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**REPORT TO SUBCOMMITTEE TO  
INVESTIGATE PROBLEMS CONNECTED  
WITH REFUGEES AND ESCAPEES  
COMMITTEE ON THE JUDICIARY  
UNITED STATES SENATE**

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B-133001

**Civilian Health And War-Related  
Casualty Program In Vietnam**

B-133001

Agency for International Development  
Department of State  
Department of Defense

**BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES**

NOV. 9, 1970

915-734 / 089761



COMPTROLLER GENERAL OF THE UNITED STATES  
WASHINGTON, D.C. 20548

B-133001

NOV 9- 1970

Dear Mr. Chairman:

The accompanying report presents the results of our review of the civilian health and war-related-casualty program in Vietnam. Our review was made in response to your request of April 21, 1970. Another report will be issued in the near future on the results of our review of the refugee and social welfare program in Vietnam. In addition, four reports resulting from a similar review in Laos have been or will soon be issued.

Because of the limited time available before presenting this report to the Subcommittee, our fieldwork on this assignment did not include a complete review of certain aspects of the program.

In accordance with the wishes of the Subcommittee Counsel, we have not followed our usual practice of submitting a draft report to the Agency concerned to obtain their official position. However, we have discussed the general observations of our review with Agency for International Development officials in Saigon, Vietnam, and in Washington, D.C., and have given consideration to their views.

We plan to make no further distribution of this report unless copies are specifically requested, and then we shall make distribution only after agreement has been obtained or public announcement has been made by you concerning the contents of the report.

Sincerely yours,

Comptroller General  
of the United States

The Honorable Edward M. Kennedy, Chairman  
Subcommittee To Investigate Problems Connected  
With Refugees and Escapees  
Committee on the Judiciary  
United States Senate

COMPTROLLER GENERAL'S REPORT TO CHAIRMAN  
SUBCOMMITTEE TO INVESTIGATE PROBLEMS  
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REVIEW OF CIVILIAN HEALTH AND  
WAR-RELATED CASUALTY PROGRAM  
IN VIETNAM  
Agency for International  
Development  
Department of State  
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D I G E S T

WHY THE REVIEW WAS MADE

Since 1965 the General Accounting Office (GAO) has issued several reports to the Subcommittee on civilian problems arising as a result of the conflict in South Vietnam. In April 1970 the Chairman requested that GAO update the prior reports on Vietnam and conduct a similar review in Laos. (See app. I.) The Subcommittee also wanted to know the effect of Vietnamization and what it means to war-related casualties.

This report deals with the civilian health and war-related casualty program in Vietnam. Another will be issued on the refugee and social welfare program in Vietnam. In addition, four reports on Laos have been or soon will be issued.

To try to meet the reporting date requested by the Subcommittee's General Counsel, GAO in its fieldwork on this assignment did not include a complete review of all aspects of the program covered in prior reports. This report was discussed with the Agency for International Development (AID) in Washington and Vietnam but AID did not comment formally on it.

FINDINGS AND CONCLUSIONS

Program management

The management of the civilian health and war-related-casualty program has not changed appreciably since prior GAO reports. Overall U.S. responsibility is still assigned to AID, while day-to-day direction of field personnel comes under the Military Assistance Command, Vietnam. (See p. 6.)

Priority accorded to health program

No specific priority designation has been established by AID for the health program in Vietnam. However, AID evidently considered it very high in priority, in view of the significant amount of money and

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relatively large number of authorized positions allocated to its support. (See p. 6.)

Priority accorded to civilian war-related casualties

No specific AID project exists to care for civilian war-related casualties. Assistance to these people is provided under a medical care project as part of the AID health program. (See p. 7.)

Number of civilian war-related casualties

No reliable data are available on the total number of civilian war-related casualties in Vietnam. Statistics are reported only for admissions to the Government of Vietnam Ministry of Health facilities and U.S. military hospitals. Average monthly admissions were 4,000 in calendar 1967, 7,300 in 1968, and 5,600 in 1969. No data were available as to the number of civilian war-related casualties treated in other facilities or not treated at all. (See p. 9.)

AID in Vietnam is currently accumulating some previously unreported data on civilian war-related casualties. (See p. 11.)

Level of financial assistance

GAO estimated that, in fiscal years 1968-70, the equivalent of \$85 million to \$98 million was obligated or budgeted annually for health activities in Vietnam, including medical personnel, medical supplies, and construction or renovation of health facilities. The Government of Vietnam budget support of health programs had gone from \$20.2 million (7.2 percent of the total civil budget) in 1967 to \$43.5 million (7.6 percent) in 1970. Indirect U.S. assistance in the form of counterpart piaster support went from \$3.3 million (4.9 percent of available counterpart funds) down to \$1.2 million (1.1 percent) during the same period. Most of the Government of Vietnam health budget went for payment of salaries and operating costs of medical facilities. Only 8.5 percent was used for renovation or construction and hospital maintenance. (See p. 13.)

Staffing and manpower

AID continues to experience problems in recruiting qualified health personnel--particularly in the field of public health. In late 1967 there was a 37-percent shortage of health personnel, and as of July 1, 1970, an 18-percent shortage. (See p. 15.)

Military Provincial Health Assistance Program

As of July 1970 there were 25 medical teams provided by the U.S. military and 13 free-world teams under the operational control of AID which were actively assisting the Government of Vietnam. Another 16 teams from other free-world countries but not under AID's control were also assisting. (See p. 16.)

### Medical Civic Action Programs

During calendar 1969, over 7 million Vietnamese civilians received care and treatment from U.S., other free-world, and Vietnamese military personnel. Care by U.S. and other free-world military personnel consisted mainly of giving immunizations; rendering first aid; extracting teeth; and treating minor burns, rashes, and infections. Such care was provided to Vietnamese civilians who did not have access to medical facilities. Assistance was also provided during military operations as the tactical situation permitted. (See p. 17.)

