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**REPORT TO THE SUBCOMMITTEE ON
REFUGEES AND ESCAPEES
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE**

74-0164

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Followup Review Of Refugee, War
Casualty, Civilian Health And
Social Welfare Programs In
South Vietnam

B-133001

Agency for International Development
Department of State

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

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

B-133001

The Honorable Edward M. Kennedy, Chairman
Subcommittee on Refugees and Escapees
Committee on the Judiciary *S 2514*
United States Senate
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Dear Mr. Chairman:

This report presents the results of our followup review of refugee, war casualty, civilian health and social welfare programs in South Vietnam made in response to your request of July 11, 1973.

At the request of the Subcommittee Counsel, we also made inquiries about U.S. intentions concerning future aid to the people of North Vietnam. Preliminary discussions on U.S. assistance to North Vietnam were held in Paris between high-level American and North Vietnamese officials. However, these discussions have been recessed since July 1973, and further progress in such program planning is contingent on the outcome of future bilateral discussions. Therefore, no substantive information on this matter was available to us.

In accordance with your request, we did not follow our usual practice of submitting the report to the agencies concerned to obtain their official comments. We have discussed our general observations with U.S. officials in South Vietnam and Washington, and considered their comments in preparing this report. These factors should be given due consideration in any use made of this report.

We believe the contents of this report would be of interest to other committees and Members of Congress. However, further distribution of the report will be made only if you agree or publicly announce its contents.

Sincerely yours,

Acting Comptroller General
of the United States

APPENDIX

| | | |
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ABBREVIATIONS

| | |
|-------|---|
| USAID | U.S. Agency for International Development |
| GAO | General Accounting Office |
| GVN | Government of Vietnam |

COMPTROLLER GENERAL'S REPORT TO
THE SUBCOMMITTEE ON
REFUGEES AND ESCAPEES
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

FOLLOWUP REVIEW OF REFUGEE, WAR
CASUALTY, CIVILIAN HEALTH, AND
SOCIAL WELFARE PROGRAMS IN
SOUTH VIETNAM

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D I G E S T

WHY THE REVIEW WAS MADE

GAO was asked by the Chairman, Subcommittee on Refugees and Escapees to update its previous reports on efforts made to alleviate humanitarian problems in South Vietnam.

This report presents results of a followup review on the refugee, war casualty, civilian health, and social welfare programs in South Vietnam.

In accord with Subcommittee office wishes, GAO did not obtain official comments from the Department of State, the Agency for International Development and the Department of Defense on this report. GAO did discuss the report generally with State and Agency for International Development officials in Saigon and in Washington, D.C.

FINDINGS AND CONCLUSIONS

Program management

The Government of Vietnam (GVN) is responsible for managing programs to assist war victims and civilian war casualties. It controls all facets of these programs and exercises authority over day-to-day operations. The United States provides financial, commodity, and technical support, but U.S. personnel have no direct authority or responsibility

for program operations. (See p. 3.)

Poor control over U.S.-provided piasters

In previous years GAO reported that, because GVN does not provide actual expenditure reports, there was poor control over U.S.-provided piasters. GVN reports show only fund allocations, although it has agreed several times to submit expenditure reports.

Slow release of piasters

The release of piasters for social welfare programs continues to be a problem. As of October 1973, only 34 percent of the 600 million piasters (about \$394,000) programed in 1973 for social welfare had been allocated. (See pp. 7 and 8.)

Plans for future assistance

The Agency for International Development plans to adhere to the basic policy of emphasizing long-range economic assistance programs in Vietnam. This policy has, however, been frustrated by the war, especially in the case of refugee assistance. (See p. 9.)

GVN continues to emphasize temporary relief measures for the war victims relief and rehabilitation program. (See p. 12.)

Newly generated war victims

GVN attributes the increase in displaced war victims, 1.4 million since GAO's last review, to the March 29, 1972, North Vietnamese offensive and subsequent action and to incidents occurring after the cease-fire of January 1973. (See p. 14.)

Agency personnel said that, except for 17,000 refugees who were moved short distances for security reasons, no forced relocations had occurred. They told GAO that temporary camp conditions were still unsatisfactory in November 1972. In an effort to raise standards of health, nutrition, sanitation, and housing, joint GVN-U.S. impact teams carried out a major camp improvement program. (See p. 15.)

Resettlement and return-to-village war victims

Through the war victims program, GVN is helping people to establish themselves, become self-sufficient, and resume a normal way of life. As of September 1973, GVN had assisted 1.9 million people to return to their original villages and 2.2 million to resettle since 1964.

Agency officials said late and slow resettlement and return-to-village program payments are still a problem. Over 300,000 war victims have been waiting 18 months or longer for payment.

In recent years, sudden influxes of war victims have increased emergency needs and consequent deemphasis of development and other long-term projects, and calendar year 1972 was no exception. (See pp. 18 to 20.)

At the time of GAO's review, the Director General of Land Development and Hamlet Building had not developed a reporting system for measuring progress in resettlement and return-to-village programs. This organization provided no information on the status of completion of each project for calendar year 1973 nor on the expenditure of funds.

GVN planned to relocate about 760,000 war victims. More than 600,000 were resettled before 1972 and many of them find it difficult to live economically in their current locations. (See p. 21.)

Public health projects

The Agency gives advice and direct dollar assistance to various public health projects designed to assist GVN provide adequate medical care to all segments of the population.

Commenting on the performance of the Ministry of Health logistics system since our last review, Agency officials said that the Ministry had

- increased its commodity budget and local procurement,
- expanded its pharmaceutical processing plant, and
- improved inventory records. (See p. 24.)

Assistance to other war victims

Programs have been established to assist such war victims as widows, orphans, and the physically disabled. However, no program has been designed to assist the undetermined numbers of urban refugees. (See p. 33.)

Staffing

The staffs for both the relief and rehabilitation and the civilian health programs have continued to decrease. (See p. 41.)

