engage the enemy away from population centers. We do have some free-fire zones in enemy-base areas.

Senator KENNEDY. Well, now, could you give us any kind of idea as to percentage in terms of geographical area or land area covered by free-fire zones?

Mr. NUTTER. I do not believe we could, sir.

Senator KENNEDY. When I was in Vietnam, they had those big charts circled in blue or red, which indicate where the free-fire zones are. If you do not know where the free-fire zones are, how is the Vietnamese peasant going to know?

Mr. NUTTER. Well, I would be very happy to see if we can give you some kind of a figure.

But, in any event, the original policy has been changed to a larger extent. We are trying to keep the enemy base areas, as free-fire zones, but otherwise we are not clearing out the populace. We are attempting to engage the forces away from the population centers.
The “free-fire zones” have been replaced by “specified strike zones.” A specified strike zone is an area designated for a specified period of time by GVN/RVNAAF in which there are no friendly forces or populace and in which targets may be attacked on the initiative of US/FW commanders. The number of specified strike zones and the geographical land area covered by them will vary depending upon the location of enemy forces and overall situation (e.g., proximity of friendly forces and populace).

Senator Kennedy. I think with all of the effect of engaging the enemy away from the populated area, of course, the free-fire zone permitted the kind of H-and-I fire, which, in some instances, produced a number of both war casualties and refugees. So, I was interested. Do we have H-and-I fire now continuing in Vietnam?

Mr. Nutter. We do still have some, Mr. Chairman, but it has been reduced. This kind of tactic is not being employed in populated areas.

Senator Kennedy. I see. Where destroy missions have been replaced by cordon-and-search missions, civilians have been displaced for only brief periods of time. Why would there be less casualties or less displacements of people under this method.

Mr. Nutter. Yes, sir; I can attempt to give some explanation.

An intensive effort has gone into the campaign to identify members of the Vietcong political infrastructure, and when they are believed to be in a particular village for organizational activities, the troops, quite often regional forces and popular forces, will surround the village and then local forces for the most part—police forces if possible—will move into the village to the location where they believe these people are, and will examine the population and arrest those that they believe are members of the Vietcong political infrastructure.

This differs a great deal from the tactics of the intensive reconnaissance into an area and then a full sweep through, or a full search with large scale deployment of troops, which was the original kind of tactic used in large areas.

So, it is an effort to pinpoint those kinds of activities that we want to arrest, using minimal force to achieve the objective.

Senator Kennedy. Let me ask this question, in light of one of the reported instances at Bokin, which I suppose you are familiar with. This was written up in the New York Times by Mr. Arnett. I would just like to summarize part of that story. Perhaps you are familiar with it.

DECISION IN VIETNAM: DEATH OF A HAMLET

(New York Times, June 1, 1969, By Peter Arnett)

The destruction of Bokin epitomizes two things that have burdened the United States ever since it committed major forces to South Vietnam. One is that reliable intelligence information, the tipoff that something is coming, often is lacking or faulty. The other is that pacification provides no sure answer.

And Bokin showed again that while people are regarded as the key to victory in Vietnam, they became a secondary consideration when the choice is between saving them or securing a military objective.

That a choice had to be made at all in Bokin was caused by the sudden appearance of 200 North Vietnamese soldiers.

* * * * * * * * * *

When the North Vietnamese were ready, they announced their presence with a clatter of machine-gun fire at the main village outpost.
The exact mission of the enemy troops who slipped into Bokinh is still not clear. But they disrupted the pacification program in a way that gave them the maximum advantage—and they used allied firepower to do the job for them.

By sneaking undetected into Bokinh, the North Vietnamese posed a problem for allied commanders: What was the best course of action? The temptation was to strike with as much firepower as possible, accomplishing the mission with a minimum of allied casualties.

But then, hundreds of civilians you had patiently courted over the years and had promised to protect, were in the hamlets with the enemy. They had seemed to have been developing confidence in the central government. Would this confidence withstand the bombing?

Parts of Bokinh and the neighboring hamlets of Anhoa and Vamthu were methodically destroyed in bombardments that continued into the evening.