### Government of Vietnam staffing

Although some improvements have occurred with respect to Vietnamese medical personnel shortages, there is a continuing need for most medical specialties--primarily because of low Government salaries and the military draft. In February 1970, for example, Vietnam had an estimated 1,400 doctors and all but 400 were in the Vietnamese military. Students in medical school are drafted following graduation. Steps are being taken to help alleviate the shortage. (See p. 18.)

### Medical facilities

While the Ministry of Health has increased spending for hospital maintenance over the past few years, AID considers the amount inadequate, since facilities are reported to be deteriorating and lacking essential utilities. Also, equipment is poorly maintained. The Ministry of Health felt that 10 percent of its 1970 budget should be used for maintenance; however, only six tenths of 1 percent was approved by the Government of Vietnam. (See p. 22.)

### Crowded conditions

During the current review GAO visited nine hospitals, including the two reported on in February 1968. Four were not crowded, four contained some crowded wards, and at one all the wards were crowded. Although conditions had improved at one of the two hospitals previously inspected by GAO, the other continued to be crowded. At one public hospital there were 240 patients and only 136 beds. (See p. 24.)

### Government of Vietnam military hospitals

The Government of Vietnam long-range medical plans apparently do not consider the possibility of transferring excess Vietnamese military facilities to the Ministry of Health following an end to hostilities and the resulting reduction in military patient loads. (See p. 26.)

### Department of Defense hospitals

The 1968 report noted that three U.S. hospitals were planned for civilian war-related casualties. They have been constructed but were being

used to treat both U.S. military and Vietnamese civilian war-related casualties. This is in accordance with the revised U.S. military policy of treating civilian war-related casualties in all U.S. military hospitals instead of having separate facilities. (See p. 27.)

Transfer of excess U.S. military hospitals to the Government of Vietnam

The Government of Vietnam has expressed interest in nine U.S. military hospitals as the United States withdraws its troops from Vietnam or re-deploys its troops incountry. Other hospitals were not desired. (See p. 27.)

Medical logistics

The Government of Vietnam's medical supply system has been significantly improved since 1966. The rate at which requisitions are filled from depot stock on hand has increased from 20 percent in 1966 to 85 percent in 1969. Despite the ability of the Ministry of Health to assume more logistical operational responsibilities, there is a shortage of maintenance personnel caused by low Government salaries and the military draft. (See p. 31.)

MATTERS FOR CONSIDERATION BY THE SUBCOMMITTEE

The Subcommittee may wish to bring this report to the attention of the Agency for International Development for possible use in improving its management of the program.

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APPENDIX

- I Letter dated April 21, 1970, from the Chairman Subcommittee To Investigate Problems Connected With Refugees and Escapees, Committee on the Judiciary, United States Senate, to the Comptroller General of the United States

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ABBREVIATIONS

AID	Agency for International Development
DOD	Department of Defense
GAO	General Accounting Office
GVN	Government of Vietnam
USAID/VN	United States Agency for International Development, Vietnam



COMPTROLLER GENERAL'S REPORT TO CHAIRMAN  
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## CHAPTER 1

### INTRODUCTION

At the request of the Chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Senate Committee on the Judiciary, in a letter dated April 21, 1970, the General Accounting Office has examined into the civilian health and war-related-casualty program in Vietnam. The scope of our review is presented on page 32.

The Chairman also requested that we review (1) the refugee and social welfare program in Vietnam, (2) the civilian war-related-casualty situation in Laos and (3) the refugee situation in Laos. Separate reports will be issued on the results of our reviews of these areas.

Specifically, the Subcommittee requested that we update the information contained in our earlier reports (B-133001, issued on October 9, 1967 and February 29, 1968) on the civilian health and war-related-casualty program. In addition, the Subcommittee was interested in the effect of Vietnamization and what it means in terms of war-related casualties.

During a subsequent meeting with the Subcommittee's Counsel on July 8, 1970, it was mutually agreed that we would expedite the submission of a report on the results of the review in Washington and Vietnam to the Subcommittee. Our fieldwork was limited in some respects because of our efforts to expedite our report; and not all aspects of the program covered in our prior reports were included.

## CHAPTER 2

### PROGRAM MANAGEMENT

The primary responsibility of the public health programs in Vietnam continues to be assigned to the Agency for International Development, with the Department of Defense (DOD) having a lesser responsibility in this area.

The direction of AID field personnel continues to be the responsibility of Civil Operations for Rural Development Support which is under the Military Assistance Command, Vietnam.

The overall coordination of the civilian health assistance programs in Vietnam remains with the Medical Policy Coordinating Committee of the U.S. Mission Council. AID activities in Vietnam are still conducted through the Government of Vietnam Ministry of Health.

### PRIORITY ACCORDED TO HEALTH PROGRAM

Although AID officials considered the health program to be very high in priority, no specific priority designation had been established for the health program in Vietnam.

The allocation of available resources, both funds and manpower, was considered by AID/Washington and the United States Agency for International Development, Vietnam (USAID/VN), health officials as an indication of the relative priority of the various assistance programs. In this connection, we found that the health program was allocated significant amounts of money and a relatively large number of staff compared with other programs in Vietnam. For example, between fiscal years 1967 and 1970, the health program's share of project funds increased from 9.4 percent to 20 percent. Twenty percent is the largest amount allotted to any program in Vietnam.

PRIORITY ACCORDED TO CIVILIAN  
WAR-RELATED CASUALTIES

AID considers the treatment of civilian war-related casualties as a high-priority item within the total Vietnam program. A primary goal of the United States in Vietnam for fiscal year 1971 is to ease the suffering of civilians, displaced or injured by the war. However, no specific priority designation has been established by AID for the treatment of civilian war-related casualties. We further note that there is no special AID project in Vietnam for the care of civilian war-related casualties; the assistance given these people is provided under the medical care project within the AID health program.

Our review in Vietnam showed that, while the medical care project was considered high in priority within the health program, emphasis and funds had been shifted to other segments of the program. The medical care segment, has received a smaller percentage of dollars programmed when compared with the percentage received by other segments of the health program each year since our review during fiscal year 1968. Budgeted amounts for medical care have decreased from 40 percent of the Public Health Division budget in fiscal year 1968 to less than 20 percent in fiscal year 1971. We were informed that this reduction was possible because of increased Government of Vietnam (GVN) capability, which was a result of joint utilization of personnel and facilities by the GVN Ministries of Health and Defense.