Financial support

Agency direct-dollar support for relief and rehabilitation increased from \$3.8 million in fiscal year 1971 to \$31 million in 1973. Conversely, civilian health direct-dollar support decreased from \$19.4 million in 1971 to

\$9.1 million in 1973. (See p.44.)

Food for Peace

The Agency has greatly reduced the Food for Peace Program from previous averages of about \$14 million annually to about \$3 million annually. (See p. 46.)

Civilian war casualties

Conditions in Vietnam still preclude the gathering of accurate and reliable statistics on the total number of civilian war-related casualties.

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CHAPTER 1

INTRODUCTION

As requested by the Chairman, Subcommittee on Refugees and Escapees, Senate Committee on the Judiciary, in a letter dated July 11, 1973, we again reviewed the refugee, civilian health, and war-related casualty programs in South Vietnam. Our last two reports to the Subcommittee were made in 1972.¹

The United States has continued to assist the Government of Vietnam (GVN) to provide essential services and facilities for the Vietnamese people and to help alleviate the effects of the war. The United States provided \$572 million in assistance to Vietnam through the U.S. Agency for International Development (AID) in fiscal year 1973. For fiscal year 1974, AID programmed \$715.7 million, including \$304.7 million under Public Law 480, as assistance to South Vietnam.

WAR VICTIMS

The GVN, through war victims relief and rehabilitation programs, assists persons adversely affected by the war. The United States has supported this program with advisory, financial, commodity, technical, and training assistance. As in previous years, the war victims program has both long- and short-term objectives. Over the years, GVN has attempted to shift emphasis from short-range to long-range objectives. The immediate objective is to provide emergency relief, and the long-term objective is to return these people to economic stability and normal participation in society. This long-range goal has been emphasized since the January 1973 ceasefire with the expansion of the Land Development and Hamlet Building program.

GVN distinguishes between displaced and in-place war victims. Displaced war victims are people who were forced from their homes for lengthy periods of time. (Before March 29, 1973, these people were referred to as refugees, so throughout this report "displaced war victims" and

¹Civilian Health and War-Related Casualty Program in Vietnam--1 Year Later, Feb. 29, 1972 (B-133001). Follow-up Review On Assistance to War Victims in Vietnam, Mar. 27, 1972 (B-133001).

"refugees" are used interchangeably.) In-place war victims, on the other hand, are those who leave for a few weeks and are able to return home in a short time.

GVN provides food, casualty, and reconstruction allowances to war victims as temporary relief and, as conditions permit, assistance for resettling or return-to-village. It also gives humanitarian assistance to other needy persons, such as widows, orphans, and the physically disabled.

PUBLIC HEALTH

GVN, through its hospitals and rural health facilities, provides treatment and health care to the majority of the civilian population. The United States has supported the GVN's health care system with advisory, financial, commodity, technical and training assistance.

As outlined in the Ministry of Health 4-year health plan (1972-75), the GVN health program encompasses (1) curative medicine, (2) disease prevention, (3) improved living standards, (4) family protection, (5) medical rehabilitation, (6) manpower development, and (7) medical resources development.

CHAPTER 2

PROGRAM MANAGEMENT

GVN controls all facets of the programs to assist war victims and civilian war casualties and exercises authority over day-to-day operations. GVN and U.S. organizations involved in these programs are discussed in the following sections. U.S. and GVN staffing and financing for the programs are discussed in chapter 7.

GVN ORGANIZATION FOR WAR VICTIMS ASSISTANCE

GVN responsibilities for the war victims programs were split between the Ministry of Social Welfare and the Directorate General of Land Development and Hamlet Building in March 1973. Previously, management responsibility had rested with several different GVN ministries, committees, or councils.

Under GVN organization, the Ministry is responsible for all payments to in-place war victims and all temporary (in camp) and return-to-village payments to displaced war victims. The Directorate is responsible for all resettlement and development allowances and activities, agricultural supplies, and essential developments required in return-to-village sites.

The Ministry has, in addition to a central office in Saigon, a regional and provincial organization. It has staffs at each of four military region headquarters, all 44 of the provinces, and some districts within these provinces. Because the Directorate works through existing province and district governments, it has a limited staff, the majority of whom are assigned to its headquarters.

GVN ORGANIZATION FOR CIVILIAN HEALTH

GVN's Ministry of Health provides civilian health services for the 19 million Vietnamese people. In 1972, it was operating 64 hospitals and 4,149 urban-rural health facilities. USAID did not provide us similar data for 1973. The Ministry also operates its own logistical system and supports

training programs for nurses, assistant pharmacists, and laboratory and public health technicians. The Ministry has representation, through the personnel assigned to its many facilities, in provinces, districts, and villages throughout South Vietnam.