Next morning, "The tears sprang to my eyes when I saw it all," said Stan Ifshin, a tall New Yorker formerly with the Peace Corps and now a civilian adviser to the district. "Nine months of my work, all gone," Mr. Ifshin thought as he walked in the smoking ruins of the hamlets.

Three hundred eighty homes were destroyed, some by fires that swept through thatch-roof houses earlier in the day. The civilian dead totaled 19, including a family of six. Fifty civilians were injured, many of them critical.

"They got off easily," Mr. Ifshin said bitterly. He wasn't referring to the civilians. He meant the North Vietnamese who had slipped away in the darkness, mission accomplished.

Efforts to rebuild Bokinh and its neighbors are proceeding with the same degree of energy used to destroy them.

Major Vogel said:

"We can reconstruct the hamlets. There will be very few scars to show for it all. But the mental impact on the people—how long will it take to remove those scars? Maybe these people just want to be left alone.

I wonder, in considering that situation, how that falls within a search-and-destroy or the cordon-and-search approach which at this point are the orders of the American commanders.

Mr. Nutter. Yes, sir. We make every effort, of course, every human effort, to keep the hostilities away from population centers. If, however, despite that effort, the enemy does penetrate those centers, the commander in the field is confronted with a very serious decision. He has to decide whether or not the presence of those troops in that population center is going to result in more civilian casualties than routing the enemy out.

These are, of course, very difficult decisions to make. The commander must make them and do his best to minimize casualties to both civilians and his own troops. So, in those cases, in which the enemy does enter in force into a populated area, they often have to be confronted to prevent a worse situation from developing in terms of civilian and military casualties.

Senator Kennedy. I think it would be completely understandable for any of these commanders who have the responsibility of the American fighting men to agonize over this kind of a decision, and certainly we would respect that and understand that completely. I suppose it reaches back to the policy decision which put them into the situation where they are confronted with that kind of decision. It would be difficult for me, given this incident to which I recently referred, to find real distinction between search-and-destroy and cordon-and-search.

Mr. Nutter. I think, sir, the difference would be that the tactics in the preceding period involved an active entry of large-scale forces into
areas that were rather densely populated, either removing the populace in advance, causing refugee problems, or moving in, in order to destroy an enemy that might be there.

At present, this kind of activity is minimized. We do not move in, in large force, into populated areas in search of the enemy. We attempt to locate him through other means. If he is discovered, then an effort is made to prevent his escape by surrounding the village. Then we enter with a minimal force if we possibly can, using small arms instead of other weapons in the event that he attempts to elude capture.

Senator Kennedy. Of course, in this last instance which was reported on June 1, they used both bombing and heavy artillery.

Mr. Nutter, are we still moving significant groups of the population out of rural areas? What is the situation on that now?

I remember when we were over in Vietnam we observed a number of instances where there was a forced movement of people in the provinces. Are we still doing that at the present time?

Mr. Nutter. I am sorry, Mr. Chairman, I have to consult with somebody, but I want to be sure and have the correct information.

We do have some movement out apparently, of people, but only on rare occasion and only after consulting with the Central Pacification and Development Council of the GVN to get their advance concurrence on any such activities.

Senator Kennedy. So, we have to assume that that policy is continuing, that there is a continuation of a policy which actually creates these refugees today by this forced movement?

Mr. Nutter. It is a very rare exception, I think, Mr. Chairman, and the reduction in the number of refugees being generated even though I would not try to suggest that the absolute figures are accurate, but the significant reduction in the numbers I think indicates that this kind of movement has been minimized. We are making every effort to avoid it.

Senator Kennedy. I am just trying to find out to some extent, Mr. Nutter, whether there has been any change with the new administration in our policy on the creation of refugees, because we found that H-and-I fire created refugees as well as casualties, forced dislocation of personnel and people, and created refugees in spite of the clearances with the central government. Search-and-destroy missions created refugees as well, even under your new definition which is cordon-and-search. It would appear that the policies which created refugees over the past are still in operation.