USAID/VN health officials informed us that in the past primary emphasis had been placed on projects with immediate short-term results and not enough emphasis had been placed on longer term assistance projects and that longer term projects would provide a foundation from which an adequate system of public health could be built, including the education of medical, dental, nursing, and health logistics personnel. In line with this rationale, AID Director of the Office of Health Administration recommended in late 1969 that a revision be made in health program priorities, that the project associated with civilian war-related casualties be placed in the lowest category, and that top priority be accorded longer term assistance projects.

This recommendation had not been adopted at the conclusion of our field review in Vietnam. We were informed by a USAID/VN health official on July 28, 1970, that the Mission was in the process of shifting priorities to reflect the change in direction of the health program toward longer term assistance projects.



### CHAPTER 3

#### NUMBER OF CIVILIAN WAR-RELATED CASUALTIES

There continues to be no reliable measure of the total number of civilian war-related casualties in Vietnam. We found that the reports on the number of civilian war-related casualties reflected only the admissions to GVN Ministry of Health and U.S. military hospitals and did not include any statistics on the number of civilian war-related casualties that

- were treated at GVN military medical facilities,
- were treated at private hospitals and health facilities,
- were treated at GVN health facilities other than hospitals,
- were treated by nonscientific practitioners,
- were not treated at all because they had received minor wounds, and
- were dead from wounds prior to reaching a hospital.

The data that were available from Vietnam showed that monthly admissions of civilian war-related casualties to Ministry of Health hospitals and U.S. military hospitals during calendar years 1967, 1968, and 1969 averaged about 4,100, 7,300, and 5,600, respectively. For the first 3 months of 1970, the average was about 4,400. Although the majority of civilian war-related casualties are cared for in Ministry of Health hospitals, the percentage of total civilian war-related casualty admissions handled by these hospitals decreased from 96 percent in 1967 to 89 percent for the first 3 months of 1970.

The following schedule presents the available data on the total admissions to Ministry of Health hospitals and the total civilian war-related casualties admitted to Ministry

of Health and U.S. military hospitals over a 3-year period from 1967 through 1969 and for part of 1970.

Year	Ministry of Health admissions			U.S. military war-related admissions	Total Ministry of Health and U.S. military war-related admissions		Monthly average
	Total	War-related	Per-cent		war-related admissions	admissions	
1967	473,140	46,773	9.9	1,951	48,724	4,060	
1968	458,667	79,775	17.4	7,747	87,522	7,296	
1969	525,766	59,222	11.3	8,544	67,766	5,647	
1970 (3 mos)	<u>130,433</u>	<u>11,686</u>	9.0	<u>1,400</u>	<u>13,086</u>	4,362	
	<u>1,588,006</u>	<u>197,456</u>		<u>19,642</u>	<u>217,098</u>		

As shown in the above schedule, the number of civilian war-related casualties admitted to Ministry of Health hospitals has ranged from 9 to over 17 percent of their total admissions.

The following schedule shows that the populous Delta region reported the highest number of civilian war-related casualties. Regions I and IV combined have accounted for about 75 percent of all civilian war-related casualties in Vietnam.

#### Civilian War-Related Casualties

Location	1967		1968		1969		1970 (3 mos)	
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent
Region I	19,112	41	28,473	36	21,115	36	3,788	32
Region II	4,066	9	6,280	8	4,877	8	924	8
Region III	3,878	8	6,625	8	4,997	8	885	8
Saigon Prefecture	4,231	9	8,566	11	5,025	9	831	7
Region IV (Delta)	<u>15,486</u>	<u>33</u>	<u>29,831</u>	<u>37</u>	<u>23,208</u>	<u>39</u>	<u>5,258</u>	<u>45</u>
	<u>46,773</u>	<u>100</u>	<u>79,775</u>	<u>100</u>	<u>59,222</u>	<u>100</u>	<u>11,686</u>	<u>100</u>

We have been informed by various U.S. civilian and military health officials in Vietnam that there is no feasible way of determining the actual number of civilian war-related casualties, other than those being admitted to Ministry of Health and U.S. military hospitals. We have been informed

also that any estimates would be very unreliable because of the almost complete lack of data available and because of there being no practical method of accumulating most of the data.

However, we found that, because of congressional interest in civilian war-related casualties, a USAID/VN public health official in October 1969 requested that some previously unreported data be accumulated and forwarded to Saigon by the field personnel. This new data included the number of civilian war-related casualties treated at the district level where U.S. or free-world personnel were present and the number of civilian war-related casualties treated as outpatients at Ministry of Health hospitals. We were informed by a USAID/VN health official in July 1970, that all the data requested were being reported by the field personnel but statistical reports as yet do not reflect these additional figures. The AID health office in Washington was unaware that additional statistics were available but informed us that appropriate measures would be taken to secure any information that would add to current civilian war-related-casualty figures.

#### REPORTING AND RELIABILITY OF HOSPITAL ADMISSION DATA

The Civil Operations for Rural Development Support field reporting system, initiated in December 1967, was still in effect in Vietnam as of August 1970. We found that the civilian war-related-casualty data being reported was considered by advisory personnel as reasonably accurate and that it was the best information available, despite some known deficiencies.

Statistics concerning the number of civilian war-related casualties were received monthly by the AID health office in Washington. These reports listed the total number of admissions to Ministry of Health hospitals, the total number of civilian war-related-casualties admitted to Ministry of Health and U.S. military hospitals, and the average number of U.S. military beds occupied by Vietnamese civilians.

With the exception of monthly civilian war-related-casualty figures, very little of the health data contained

in these field reports were transmitted to the AID health office in Washington on a regular basis. AID health officials in Washington are not informed of month-to-month developments at the Ministry of Health hospitals regarding such subjects as adequacy of Vietnamese medical personnel, adequacy of logistical support, and progress in preventive medicine, malaria control, and environmental health. A USAID/VN health official informed us on July 28, 1970, that AID/Washington had never requested that this type of data be submitted on a regular basis. We believe that these data would assist Washington officials in evaluating the health program and responding to Congress and others interested in the program.