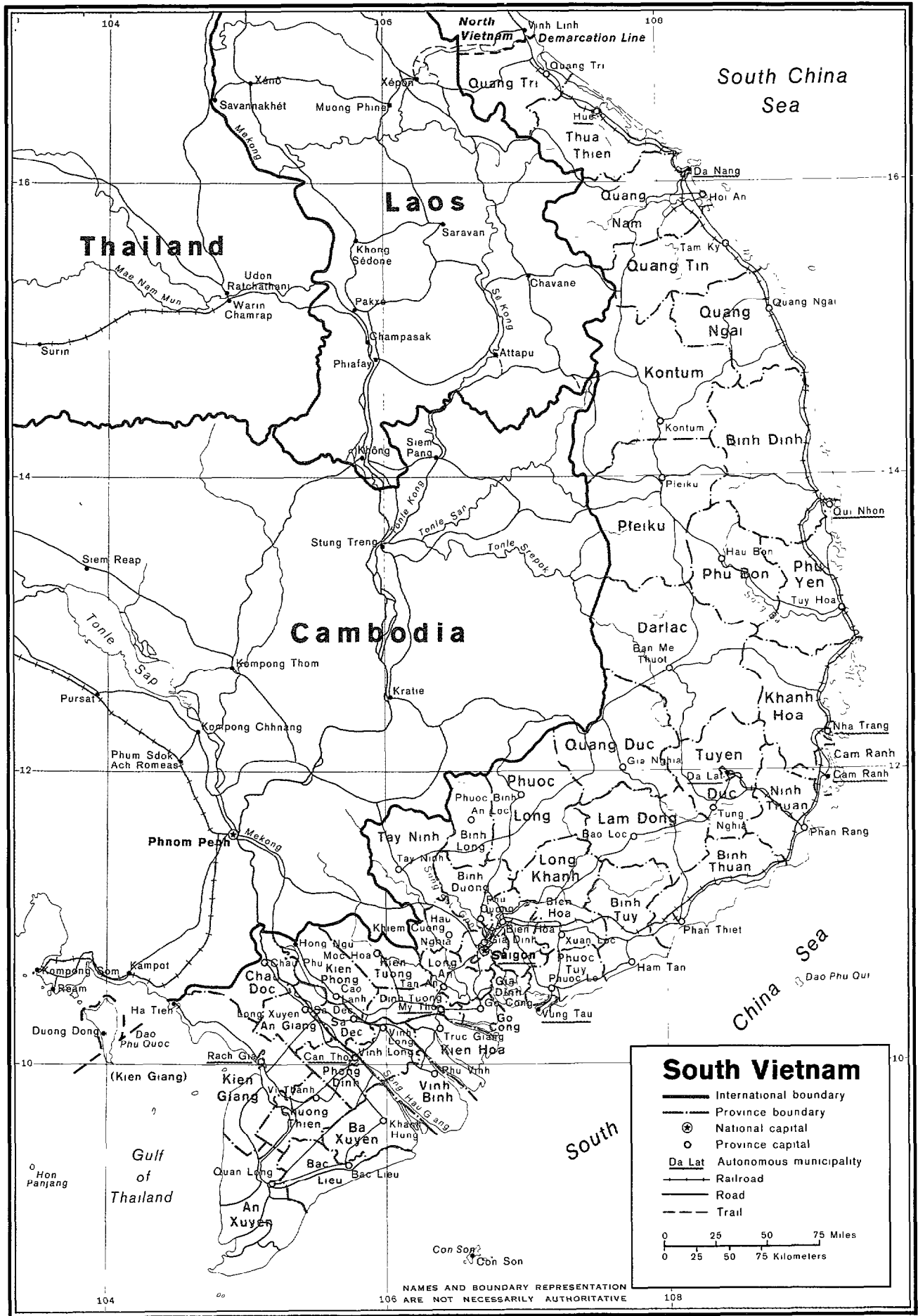
U.S. ORGANIZATION

U.S. financial, technical, commodity, and advisory support for war victims and civilian health programs is administered by USAID's Directorate for Relief and Rehabilitation and its Public Health Division. USAID had assigned the responsibility for the war victims program to the Civil Operation for Rural Development Support in 1968 but resumed this responsibility in February 1973. The Food for Peace and Ethnic Minorities Divisions were also consolidated into the Relief and Rehabilitation Directorate in March 1973. The Public Health Division has always been a part of the USAID organization and has had no major reorganization since our last report.

These two units are organized at several levels, corresponding to those of GVN's Ministries of Social Welfare and of Health. USAID Relief and Rehabilitation Directorate and Public Health Division Directors and their staffs advise the respective ministries on various aspects of the programs. At the field level, formerly controlled by the Civil Operation for Rural Development Support, advisors are now part of USAID's Consulate General organization. This organization was established in March 1973 under a Special Assistant to the Ambassador for Field Operations. Relief and rehabilitation and public health personnel at regional headquarters advise their respective counterparts and report progress and problems to USAID. Below the regional level in the province, USAID advisors are responsible, in general, for advising GVN officials, including those assigned to relief and rehabilitation and public health. With the cutback in U.S. personnel, USAID has province advisors in only 32 of Vietnam's 44 provinces and no district advisors. U.S. field advisory influence, consequently, is limited.

MANAGEMENT INFORMATION SYSTEM

The Ministry of Social Welfare reporting system, as described in our previous reports, produces a narrative and a statistical report. Narrative reports are prepared by



U.S. advisors in the provinces and are used to highlight problem areas, to request action at the headquarters level, and to correct errors in the statistical reports. The statistical reports, on the other hand, are prepared by Ministry personnel from data gathered in their provinces.

USAID personnel said the Ministry has tried to improve the quality of statistical reports, but such reports continue to contain inconsistencies and errors. U.S. personnel consider statistical reports valuable management tools and, because GVN statistics are the best available, rely heavily on them to produce the necessary management data.

The Ministry of Health provides the statistical data on admissions to its hospitals. Although these statistics are not considered completely accurate or reliable, USAID uses them. (See ch. 8.) In other instances, such as statistics on the number of civilian casualties treated as outpatients at district clinics and hospitals, the data is not considered even reasonably accurate and is not used.

POOR CONTROL OVER U.S.-PROVIDED PIASTERS

In previous years, we have stated that, because GVN does not provide actual expenditure reports, there was poor control over U.S.-provided piasters. GVN reports show only fund allocations, although it has agreed several times in the past to submit expenditure reports.

In the specific area of humanitarian assistance to war victims, USAID's Relief and Rehabilitation Directorate does receive monthly reporting reflecting actual expenditures for assistance to in-place and displaced war victims. For the social welfare and resettlement and return-to-village portions of humanitarian assistance, however, no such reporting exists. The U.S.-provided piasters programmed for calendar year 1973 are shown below.

| | <u>Programed</u> | |
|---------------------------------------|------------------|----------------|
| | <u>Piasters</u> | <u>Dollars</u> |
| | (Millions) | |
| Resettlement and return-to-village | 14,500 | \$27.6 |
| Social welfare | 600 | 1.1 |

No reports of expenditures are received from the Directorate General of Land Development and Hamlet Building. For the social welfare program, however, USAID receives a monthly report which compares the amount of funds programmed with the amount of funds allocated. Funds allocated in the social welfare program usually represent transfers to institutions or voluntary agencies who administer the program concerned. The Relief and Rehabilitation Directorate receives no additional reporting on the final disposition of allocated funds.