What I am really trying to determine is whether there has been any kind of departure from past policies; we should recognize completely that Vietcong terrorism creates refugees. We have not really tried to divide up what percentage are Vietcong terrorists, and what percentage are other. I think that would be a very legitimate point to raise, but just in terms of the creation of the refugees, it would certainly appear from your responses this morning that there really have not been any departures.

Mr. Hannah. Mr. Chairman, military decisions, of course, are Defense Department decisions, but we do see the aftereffects. I think Mr. Mendenhall has a comment he would like to make.

Mr. Mendenhall. Mr. Chairman, I think the fact that the total figures for new refugees are declining very substantially is an indica-
tion that the numbers of forced relocations are decreasing. As Dr. Hannah cited them, 900,000 new refugees in 1966 dropped to over 300,000 in 1968, and to less than 53,000 in the first 5 months of 1969.

I would like also, if I may, to indicate that two recent directives were put out by the Vietnamese Government to lessen undesirable forced relocations. One was a message dated April 17 of this year from the Central Pacification and Development Council to all regional, provincial, and municipal pacification and development councils, which stressed the need to avoid to the greatest possible extent generation of new refugees. It did indicate that where involuntarily relocations are judged to be in the best interest of all concerned, a detailed plan should be prepared covering the relief, resettlement, and community development phases of this relocation. A similar message went out through the Vietnamese military channels to Vietnamese military commanders.

An operation of this sort took place in a cordon-and-sweep effort on the Batangen Peninsula in Quang Ngai Province early this year. The people in the area where the military operation was to be conducted were removed by helicopter to avoid casualties, but subsequently, after the operation was over, those people were permitted to return to their area if they wished to do so, and substantial numbers have.

Senator Kennedy. Now, you are talking about Russel Beach operations?

Is that right?

Mr. Mendenhall. Yes, sir.

Senator Kennedy. There have been a lot of reports—I am sure you are familiar with them—that when those people were moved—that was one way of defining it—they were not permitted any freedoms and they were put in a barricade. Their movements were carefully controlled, and I think it would not be unreasonable to say that they were detained.

You might not agree, but the information I have is that there was a very strict security question with regard to those individuals. To use that, as an example of effective resettlement of refugees I think is really—

Mr. Mendenhall. May I make a further comment on this one?

I happened to be in Vietnam on a visit in January and saw this particular operation as it was getting underway. These people were taken out by helicopter from the area in which they lived, because the military operation was to proceed.

This was (a) for their protection so they would not be killed or hurt by the firing going on in the area, and (b) also for security purposes. As these people were brought into the temporary camp they did go through security questioning because there were Vietcong among them. The Vietcong were separated out during the preliminary questioning and then the remainder of the people went into the temporary camp which I saw. I was very impressed with the way this operation was set up.

Subsequently, after the military operation was over those people who were not Vietcong were permitted to go back to the areas where they had lived. This was not actually resettlement; they were really
returning to their areas of origin, the bulk of them, after the military operation had taken place.

Senator KENNEDY. What happened to all of their homes in the meantime; do you know?

Mr. MENDENHALL. Some had been destroyed in the military operations and those who did suffer the destruction of their homes got resettlement allowances from the Government to help them rebuild.

Senator KENNEDY. What percentages of the resettlement allowances are now getting to the people?

Mr. MENDENHALL. I would say a very substantial percentage. There are delays, but there has been very great improvement over the past year.

Senator KENNEDY. When referring to the earlier figures about the reduction in the numbers of refugees, you are too good a student of this whole problem to be putting great significance on reductions in the total number of new refugees, because you know as well as I do that the reclassification from refugees to resettled refugees is just the question of a payment. So, you can fiddle around with these figures and say you get so many hundreds of thousands of refugees one month and then they are deemed to have been paid a certain amount for resettlement, and then they are considered resettled and they are not refugees any longer.

I am sure Mr. Hannah, and all of you who have been to Vietnam, that you have gone to places where on one side of the street you will see almost the exact same living condition of refugees who are refugees, and on the other side of the street they are considered resettled. If you can tell the difference between the two camps, you are a better man than I am.