During our visits to Ministry of Health hospitals, we were informed that there might be some instances of dual reporting when a patient was transferred from a GVN hospital to a U.S. military hospital or vice versa. In addition, some patients were probably reported as civilian war-related casualties even though they should not have been classified as such. However, we were unable to determine the extent of such reporting errors.

The National Institute of Public Health in Saigon currently has a 2-month training course for hospital statistical clerks. This course is designed to upgrade the quality of hospital statistics. The graduates are to be deployed in the various Ministry of Health hospitals throughout Vietnam. As of July 1970, 40 students had graduated from this course--20 students in each of two courses. In addition, five more classes of 20 students each are planned through calendar year 1971.

## CHAPTER 4

### LEVEL OF FINANCIAL ASSISTANCE

We note that funds provided for health assistance from all sources have continued at a high level since our February 1968 report. From the best information available, we estimate that, from fiscal year 1968 through fiscal year 1970, the equivalent of between \$85 and \$98 million had been obligated or budgeted annually for Vietnam health activities, covering medical personnel, medical supplies, and construction or renovation of health facilities.

In fiscal years 1968 and 1969, USAID/VN reported obligations of \$27.6 million and \$20.4 million, respectively. In addition, a total of \$18.4 million had been budgeted for health assistance for fiscal year 1970. About 50 percent of the fiscal year 1970 budget was expected to be expended for medical supplies and equipment. Funds were also to be used to pay salaries and support costs for U.S. physicians, nurses, and technicians assigned to Ministry of Health hospitals and to pay costs of contracts with such organizations as the American Medical Association and the American Dental Association which provide medical and dental educators for Vietnam.

Assistance was also provided by DOD in the form of medical supplies and equipment in support of GVN civilian health programs. DOD obligated about \$5.3 million in fiscal year 1968 and \$6.7 million in 1969 and had budgeted \$9.8 million in fiscal year 1970. An additional \$26.5 million was obligated by DOD in fiscal years 1968 and 1969 for supply and construction support of the GVN military health programs. DOD has programmed about \$18.2 million for supplies in fiscal year 1970 in support of the GVN military health program. Construction support figures are not readily available.

Voluntary agencies, international organizations, and other free-world countries also have made considerable contributions to the GVN health programs. It has been estimated that, from July 1964 through 1969, about \$42.8 million was provided from these sources in the form of medical teams, medical supplies and equipment, and construction or renovation of health facilities.

In addition to the dollar assistance noted above, both the GVN and the United States provided piaster support to programs in the health field. U.S. piaster support was channeled through the GVN in the form of grants of "counterpart funds" obtained from the sale of commodities pursuant to two other U.S. assistance programs; i.e., AID's Commercial Import Program and title I of the Agricultural Trade and Development Act of 1954, as amended (commonly referred to as Public Law 480). In February 1968 we reported that, in calendar year 1967, public health programs received the dollar equivalent of about \$20.2 million, or about 7.2 percent of the GVN civil budget, including about \$3.3 million, or 4.9 percent of available counterpart funds.

The following table presents the calendar year 1969 GVN civil budget (as opposed to military), the amount budgeted (including funds from the Ministry of Health and other GVN Ministries) for health programs, and that portion of the budget which is composed of counterpart funds.

	<u>Piasters</u>		<u>Dollar equivalent</u>	
	<u>Total budget</u>	<u>Counter-part</u>	<u>Total budget</u>	<u>Counter-part</u>
	(in VN \$ millions)		(in U.S. \$ millions)	
Total civil budget	56,949.0	10,000.0	482.6	84.7
Public health	4,062.5	132.7	34.4	1.1
Percentage	7.1	1.3		

For calendar year 1970, the public health programs received the dollar equivalent of about \$43.5 million, or about 7.6 percent of the GVN civil budget, including about \$1.2 million, or about 1.1 percent, of available counterpart funds.

Most of the funds in the GVN health budget were for salaries and operating costs associated with 64 Ministry of Health hospitals. An average of only about 8.5 percent went for hospital renovation or construction and hospital maintenance in calendar years 1966 through 1969.

## CHAPTER 5

### STAFFING AND MANPOWER

Although reductions in authorized positions caused the percentage of filled public health positions to increase after 1967 (as shown in our February 1968 report), problems still existed in recruiting qualified personnel.

The following table summarizes the status of U.S. positions authorized and filled in the USAID/VN Public Health Division as of July 1, 1970.

	<u>Total</u>	<u>Saigon</u>	<u>Field</u>
Authorized	169	75	94
On board	<u>139</u>	<u>59</u>	<u>80</u>
Shortage	30	16	14
Percentage short	18%	21%	15%

The staffing shown above represents an improvement over the situation we reported as of November 30, 1967, when there was a 37 percent shortage in on-board personnel. Part of this improvement resulted from the reduction of positions authorized. For example, in November 1967 there were 390 positions authorized, whereas on July 1, 1970, there were only 169 authorized. We were informed that the reduction in the personnel ceiling was due to internal program reviews and to a Presidential directive aimed at reducing the overall U.S. effort in Vietnam and increasing the Vietnamese effort.

AID officials informed us that difficulties were still being experienced in recruiting health personnel for Vietnam, especially those in the public health field. These officials indicated that the reason for AID's inability to find necessary personnel was due to the fact that most positions had to be filled by medical doctors or medical technicians who were in great demand in the United States. In their opinion, AID was unable to offer ample incentives to draw those people away from more lucrative positions in the United States.

Not included in the staffing shown in the above table are 103 U.S. citizens and 191 third-country nationals on board under contract with AID in the health field. These contract personnel include medical and dental educators provided to the University of Saigon by the American Medical Association and the American Dental Association; volunteer doctors supplied by the American Medical Association for assignment to Ministry of Health medical facilities; medical teams from the Republic of Korea and the Republic of China to provide medical and surgical care at Ministry of Health facilities; and a Republic of Korea team of mechanics to augment staffing and training of Ministry of Health mechanics supporting the maintenance, repair, and rebuilding of the Ministry's vehicle fleet and material-handling equipment. Between June 1967 and July 1970, the number of contract personnel on board increased from 267 to 294.