USAID advised us that it recognizes the need for reporting on the basis of actual expenditures and have tried to impress this on the Ministry of Social Welfare. The problem, however, was caused by the voluntary agencies carrying out the programs. These voluntary agencies and institutions were greatly understaffed, according to USAID, and lacked the necessary training to produce meaningful expenditure reports.

In view of the Land Development and Hamlet Building's program, about \$27.6 million, USAID officials advised us they have made every effort to convince GVN to provide expenditure data. As of November 1973, USAID personnel told us, GVN had made a firm commitment to provide such expenditure reports. USAID said it would continue to attempt to get this type of report for social welfare programs.

SLOW RELEASE OF PIASTERS

The slow use of piasters for social welfare programs is still a problem. As of October 1973, only 34 percent of the 600 million piasters (about \$394,000) programmed in calendar year 1973 had been allocated. The reason for this slow use of funds varies according to the specific project involved. However, USAID stated that the principal reason may be its overly optimistic planning, compounded by poor GVN planning.

CHAPTER 3

PLANS FOR FUTURE ASSISTANCE

To help Vietnam attain self-sufficiency and self-dependence, AID's general policy has been to emphasize long-range economic assistance program in Vietnam. AID's efforts have been frustrated, however, by the war, particularly for refugee assistance. Emergency in-camp relief needs have often caused the deferral of long-range development projects, such as the return-to-village and resettlement programs.

In previous years USAID had no formal list of priorities of the relative importance of humanitarian assistance programs, such as refugee relief, social welfare, and civilian health. For fiscal year 1971, however, civilian health projects were the second largest dollar-funded projects, having about \$17.7 million of the total \$122.7 million committed to the 10 largest programs; war victims programs were seventh, having about \$6.3 million.

Because of the cease-fire, however, USAID believes that (1) reconstruction and development should receive new emphasis and (2) the highest priority should be an effort to make Vietnam less dependent on outside assistance. USAID personnel believe that this effort cannot be deferred and that progress must be made by the end of fiscal year 1975.

Within the foregoing framework, USAID has now established the following priorities.

- Start a process of economic growth, so that by the end of 1975, a clean-cut trend toward freedom from large-scale foreign aid will have been established.
- Help GVN improve its efficiency and performance, particularly with respect to the previously stated objective.
- Provide relief for refugees and other war victims and help them become reintegrated in a productive economy.

- Reconstruct war damage and rehabilitate productive facilities neglected and eroded during the war.
- Support efficiently and at the least cost a South Vietnamese defense establishment adequate to protect the country from the military threat posed by North Vietnam.
- Prevent inflation from disrupting these objectives.

According to USAID, U.S. support for war victims, social welfare, and civilian health will be greatly reduced by the end of fiscal year 1975. After that, social welfare and civilian health programs will be relatively modest. Commodity assistance for the Food for Peace program will probably be discontinued at the end of fiscal year 1975 for refugee activities. Food for Peace commodity assistance will probably continue for other humanitarian assistance programs, such as general welfare and school food activities. Planned funding levels for these activities is shown below.

| | <u>U.S. programs</u> | | |
|---|---------------------------|-----------------|-----------------|
| | <u>1974</u> | <u>1975</u> | <u>1976</u> |
| | ----- (000 omitted) ----- | | |
| Relief and rehabilitation (war victims) | ^a \$61,500 | \$54,160 | \$21,715 |
| Social welfare | - | 7,480 | 5,675 |
| Food for Peace (dollar support) | 256 | 222 | 184 |
| Public health (including population programs) | <u>8,725</u> | <u>8,305</u> | <u>4,665</u> |
| Total | <u>\$70,481</u> | <u>\$70,167</u> | <u>\$32,239</u> |

^aFor fiscal year 1974, \$7.2 million of the relief and rehabilitation (war victims) funds were earmarked for child welfare. For 1975 and 1976, child welfare funds are presented as social welfare.

These levels of planned assistance are based on the following assumptions.

- Large-scale fighting will not resume.

- Security conditions will gradually improve, despite sporadic outbreaks of localized fighting and frequent acts of terrorism.
- Geographical areas controlled by all parties will remain stable.
- Basic relationships of these factions will remain unaltered by political settlements.
- South Vietnam will continue to maintain 1.1 million men under arms for 1974 and 1975.
- Increased assistance will be received from third countries and international institutions.
- World commodity shortages will ease and will cause only moderately rising prices.

We do not necessarily agree with these assumptions and USAID officials said that any major changes in these assumptions could also alter the level of assistance required to accomplish U.S. objectives.

GVN has two long-range plans--a 4-year plan for 1972-75 and an 8-year plan for 1973-80, both of which, according to USAID, may contain overly optimistic projections. USAID advised us that the March 1972 offensive and the January 1973 peace agreement have limited the value of the 4-year plan but that the 8-year plan will be more helpful in planning for the future.

CHAPTER 4

REFUGEE ASSISTANCE PROJECTS

TEMPORARY ASSISTANCE TO WAR VICTIMS

The war victim population has increased greatly since our 1971 review. The largest increase was caused by the North Vietnamese offensive of March 1972, and minor increases were caused by fighting after the January 1973 cease-fire and the August bombing halt in Cambodia. The major effects of these actions were felt in Military Regions 1 and 2, the northernmost areas of South Vietnam. USAID records showed the following number of new refugees registered and living in GVN-controlled sites since 1968.

| <u>Year</u> | <u>Newly registered refugees</u> |
|-------------------|--|
| 1968 | 494,000 |
| 1969 | 114,000 |
| 1970 | 129,000 |
| 1971 | 136,000 |
| 1972 | 900,000 |
| 1973 (at Sept. 1) | 65,000 |

GVN's war victim relief and rehabilitation program continues to emphasize temporary relief measures--food, shelter, and medical attention--for in-camp war victims.