So, it is a very close question, and I do not think that either you, by your suggestions, or any of us, do not realize the tremendous significance and importance of it. I think what is really basic to the question of reducing the number of refugees is going to be a reduction of the intensity of the violence. That goes for the Vietcong as well as ours. And I do not think there are any of us who are even suggesting that they are not the cause for significant numbers of the problems. But certainly, we are, as well.

Mr. Hannah, we have interrupted you too long.

Mr. HANNAH. The quality of reception centers and temporary camps for new refugees has shown marked improvement.

Since the middle of 1968, the number of reestablished refugees—those resettled or returned to their own villages—has exceeded the number of new refugees. During the second half of 1968 there were 150,000 new refugees and 245,000 were reestablished. During the first 5 months of 1969 there were 53,000 new refugees and 295,000 were reestablished.

Much of this has been covered in questioning, so I will skip over the next page to the middle of page 17.

The monthly site reports are the key to the concerted effort now underway to upgrade or, if necessary, close out substandard refugee sites. In each province the sites with the greatest needs for improvement have been identified and a time-phased plan has been developed for bringing them up to reasonable standards.
Progress in the overall refugee program depends on three factors: security in the countryside; the capability of the ministry of health, social welfare, and relief to deliver the services the program calls for; and the availability of arable land for the resettlement of refugees.

As a result of the intensified pacification campaign being directed by the Central Pacification Council, security in most rural areas is improving steadily. This makes it possible for more and more refugees to return to their original villages. In the last 3 months alone, over 80,000 refugees returned home.

The capability of the ministry to administer the program is increasing steadily. Refugees, by and large, are now receiving the services to which they are entitled, although the speed with which the services are delivered still leaves much room for improvement.

Lack of arable land in secure areas is still a major obstacle to resettlement. As the end of April, 140 additional resettlement sites were under active consideration and in various stages of planning. As the progress of the pacification program brings additional areas under government control, new resettlement sites become available.

The next step is to normalize the lives of those refugees who have been resettled or returned to their original villages. To reintegrate them as quickly as possible into the mainstream of the nation and the local community is vitally important for both humanitarian and political reasons. Beyond the relief and resettlement allowances they receive from the ministry of health, social welfare, and relief, they require for the development of their hamlets assistance from the technical services of all of the other ministries involved in national development: the ministry of the interior, the ministry of revolutionary development, the ministry of public works, the ministry of education and youth, and the ministry of agriculture and land reform. To give permanency and recognition to their status within the villages, the district, and the province, they must be given the opportunity to elect their own government representatives. The Deputy Prime Minister in charge of pacification is now in the process of issuing to all ministries the necessary directives to carry out this program of normalization. The aim is to move these war victims out of the status of refugees and back into the status of normal citizenship.

In fiscal 1970——

Senator Kennedy. We are moving along rapidly on this.

Mr. Mendenhall. Yes, sir.

Senator Kennedy. What sort of things do you get on that computer?

Do you have a check system on whether they have got so many wells, whether they have got a school, and whether that well is working, and then do you say afterward—I do not know how it is now. I would be interested. When I was there, they had a big chart on the wall, and they had on it where the road was reasonably secured. You get a certain amount of points if you had a school, and the school system was working. If you get an average of 75, that meant the village was pass-
able or it was secured. I am wondering: Do you have a sort of a checklist now?

Mr. MENDENHALL. I think what you are talking about, Senator, is the hamlet evaluation study.

Senator KENNEDY. That is right.

Mr. MENDENHALL. What we are talking about is a straight refugee reporting system which is devoted exclusively to the refugee sites and deals with some of the kinds of things you have indicated: The number of refugees; conditions of camps, schools, other facilities, and so forth. It is on the basis of this information that the Government and our refugee directorate in CORDS are working up a program for improving the conditions in those camps which are substandard. Their aim is either to convert a camp into a permanent one by upgrading its nature, or to move the people into resettlement villages, or out back to their own village of origin.