#### DEPARTMENT OF DEFENSE PROGRAMS

During our review we found that U.S. military personnel were still involved in programs related to civilian health, including medical teams used to augment GVN Ministry of Health hospital staffs, medical advice to the GVN military, and direct medical assistance to civilians. The major military functions are discussed below.

#### Military Provincial Health Assistance Program

This program was started in November 1965 with the objective of placing a 16-man team, including three physicians, of U.S. or other free-world military medical personnel in each of 43 provincial hospitals. Their mission was to assist at the hospitals in all matters involving the application of medical expertise.

In our February 1968 report, we said that there were 25 U.S. medical teams provided under this program and 23 teams from other countries assigned to the GVN hospitals in 42 of the 44 provinces in Vietnam.

As of July 1970 there were 54 medical assistance teams augmenting GVN medical personnel in health service facilities in all 51 GVN provinces and prefectures. Of the 54



teams, 25 were provided by the U.S. military under the subject program, 13 by other free-world sources under contract with AID, and the remaining 16 teams were from other free-world countries but not under USAID/VN operational control.

In the past, identical military medical teams were assigned to provincial hospitals regardless of actual hospital needs. However, effective March 1969, the military medical teams were reorganized and tailored to meet the specific needs of each hospital supported. This action resulted in an increase in the number of teams authorized but a reduction in the total number of authorized personnel from 359 to 271. Review of this program continues in an effort to make personnel reductions as the GVN Ministry of Health develops the capability to assume more of the responsibilities at the hospitals. For example, in June 1970, the authorized personnel ceiling was reduced to 215, and a recommendation was made at that time for a further reduction down to 176.

#### Medical Civic Action Program I

This program involves the care and treatment of Vietnamese civilians by medical personnel of the Vietnamese military. The U.S. military provides technical guidance in planning, coordinating, and implementing the program but does not actively participate in medical treatment of civilians. Statistics available indicate that, in calendar years 1968 and 1969 and for the first 3 months of 1970, about 2.1 million, 2.9 million, and 262,000 Vietnamese civilians, respectively, received treatment under this program.

#### Medical Civic Action Program II

This program is concerned with the care and treatment of Vietnamese civilians by U.S. and free-world military forces. Care consists mainly of administering immunizations; rendering first aid; extracting teeth; and treating minor burns, rashes, and infections, in support of the population which cannot receive treatment from the existing GVN Ministry of Health medical facilities. In addition,

assistance is provided during military operations, as the tactical situation permits, by medical personnel who give emergency treatment to wounded, injured, and sick Vietnamese civilians who otherwise would not receive treatment. During calendar years 1968 and 1969 and for the first 4 months of 1970, about 6.2 million, 4.5 million, and 1.2 million Vietnamese civilians, respectively, were treated under the program.

### GVN STAFFING

We found that, although some improvements in Vietnamese medical personnel shortages had been made since our February 1968 report, there was a continuing need for most medical specialties. The main reasons for the shortages continued to be the military draft and low Government salaries.

We visited nine GVN Ministry of Health hospitals in Regions I and IV, the two regions reporting the most civilian war-related casualties. On the basis of our discussions with U.S. and Vietnamese personnel assigned to these hospitals, we identified medical personnel shortages, such as doctors, nurses, dentists and laboratory technicians. Our specific comments relative to shortages at some of these hospitals follow.

#### Da Nang hospital in Region I

At the time of our review, there were 835 patients in the hospital. We were informed by a U.S. physician at this hospital that there were only nine Vietnamese doctors (two civilians and seven military on loan), three U.S. doctors, and one part-time dentist assigned to the hospital. The U.S. physician stated that the doctors available were adequate for only one ward.

#### Hue hospital in Region I

We were informed by the Vietnamese doctor in charge of the hospital that one of the biggest problems at the hospital was the shortage of trained doctors. He stated that there was only one doctor for each 100 patients in the tuberculosis and internal medicine wards. We were advised that, although the dental

clinic had three chairs, there were no dentists, and that about 100 dental patients daily were being treated by two dental technicians.

#### Kien Giang hospital in Region IV

The Vietnamese doctor in charge of the hospital and the U.S. officer in charge of the medical team assigned to the hospital stated that the main problem at the hospital was the lack of personnel, including doctors, nurses (with 3 years of training), and laboratory technicians.

#### Can Tho hospital in Region IV

We were informed by the Vietnamese doctor in charge of the hospital that there was a shortage of medical personnel at this hospital, especially nurses. He stated that, in the surgical ward, there was only one professional nurse on duty at any given time and that, in the orthopedic ward, only one nonprofessional nurse is on duty at any given time. Both of these wards were overcrowded.

An AID/Washington health official in February 1970 reported that the Vietnam health program was not performing effectively, mainly because of deficiencies in skilled manpower, less than optimum budgetary support, and an organization with authority concentrated too heavily at the national level.

Our February 1968 report showed about 1,000 physicians in Vietnam. In February 1970 AID estimated that there were about 1,400 doctors in Vietnam, about 1,000 (71 percent) of whom were military doctors. We were unable to reach any conclusions on the effect of the increase in doctors; however, it appears that the increase was less than that needed. For example, AID/Washington reported that, because of a high population growth rate, the need for doctors was growing faster than the GVN ability to train them.

Many of the 400 remaining nonmilitary doctors worked for the Ministry of Health and were responsible for treating about 14 million of Vietnam's 17 million people.

However, the total number of doctors available for treating civilians is somewhat greater because some military doctors maintain private practices and some had been loaned to the Ministry of Health. Available statistics showed that 191 new physicians were graduated in 1969, and that in 1970 an estimated 216 new physicians will graduate. Following graduation, these new doctors are drafted into military service.

As of July 1969, there were an estimated 150 dentists in Vietnam, of whom about 50 worked for the Ministry of Health. The majority of the dentists were located in Saigon. Over the past 3 years, the number of dental graduates averaged about 24 per year.