GVN estimates that, since the beginning of the program, it has paid temporary benefits to about 4.4 million people displaced by the war, including (1) a 1969 estimate of 476,000 refugees not living in camps (out-of-camp refugees), (2) an estimated 200,000 Vietnamese repatriated from Cambodia, and (3) 30,000 Cambodians. USAID said that no official count had been made of out-of-camp refugees in Vietnam since 1969.

Payment of temporary benefits

For temporary benefits to displaced war victims, GVN budgeted about 12.7 billion piasters (about \$24.2 million)¹ from calendar year 1973 counterpart funds. As of August 31, 1973, GVN recognized 363,200 displaced war victims as being eligible for temporary benefits. Since 1964 temporary benefits of some type have been paid to persons displaced by the war.

To receive temporary benefits the displaced war victims must be recognized by GVN and must live in a recognized GVN relief center. GVN has not paid temporary benefits to out-of-camp displaced war victims since 1970. Displaced war victims include the following categories of people who evacuated their homes voluntarily or involuntarily to escape the fighting.

- Vietnamese civilians,
- Vietnamese nationals repatriated from Cambodia or Laos, or
- Cambodian and Laotian nationals who crossed the border into South Vietnam.

Temporary assistance consists of immediate benefits of food or an equivalent monetary allowance, water, shelter, medical care, and other necessities. The food benefits are provided for 3 months, with extensions available if warranted.

Although GVN has emphasized resettlement and return-to-village programs, since our last report temporary benefits to refugees retain priority. USAID officials generally agree that GVN performed exceptionally well in distributing temporary benefits to the large number of war victims caused by the March 1972 offensive. During calendar years 1972 and 1973, an estimated 1 million war victims received temporary benefits.

Our last report mentioned the extensive delays in recognizing refugees and in making temporary payments in Darlac, Kontum,

¹U.S. dollar equivalents of Vietnamese piasters were converted at the following average official exchange rates: 1971, 118 to 1; 1972, 352 to 1. For 1973, the rate of 525 to 1, effective Oct. 16, 1973, was used.

and Kien Giang provinces. USAID officials told us in October 1973 that these problems happened in the past because GVN policy does not permit payment of temporary benefits to out-of-camp personnel. Consequently, displaced war victims who did not live in recognized relief centers did not receive temporary benefits. These war victims may, however, apply for and receive in-place war victims benefits, which include food allowances as well as casualty and reconstruction benefits.

Newly generated war victims

GVN attributes the increase in displaced war victims, 1.4 million since our last review, to the March 29, 1972, North Vietnamese offensive and subsequent counteroffensives and to incidents occurring after the cease-fire of January 1973. The March 1972 offensive and subsequent fighting generated an estimated 1.3 million war victims. As shown below, more than 80 percent of the war victims were generated in Military Regions 1 and 2, where most of the fighting took place.

| <u>Military Region</u> | <u>Estimated war victims generated</u> | <u>Percent of total</u> |
|------------------------|--|-------------------------|
| 1 | 710,000 | 53 |
| 2 | 371,000 | 28 |
| 3 | 169,000 | 13 |
| 4 | <u>83,000</u> | <u>6</u> |
| Total | <u>1,333,000</u> | <u>100</u> |

GVN estimated that 900,000 of these people took refuge at official GVN temporary sites, while the remainder apparently provided for themselves or depended on relatives or friends. By October 1972 over 757,000 people were in official sites and receiving benefits. Many of these people are still displaced because their former homes are now in insecure or enemy controlled areas, such as Quang Tri province.

War victims have been generated, to a much lesser degree, by the action after the cease-fire of January 1973. Since the cease-fire, GVN estimated that as of September 1, 1973, only 65,000 people have become displaced war victims. The majority of refugees generated after the cease-fire never entered camps

and were able to return to their homes almost immediately; consequently, few of them received benefits as displaced war victims. But about 490,500 in-place war victims filed claims for casualty and property damages occurring in 1973.

Our previous report discussed a number of irregularities in the administration of temporary camps. In March 1973, USAID reported that it and GVN had recognized for some time the problem of false registrations, duplicate registrations, and phantom registrations at camps.

According to USAID, these problems were caused by the influx of war victims from all parts of South Vietnam from March to August 1972. At that time identification procedures were suspended in order to feed and shelter these people. USAID advised us that GVN has again emphasized that only eligible personnel are to receive benefits, and camps have been and are being resurveyed. GVN has established resurvey teams composed of Vietnamese teachers and college students. Since December 1972 over 40,000 ineligibles have been dropped from the rolls in Military Region 1. Additionally, GVN dismissed the mayor of DaNang and some of his staff and suspended all payments for over 2,000 metric tons of rice because of purchase irregularities.

Forced relocations

Our previous report discussed the problems caused by poorly planned or forced relocations of people in Military Regions 2 and 4. Forced relocations are against GVN policy, which states that "population relocations must be limited to a minimum as our main objective remains one of bringing security to the people instead of moving people to secure areas."

We could find no evidence of this problem in province and military region reports, but USAID said that recently forced relocations have recurred in Military Region 4 for security reasons. GVN forcibly relocated some 17,000 people in the delta region in early 1973. These people were reportedly moved short distances from their homes to more easily protected areas. No U.S. funds supported this relocation according to USAID, and the majority of families continued to farm their fields after relocation.

USAID also said that forced relocations had not recurred in Military Region 2. The military region commander

responsible for forced relocations in the past was relieved of command.

Refugee living conditions

Our previous report described refugee living conditions in Vietnam as unsatisfactory. USAID stated that temporary camp conditions were still unsatisfactory in November 1972, mainly caused by the unexpected influx of war victims from March through September 1972 and the resultant preoccupation with feeding and housing them.