Senator KENNEDY. How long has this been moving now?

Mr. MENDENHALL. It has been in effect since late 1968.

Senator KENNEDY. We would like to, if we could, have the staff afforded the opportunity to review with you those reports, because I am sure you have a lot of information.

As you may be familiar, this was one of the recommendations of the committee to try and bring this all into a central place, because we were getting such duplicity of information both from the DN and our own agency, and it was virtually impossible, I thought to plan a program, or any kind of effort, dealing with refugees when we were not getting information. I would be interested in finding out more about it.

Mr. HANNAH. Mr. Chairman, the objective is not to fool ourselves but to get this whole thing straightened out so we know what the hard facts are and not what we would like them to be.

Senator KENNEDY. Have you come to your land reform?

On page 18, on the top of that, you talk about it.

Mr. HANNAH. Availability of arable land.

Senator KENNEDY. Is this a new land reform program?

Mr. HANNAH. No, we do not make any substantial reference to the land reform program. Of course, there has been a new land reform program that has been worked out by the present government. It has been submitted to their parliamentary body—and it has a degree of approval. It is a much more substantial land reform program than the one that was contemplated a few months ago. Perhaps, Mr. Mendenhall, it would be better for you to explain it.

Mr. MENDENHALL. I might say it is expected to go to the National Assembly, Dr. Hannah. It has not actually gone yet, according to our latest information, but it was expected to go, according to a cable last week, within a very short period of time.

The new program which has been announced by President Thieu—is a very dramatic one of providing land to all tenants free of charge, with the Government paying the landlords for the land over a period of time.

We have indicated, in response to requests from the Government, that we are prepared to help with the financing of this program, par-
particularly to provide dollars to meet the increased import demand which will arise due to the piaster payments to the landlords. We have set aside $10 million in fiscal year 1969 funds for this purpose and are asking the Congress for $30 million in fiscal year 1970 funds. As I indicated this land reform program is vastly greater in scope than any of the previous ones that have been undertaken by the Government.

Senator Kennedy. Is this the first land reform program that has been, in effect, subsidized by the United States?

Mr. Mendenhall. We have helped with others in terms of implementation. It will be the first time that we will have helped in terms of meeting the effect on imports of the piaster payments to landlords.

Senator Kennedy. In effect, this is the first one that American taxpayers are subsidizing; is that right?

Mr. Mendenhall. That is right.

Senator Kennedy. How do we have any assurances this is going to work any better than the last four or five?

Mr. Mendenhall. We have made it clear. First, that our money will be available only after this program has been authorized by the Vietnamese National Assembly. We have also told the Vietnamese Government our money will be made available to them for imports only after they have paid out the piasters to the landlords for the land which is turned over to the tenants.

Senator Kennedy. What kind of implementing legislature is necessary, as far as the South Vietnamese Legislature?

Mr. Mendenhall. It is necessary for the National Assembly to approve the principle of this land transfer, because it does represent taking land away from existing landowners and giving it to others. The actual implementation will be worked out by the executive branch of the Vietnamese Government.

Mr. Hannah. There are two conflicting forces, Mr. Chairman. One is, of course, the desire to get this land into the hands of the users, the tillers, and to equalize the Vietcong propaganda where the tillers were given the land with the understanding that it was to be free. But where experience has indicated that taxes were assessed. First, the tax assessment was 1 percent and then the percentage was increased, so that actually, while they may have had the land free, there were conscriptions of portions of the crops that came along later.

There is the force to get on with this one, which the Government recognizes has high priority. The other force is, of course, the resistance on the part of the people that now own the land. Some of them are absteees, but that is no problem. But a substantial amount of this land is held by people that are active in society, some of them in the Government.

Senator Kennedy. Are we going to police this expenditure of funds, or are we going to rely on the South Vietnamese to police them?

Mr. Mendenhall. We will be closely associated with them in the implementation of this program.

Senator Kennedy. That is not satisfactory. "Closely associated." I mean, as far as the expenditure of these funds, are we going to have control?

Mr. Mendenhall. May I mention how?