Until January 1969 almost all laboratory work in Vietnam was done by American technicians, with very little training being provided to their Vietnamese counterparts. However, as of July 1969, three schools were operating in Vietnam offering Vietnamese personnel laboratory technician training for periods ranging from 1 to 2 years. By October 1970 it was expected that four additional schools would be opened. AID estimated that, as of May 31, 1969, there were over 200 laboratory technicians in Vietnam. Of the more than 200 technicians, the Ministry of Health employed about 100 and 67 percent of these were located in the Saigon area. In 1968 and 1969, 134 laboratory technicians graduated from training schools.

Because of the limited time available for this review in Vietnam, we were unable to accumulate any reliable data as to the amount of funds programmed for all the various educational and training programs. However, AID/Washington records indicated that about \$1.8 million was programmed for training only doctors, dentists, and nurses in fiscal year 1970.

To help alleviate the shortage of Ministry of Health personnel, which had always been a problem in Vietnam, a new medical program was approved in February 1969 which provided for the joint utilization of civilian and military medical facilities and personnel, initially in 13 provinces, and which included the assignment of an additional 125 military doctors to the Ministry of Health. After some delay,

the program was begun in October 1969. In December 1969 it was expanded to 12 additional provinces. Full implementation of the program will provide a combined hospital staffing at the province level of about 2,700 personnel, whereas the Ministry of Health without joint utilization would have only 1,200 personnel.

No information was available at AID/Washington as to the effectiveness of this program or as to what extent U.S. and free-world assistance personnel might be reduced. However, we noted that in February 1970, USAID/VN had stated that, as a result of the joint utilization concept, the requirement for U.S. military medical team personnel was reduced by 25 percent in 1969 and an additional 21 percent in 1970.

In the past, the manpower shortage experienced by the GVN Ministry of Health has required U.S. and free-world personnel to augment the Ministry's capability, including doctors, dentists, nurses, laboratory technicians, logistics warehousemen, and maintenance technicians. It is envisioned that, as the Vietnamese capability expands, the GVN will be able to assume more of the responsibility and that the U.S. and free-world personnel can be phased out. A good example of this occurred between January 1968 and January 1969 when the U.S. general duty nurses were replaced by GVN Ministry of Health nurses. In addition, the medical logistics are now largely the responsibility of the Ministry of Health.

## CHAPTER 6

### MEDICAL FACILITIES

While the funds furnished by the GVN Ministry of Health for hospital maintenance increased between 1968 and 1970, AID considered that the amounts were inadequate and that, as a result, facilities were deteriorating and essential utilities were lacking. Also, equipment was being poorly maintained.

During our limited review of this aspect of the program in Vietnam, we found some indications to support this conclusion by AID.

In Region I, we visited four GVN Ministry of Health hospitals to observe conditions. At the hospital in Quang Ngai Province, we observed that the wards and operating rooms were clean and apparently fairly well maintained, the latrines were operative, and the hospital buildings and grounds appeared to be adequately maintained. We were informed by a U.S. medical officer that there were no sewage disposal or electrical distribution problems at this facility.

We found that the hospital in Da Nang, however, was generally deteriorating and maintenance was inadequate. We observed that latrines were generally inoperative or very unsanitary. We were informed by a U.S. medical officer that sanitation was a major problem at this facility. He also stated that the Vietnamese did not understand that the hospital septic tanks must be cleaned out at least once every 30 days to keep them operative. We were told that plumbing fixtures installed at the hospital by a Vietnamese contractor were inadequate and were not expected to last long and that the contractor would not return to correct construction deficiencies.

A comprehensive survey by an AID contractor of hospital facilities in Vietnam rated most of the Ministry of Health hospitals as fair or poor, from both the functional and physical standpoints. It was reported in the study that the hospitals were uniformly deficient in essential utilities

and were structurally inefficient, and that equipment was nonexistent or antiquated and received poor or no maintenance. In addition, most of the surgical suites built at 29 hospitals as part of the USAID/VN program to improve treatment of civilian war-related casualties were reported to have rapidly deteriorated because of a lack of maintenance from insufficient personnel and funds.

We were told by an AID/Washington official that GVN maintenance was a major problem in the health program and that improved maintenance capability would reduce renovation and construction costs for facilities and replacement costs for equipment. AID considered that the amount of funds budgeted for hospital maintenance was an improvement over the amount for previous years but still inadequate to properly maintain facilities and that GVN salaries for equipment maintenance technicians were too low to provide needed personnel.

Included in the Ministry of Health budget were costs for hospital and equipment maintenance, which in calendar years 1968, 1969, and 1970, amounted to \$110,000, \$145,000, and \$216,000, respectively, or only about one half of 1 percent of the total Ministry of Health budget. As evidence of its insignificance, the Ministry felt that 10 percent of its 1970 budget should be used for maintenance; however, only six tenths of 1 percent was finally budgeted.

As discussed later, lack of GVN maintenance capability was cited by GVN officials as one of the reasons for not requesting the transfer of a large number of excess U.S. military health facilities in Vietnam. In addition, AID auditors, in their June 1969 report, noted that hospital maintenance represented a problem which needed to be resolved to ensure proper utilization of the impact hospitals.

### IMPACT HOSPITALS

The impact hospital program was sponsored by USAID/VN and was intended to provide minimal, austere hospital facilities in nine provinces throughout Vietnam. The hospitals were planned for locations where there were no existing facilities or where facilities were generally inadequate for rehabilitation or expansion into full hospital

operations. Initially, the U.S. dollar cost for constructing these nine facilities was estimated at \$3.5 million and all the hospitals were scheduled for completion during the first 7 months of 1968.

During our review we found that numerous problems were encountered which caused considerable delays in construction of these hospitals and that the plans for constructing one of the hospitals was canceled in November 1968 because of the lack of security. As of May 1, 1970, about \$2.7 million had been expended for construction costs. Seven of these hospitals had been opened during the period December 1968 through January 1970, and the other hospital was reported as 75-percent complete as of May 1, 1970.