Joint GVN-U.S. impact teams carried out a major camp improvement program in an effort to raise standards of health, nutrition, sanitation, and housing. This program lasted from early November 1972 to late February 1973 and cost an approximate 680 million piasters (equivalent of about \$1.3 million).

According to USAID, the project was successful and camp conditions improved. GVN officials, however, believe that camp conditions are still unsatisfactory even after this camp improvement. They believe the only way to improve conditions is to move the people out of camps through resettlement and return-to-village programs.

During 1973 Embassy field advisors reported many examples of unsatisfactory conditions at resettlement and return-to-village sites. However, USAID officials said these were isolated instances and not representative of conditions at other sites.

Additional information concerning camp conditions is available in a State Department Inspector General report dated December 6, 1972, and in Mr. Wells Klein's 1973 statement to the Senate Judiciary Committee.

Montagnard health problems

Montagnard relocation sites have higher mortality rates, according to USAID public health officials, compared with sites populated by ethnic Vietnamese. They said that the majority of these deaths are attributed to dysentery caused by the Montagnard's disregard of personal hygiene, although some of the deaths are also caused by malnutrition, respiratory infections, and tuberculosis.

Although USAID Public Health officials conclude that the Montagnard health problems can be related to unsanitary and crowded conditions at Montagnard temporary camps, they also admit that Montagnards living outside of camps have higher mortality rates than their ethnic Vietnamese counterparts. GVN, however, is planning no special health program for the Montagnards, according to USAID, even though they have greater health problems than their ethnic counterparts. USAID said that both groups will continue to receive the same type of health care, including the construction of village and hamlet dispensaries and visits from province health teams. USAID public health officials believe that the sooner the Montagnards are resettled, the better off they will be.

Vietnamese repatriates and
refugees from Cambodia

Since April 1970, GVN has given emergency assistance to about 200,000 Vietnamese repatriated from Cambodia and to 30,000 Cambodian refugees. The Vietnamese were repatriated before to the end of 1971, and the Cambodians crossed the border into Vietnam during 1972 and 1973. As of September 1973, USAID reported about 16,000 Cambodian refugees were in Vietnam camps.

During the initial period between April 1970 and September 1971, this assistance received top GVN priority and cost about 540 million piasters (\$4.6 million). Since then, it has become part of the regular displaced war victims program. USAID told us that former repatriates have melted into Vietnamese society and GVN has taken no special action to offer further assistance to these people. Discussions were being held at the request of the Cambodian Government to determine the best method of returning ethnic Cambodians to Cambodia. No decision had been reached at the time of our review as to the best method of accomplishing the voluntary return of these people.

RESETTLEMENT AND RETURN-TO-
VILLAGE WAR VICTIMS

Through the war victims program, GVN is helping people to reestablish themselves, become self-supporting, and resume a normal way of life. After a vacated area has been secured, all displaced war victims, regardless of previous benefits, may return and receive GVN assistance. Should security conditions prevent the people from returning home, GVN will resettle them in secure populated areas or on unused, abandoned, or government-owned land. GVN has also recognized that many previous resettlement sites offer no hope for a satisfactory future and is trying to provide a second, better resettlement site for those people.

Of the estimated 8 million war victims generated since 1964, GVN had resettled 2.2 million and returned 1.9 million to their home villages as of September 1973. Because of the March 1972 offensive and the major disruptions it caused, how many pre-1972 resettlement and return-to-village sites still exist and how many people reside in them are not known. Since the offensive, USAID has reported 84 new return-to-village sites having about 539,000 residents and 69 new resettlement sites having about 196,000 residents. Approximately 55 percent of these people were actually resettled or returned to villages from January 1 to September 30, 1973, as shown below.

| <u>Military Region</u> | <u>Returned to village</u> | <u>Resettled</u> |
|------------------------|----------------------------|------------------|
| 1 | 125,000 | 43,200 |
| 2 | 100,100 | 96,800 |
| 3 | 6,200 | 30,500 |
| 4 | <u>3,600</u> | <u>-</u> |
| Total | <u>234,900</u> | <u>170,500</u> |

GVN reported, as of September 1, 1973, that 3.4 million war victims had received full resettlement or return-to-village benefits and another 693,000 were being processed.

Benefit payments

Displaced war victims are eligible to receive the following allowances.

- 50,000 piasters or 35,000 piasters plus 14 to 20 sheets of roofing for each family.
- 3,500 piasters or 25 kilograms of rice for each family.
- 70 piasters or 500 grams of rice daily for each person for up to 6 months.
- 20 piasters a day for each family for up to 6 months to purchase other foods.
- 2,000 piasters a family for miscellaneous items.
- 2,000 piasters to 6,000 piasters for each injury or death.

Late and slow resettlement and return-to-village program payments are still a problem. As shown below, over 500,000 displaced war victims have not yet been paid their full return-to-village allowances. Over 300,000 of these people have been waiting 18 months or longer.

| War victims returned to village | People unpaid as of Sept. 1, 1973 | Paid in full (calendar years) | |
|---|--------------------------------------|----------------------------------|------------------------|
| | | 1972 | 1973 (1st 8 months) |
| Registered before March 29, 1972, offensive | 314,500 | 160,100 | 40,900 |
| Registered after March 29, 1972 | 206,000 | 50,000 | 253,000 |

USAID told us that this problem was partially caused by the March 1972 offensive. After the offensive started, emergency funds were needed to provide temporary relief to the newly generated displaced war victims. In July and August of 1972, the Ministry of Social Welfare recalled all return-to-village funds from those provinces which had been slow in making payments. Also, because many provinces directed their efforts toward the immediate emergency situation, GVN curtailed return-to-village payments. As a result, through September 1, 1973, 314,500 war victims registered before March 1972 had not received return-to-village payments. USAID also told us that most war victims displaced after March 29, 1972, were not able to begin returning to their

villages until after February 1973. Also because benefits are spread over a 6-month period, many of the post-March 1972 people have not received their full return-to-village benefits.