While it appears that the delays in construction may have been due primarily to the Viet Cong Tet offensive during February 1968 and a second Viet Cong offensive in May 1968, we note that other factors--such as extensive electrical modification, provision for unspecified generators, and numerous construction deficiencies--also have contributed to the delays.

During our review, we visited one impact hospital which was occupied in January 1970. The Korean medical officer in charge of the medical team at this hospital stated that 120 construction deficiencies had been identified. He said that he had reported these deficiencies many times but that very few had been corrected. We identified a number of problems at this hospital, including (1) a water shortage, (2) an inoperative sewage system, and (3) a lack of electrical power.

Although we did not inspect other impact hospitals that have been constructed, available records at USAID/VN indicated that the deficiencies identified at the above impact hospital were not the exception and that similar problems appeared to exist at some of the other impact hospitals.

#### CROWDED CONDITIONS

During the current review we visited nine hospitals, including the two reported on in February 1968. We found



that four were not crowded, four contained some crowded wards, and at one all the wards were crowded. Although crowded conditions had improved at one hospital previously inspected by GAO, the other hospital continued to be somewhat crowded.

During our inspection of four Ministry of Health hospitals in Region I, we noted that, at three of these hospitals, crowded conditions generally were not evident, although we observed a few examples of two patients occupying one bed. One of these hospitals in Quang Ngai Province was described in our February 1968 report as being overcrowded. At the fourth hospital in Da Nang, we noted that in certain wards nearly all beds were occupied by two patients and that some patients were on stretchers on the floor of the wards. However, this situation did not exist in all the wards.

We observed conditions at five Ministry of Health hospitals in Region IV and found crowded conditions at four of these hospitals. However, the hospital located in An Xuyen Province appeared to be the worst. At this hospital we observed numerous instances of two patients to a bed in all wards except the maternity ward and postoperative ward. The Vietnamese hospital administrator stated that there were 240 patients in the hospital for the 136 beds. A U.S. medical officer stated that this was an improvement over the condition existing about 13 months previously, and that construction of four new wards was in process which would raise the hospital's bed capacity to about 400. However, this official stated that, because of the lack of funds and qualified personnel, problems may be encountered in adequately supporting these new wards.

At three of the other four Ministry of Health hospitals we visited in Region IV, we did observe some instances of two patients to a bed in certain wards. However, this type of condition did not exist in all the wards at these hospitals.

We were advised at all GVN hospitals visited that patients were never turned away because of the lack of bed-space. We were informed that, if necessary, more than one patient was assigned to one bed. In some instances where

specialized treatment was needed, patients were transferred to another hospital.

### GVN MILITARY HOSPITALS

In addition to the Ministry of Health medical program for the civilian population, the GVN Ministry of Defense provides medical services to the Vietnamese military forces and their dependents, who number about 3 million of the country's 17 million citizens. As of October 1969 the Ministry of Defense operated 47 medical facilities with a total capacity of 12,100 beds. Civilians other than military dependents, until recently, had not been treated or admitted to these facilities except in emergencies.

Joint utilization of GVN civilian and military medical facilities and personnel, which we previously discussed, will now permit the treatment of civilians in the Ministry of Defense hospitals. Information available showed that the GVN long-range medical plans did not consider the possibility of transferring excess military facilities to the Ministry of Health following an end to hostilities and a corresponding reduction in military patient loads.

## DEPARTMENT OF DEFENSE HOSPITALS

We found that the three hospitals planned for civilian war-related casualties, as discussed in our February 1968 report, had been constructed but had been used to treat both U.S. military and Vietnamese civilian war-related casualties. This is in accordance with the revised U.S. military policy of treating civilian war-related casualties in all U.S. military hospitals instead of having separate facilities.

In April 1967 DOD planned to establish in Vietnam three hospitals with a total of 1,100 beds, for the exclusive treatment of civilian war-related casualties. From experience gained in late 1967 by admitting a limited number of civilian war-related casualties to two existing U.S. military hospitals, however, the original plan for three separate civilian war-related-casualty hospitals was revised. Since April 1968 the U.S. military policy has been to treat civilian war-related casualties in U.S. military hospitals as available bedspace permits. We found that unofficially 25 percent of the operating beds were held in reserve for contingencies but that no beds were reserved exclusively for civilian war-related casualties. The following table presents the total Vietnamese admissions and the total civilian war-related-casualty admissions and the average number of U.S. military hospital beds occupied by each category during calendar years 1968 and 1969.

### Vietnamese Admissions to U.S. Military Hospitals

<u>Year</u>	<u>Civilian war-related casualties</u>	<u>Monthly average of beds occupied</u>	<u>All causes</u>	<u>Monthly average of beds occupied</u>
1968	7,747	264	255,782	546
1969	8,544	189	226,279	693

### TRANSFER OF EXCESS U.S. MILITARY HOSPITALS TO GVN

As a result of U.S. troop withdrawals, associated with plans to turn over to the Vietnamese more operational responsibility for the conduct of the war, and redeployment

of the U.S. troops within Vietnam, some of the U.S. medical facilities have been or will be relocated or closed, resulting in some excess usable hospital buildings. To assist the GVN health effort, consideration has and will be given to the eventual transfer of some of these excess facilities to GVN, depending on various factors.

We were informed by U.S. military and civilian officials that GVN had surveyed U.S. military hospitals and had expressed interest in nine for future use as GVN facilities. According to these officials, more facilities were not desired because of a shortage of GVN manpower, lack of maintenance capabilities, undesirable locations, and high operating costs. The following table presents the locations and authorized beds of these nine facilities:

<u>Location</u>	<u>Authorized beds</u>
Saigon	400
Binh Thuy	400
Nha Trang	400
Cu Chi	400
Long Binh	400
Long Binh	400
Vung Tau	400
Pleiku	400
Da Nang	<u>400</u>
Total	<u>3,600</u>

On July 1, 1969, there were over 5,632 operating beds in U.S. military hospitals exclusive of hospital vessels. As of May 31, 1970, the number of operating beds was down to 4,503, or about a 20-percent reduction.

Information available in Vietnam showed that nine U.S. military hospitals were closed and were transferred to the GVN or to other U.S. military units or were scheduled for removal during the period July 1969 through May 1970. The following table presents the location, authorized beds, and disposition of these nine U.S. military hospitals.

Disposition of U.S. Military Hospitals Closed  
as of May 31, 1970

<u>Location</u>	<u>Beds authorized</u>	<u>Disposition</u>
Tuy Hoa	400	Facility dismantled and equipment and supplies distributed to incountry U.S. military hospitals.
Chu Lai	400	Facility currently being used as a U.S. military hospital.
Quang Tri	60	Retrograded. (note a)
Binh Thuy	400	Facility currently being used as a U.S. military hospital. GVN interested in this hospital.
Vung Tau	400	Will be turned over to GVN.
Lai Khe	60	Retrograded. (note a)
Da Nang	600	Facilities now being used for other U.S. purposes. Equipment distributed to incountry U.S. military hospitals and GVN hospitals.
Qui Nhon	200	Originally used as a prisoner-of-war hospital. Equipment retrograded. (note a) Disposition of facility not known at present time.
Long Binh	200	Originally used as a prisoner-of-war hospital. Equipment retrograded. (note a) Facility is being used by the U.S. military as an annex to a hospital.
<hr/>		
Total	<u>2,720</u>	

<sup>a</sup>Items designated for removal.

We were advised by a U.S. military official that GVN had been solicited regarding any interest they might have in most of these hospitals. The records showed that GVN expressed interest in only two of these hospitals. One of these two hospitals will be turned over to them, and the other is currently being used by the U.S. military as a hospital. One other hospital facility is located on a U.S. military closed post and cannot be given to GVN. The remaining six hospitals either were not offered to the GVN

because of continued U.S. military medical needs or were not acceptable to GVN because (1) they felt the facilities were in undesirable locations or (2) they felt that they were not capable of operating and maintaining the facilities. For example, we were advised by a U.S. military official that GVN declined to accept the U.S. Naval Support Activity hospital in Da Nang because the size of the facility and the sophistication of its equipment were beyond the GVN's maintenance and operational capabilities.

## CHAPTER 7

### MEDICAL LOGISTICS

We have found that, since our last report, the GVN medical supply system has improved so much that the requisition fill rate has increased from 20 percent in 1966 to 85 percent in 1969. In addition, we have found that the Ministry of Health has been assuming more of the program responsibilities. We note however, that there continues to be a shortage of maintenance personnel.

The bulk of the medical supplies furnished to the Ministry of Health by the United States are still obtained from the U.S. Army medical depot in Okinawa. After arrival in Vietnam these supplies are first stored at the main medical depot in Saigon. Then in response to orders, supplies are sent from the Saigon warehouse to three branch depots and to medical warehouses of the various Ministry of Health facilities scattered throughout Vietnam.

Because of the military draft and low Government salaries, the Ministry of Health was not able to provide an adequate number of competent Vietnamese personnel to staff the supply operations at the main and branch depots, including warehouse operations and equipment and vehicle maintenance. Therefore, in April 1967 AID contracted for these services. Subsequently, through the use of GVN military personnel, the Ministry of Health increased its supply management capability and in October 1969, when the AID supply management contract expired, GVN took over the responsibility for management and operation of supply functions.

However, with respect to equipment and vehicle maintenance, the Ministry of Health was unable to assume this responsibility because of continued shortages of civilian employees, and no military personnel having been assigned to medical maintenance activities. Therefore, AID-financed contract personnel continue to perform equipment and vehicle maintenance functions.

## CHAPTER 8

### SCOPE OF REVIEW

This review was conducted at the request of the Chairman, Subcommittee To Investigate Problems Connected With Refugees and Escapees, Committee on the Judiciary, U.S. Senate. It was directed primarily toward updating our prior inquiries into the problems associated with assisting civilian war-related casualties in Vietnam.

The review was conducted at AID and DOD in Washington, D.C.; at USAID/VN headquarters in Saigon, Vietnam; and at various medical facilities throughout Regions I and IV in Vietnam. It included an examination of available records and discussions with responsible agency officials.

To try to meet the reporting date requested by the Counsel of the Subcommittee, fieldwork on this assignment did not include a complete review of all aspects of the program covered in our prior reports.



APPENDIX



JAMES O. EASTLAND, MISS., CHAIRMAN

JOHN L. MC CLELLAN, ARK.	ROMAN L. HRUSKA, NEB.,
SAM J. ERVIN, JR., N.C.	HIRAM L. FONG, HAWAII
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## United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, D.C. 20510

April 21, 1970

JOHN H. HOLLOMAN III  
CHIEF COUNSEL AND STAFF DIRECTOR

The Honorable Elmer Staats  
United States Comptroller General  
441 "G" Street, N.W.  
Washington, D.C. 20548

Dear Mr. Staats:

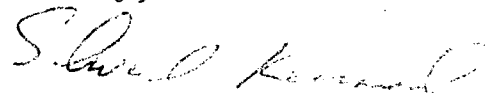
As you probably know, since 1965 war-related civilian problems in Vietnam have been a major concern of the Judiciary Subcommittee on Refugees. On two occasions, in 1965 and 1967, the Subcommittee requested the General Accounting Office to investigate the handling of these problems, and reports were subsequently filed with the Subcommittee.

In light of the continuing Congressional and public interest in the items covered by the investigations, I feel it would be helpful to update the earlier reports, and would like to request that the General Accounting Office reopen its inquiry into war-related civilian problems in Vietnam. In this connection, I would also like to request that a similar inquiry be made into the movement of refugees and the occurrence of civilian war casualties in neighboring Laos. *He*

To facilitate these investigations, it would be helpful if you would designate a representative of the General Accounting Office to get in touch with Mr. Dale deHaan, Counsel to the Subcommittee, for additional information on what we feel the investigations should cover.

Many thanks for your consideration and best wishes.

Sincerely,



Edward M. Kennedy, Chairman,  
Subcommittee on Refugees and  
Escapees