GVN recently increased its emphasis on payments to both pre-March 1972 and subsequent war victims. In August 1973 it transferred 1.5 billion piasters (about \$2.9 million) to the provinces to pay the pre-March 1972 refugees. As of September 30, 1973, about a month after this money was transferred, an unverified GVN report showed about 500 million piasters (about \$1 million) had been expended and 76,400 of these refugees had received payment.

Progress of projects

For several years USAID and GVN have shown increased interest in the development of resettlement and return-to-village sites as a means of helping people become self-sufficient. In recent years, however, a sudden influx of war victims, such as those caused by a new offensive, have increased emergency needs; consequently, development and other long-term projects have been deemphasized, and calendar year 1972 was no exception.

The Ministry of Social Welfare reported the following status of development and self-help projects as of December 1972.

| <u>Military Region</u> | <u>Resettlement sites</u> | | <u>Return-to-village sites</u> | |
|------------------------|---------------------------|------------------|--------------------------------|------------------|
| | <u>Approved</u> | <u>Completed</u> | <u>Approved</u> | <u>Completed</u> |
| 1 | a32 b16 | 25 13 | 138 59 | - 19 |
| 2 | 36 26 | 25 21 | 17 17 | 12 12 |
| 3 | 405 52 | 68 17 | 127 4 | 43 - |
| 4 | 18 29 | - 5 | 193 608 | 78 101 |
| Total | <u>491</u> | <u>118</u> | <u>775</u> | <u>133</u> |
| | <u>123</u> | <u>56</u> | <u>688</u> | <u>132</u> |

^aRepresents development projects.

^bRepresents self-help projects.

The main cause for the poor showing, according to USAID, was the March 1972 offensive, when emphasis was shifted to temporary benefits. Some sites were overrun, which precluded the completion of projects, and, probably most important, GVN recalled this project money to finance emergency benefits.

At the time of our review, the Director General of Land Development and Hamlet Building had not yet developed a reporting system which would measure progress in this area. The Directorate could provide no information on the status of completion of each project for calendar year 1973 nor on the expenditure of funds.

In November 1973 USAID officials were still trying to convince the Director General to institute such reporting. They said some progress was being made in developing return-to-village and resettlement sites.

Future relocation plans

GVN planned to relocate about 760,000 war victims; more than 600,000 were resettled before 1972 and many of them find it difficult to live economically in their current locations. Included in this 600,000 people were 145,000 Montagnards in 13 sites in Pleiku province who were forced to resettle. The remaining 160,000 were war victims from the northern sections of Military Region 1, such as Quang Tri and DaNang. These people were in temporary camps and could not return because their homes were in insecure or enemy-controlled areas. A GVN official said the government recognizes that these people will not be able to return home in the near future.

In September 1973 USAID reported that 172,000 Montagnards at 118 sites in 9 provinces were living on borrowed land and could not grow enough rice to feed themselves year round and that many of them could find little or no outside employment.

USAID said that the land available for establishing resettlement sites for these 760,000 people was limited. Although he estimated that 500,000 hectares of land were needed for future resettlement, he stated that no one knew exactly how much land was needed to support a Vietnamese family. Consequently, total land needs were unknown.

However, to more satisfactorily relocate these people, the Directorate recently began to survey land in Military Region 4 to determine its availability and desirability for relocation purposes. As of September 1973, a committee had identified 103,943 hectares (256,843 acres) of Military Region 4 land available for resettling displaced war victims.

Additional acreage has also been reserved for veterans and retired civil servants. The directorate was drawing up plans for developing this land in October 1973. According to USAID, first priority for this land will be given to war victims in temporary camps, and the 600,000 people who were unsatisfactorily settled earlier must wait until later. Exact details as to how and when these people will be processed and whether the United States will support this part of the resettlement program had not been determined. U.S. support will depend on GVN's economic situation at that time. The Directorate told us that the program for these people depends on the continuation of U.S. assistance.

CHAPTER 5

PUBLIC HEALTH PROJECTS

USAID public health projects are designed to assist GVN to provide adequate health services to all segments of the population. The overall goal of U.S. assistance to the GVN Ministry of Health is to improve the general health of the population in order to improve the quality of life and well-being and to increase per capita productivity. USAID budget estimates for public health projects in Vietnam during fiscal year 1974 were as follows:

| <u>Project</u> | <u>Budget</u> (millions) |
|-----------------------------------|-----------------------------|
| Health logistics | ^a \$3.1 |
| Family planning and population | ^b 2.1 |
| Medical-dental education | 1.1 |
| Technical support | .7 |
| Public health services | .5 |
| Medical care | <u>.2</u> |
| Total | <u>\$7.7</u> |

^aDepartment of Defense funds transferred to AID.

^bIncludes two projects--population and population-family planning.

These projects and a plastic surgery project financed in previous years, are discussed in the following sections. Chapter 8 contains data on civilian war casualties.

LOGISTICS SUPPORT

The USAID Health Logistics Support project was established in 1965 to provide advisory and operational assistance and commodity support to the Ministry of Health. Through this project, USAID hoped to establish a Ministry logistics system able to support the supply and maintenance requirements of Vietnamese, United States, and other medical

personnel assigned to Ministry medical facilities. Since fiscal year 1967, AID and the Department of Defense have shared the actual financing of medical supplies and equipment. As of October 1973 no arrangements had been finalized for Defense to continue sharing costs of medical commodities after fiscal year 1974.

USAID gave us data showing that the Ministry's (1) commodity budget for 1973 increased about 2.1 billion piasters over the 1971 budget, (2) local procurement had increased, (3) pharmaceutical processing plant had been upgraded to increase production, and (4) inventory records had improved. The Ministry has problems, however, in training and keeping qualified mechanics and is reluctant to redistribute excess stocks because it believes it will use them in the future.

The Ministry logistics system is capable of distributing medical and related commodities and of repairing and maintaining medical equipment and some vehicles assigned to the Ministry. Our previous reports discussed the special problems the Ministry had in the maintenance and supply areas.

Maintenance

The Ministry of Health operates four medical maintenance and repair facilities; the main depot is located in Saigon and branch depots in Military Regions 1, 2, and 4. These depots maintain and repair some of the Ministry's 1,644 vehicles. The estimated value of medical equipment in use was \$12 to \$14 million. Also, at the main depot in Saigon, six third-country nationals help to conduct courses in maintaining and repairing medical equipment.

Vehicle maintenance was one of the largest problems at these depots, and USAID gave us data showing the following condition of vehicles during March to October 1973.

| <u>Location</u> | <u>Month</u> | <u>Vehicles assigned</u> | <u>Vehicles running</u> | <u>Percent of vehicles running</u> |
|-------------------|--------------|--------------------------|-------------------------|------------------------------------|
| Military Region 1 | March | 265 | 114 | 43 |
| Military Region 2 | May | 343 | 192 | 56 |
| Military Region 3 | August | 280 | 147 | 52 |
| Military Region 4 | May | 309 | 168 | 54 |
| Saigon | September | 323 | 212 | 66 |
| Phu Tho | October | <u>124</u> | <u>93</u> | 75 |
| | | <u>1,644</u> | <u>926</u> | |

^a USAID estimate.

USAID attributed vehicles not in running condition to GVN's low wage scale which prevents it from hiring qualified mechanics and to the expiration of a USAID-funded contract for Korean mechanics in December 1972. Since the Korean maintenance team departed, shops at the branch depots maintain and repair vehicles assigned only to the four depots for logistical support operations. Vehicles assigned to the provincial health services and hospitals were being repaired in provincial maintenance shops or, when this was not possible, by the private sector.

Although the Ministry has had some success in training medical equipment maintenance personnel, it is still short of qualified personnel. Even though 310 people had received this training through the end of fiscal year 1973, USAID officials estimate that in October 1973 only 200 of these people still worked for the Ministry, primarily because of (1) military induction, (2) lack of motivation, and (3) low GVN wages. USAID said that when the Ministry of Education accredits such training courses the program will be given a boost, because such approval will permit wage increases and the graduates will have a 1-year commitment after training.

Supply

The percentage of stocked items for which a critical need existed changed from 14.9 percent in the first months of 1971 to 15.6 percent for the first 9 months of 1973. The fill rate for processed requisitions, however, has improved since our last report, rising from 79.4 percent in 1971 to 82 percent in 1973.

POPULATION AND FAMILY PLANNING

In October 1973, USAID was supporting two population projects--population services and population-family planning. The population services project's goal was to establish a demographic discipline as an important element of effective national development planning in Vietnam. The population-family planning project deals with the clinical aspects of family planning, including education in birth control methods.

The population services project began in fiscal year 1973, and, as of October 1973, only the segment planned for alerting GVN administrators to the usefulness of demography in future development planning was being implemented. Another segment on introducing population education in Vietnamese schools was being considered.

The population-family planning project began in fiscal year 1971 to assist GVN in establishing a nationwide family planning program. However, this project has been hampered by a GVN law prohibiting the dissemination of information on contraception and the use of contraceptives. Several unsuccessful attempts have been made to repeal or change this law, and USAID said that recent GVN efforts to repeal this law are expected to succeed.

GVN's attitude toward family planning, despite the restrictive law, has been permissive and cautiously active. The Ministry of Health formed a Committee for Research in Family Planning in 1967, and family planning services have been integrated into its Maternal Child Health Branch. The eight part-time family planning clinics opened in densely populated areas in 1968 have expanded to 94 clinics operating at city, province, and district levels.

Late in 1971 the criteria for admitting mothers to these clinics was changed from having five living children to having one child, and child spacing was introduced into family planning in Vietnam. In 1973 a National Population Council of Ministers was created to define Vietnam's national population policy. In the same year, GVN signed the United Nations Declaration on Population.

Program emphasis has been on training of health personnel. About 500 persons have been trained through 1972. In addition, all Ministry and National Institute of Public Health training programs for health personnel have added family planning education and motivation to their curriculums. The Ministry of Social Welfare has also sponsored these courses for its graduate social workers, and population awareness and family planning courses are being taught in the medical schools.

The dissemination of family planning information to the public has been a low-key effort confined mainly to posters, handouts, and pamphlets displayed in medical facilities. By the end of March 1973, new acceptors of pills and intra-uterine devices totaled nearly 28,000. The calendar year 1972 program was the most successful, having 12,400 acceptors.

When the current law is rescinded, USAID expects that information on family planning services will be more widely disseminated and that the program, including private organization participation, will increase greatly. It estimated that approximately 200,000 acceptors are needed each year if this project is to have any effect on lowering the current Vietnamese 3-percent growth rate.

MEDICAL-DENTAL EDUCATION

U.S. support for medical and dental education in Vietnam began in 1957 with an agreement to assist in developing adequate training facilities for medical and dental personnel. A basic science complex completed in 1966 at an estimated cost of \$5.4 million is occupied by the University of Saigon's faculties of medicine and dental medicine. Construction of a training hospital also envisioned in the agreement had not begun, but architectural and engineering designs for it were completed in 1972 at a cost of about \$1.2 million.

Since 1966 USAID efforts have shifted from developing facilities to upgrading medical and dental faculty teaching staffs and improving and broadening the curriculum. USAID hopes, through its assistance, to help establish a system which can produce modern doctors and dentists. The ultimate goal of these programs is to enable Vietnam to meet its basic health needs by 1976.

To accomplish this goal USAID has financed contracts with the American Medical and Dental Associations and supported in-country and overseas training programs for the Vietnamese professional staffs. These Associations provide professional personnel to advise Vietnamese medical and dental school faculties.

USAID officials told us that the University of Saigon dental school had a good teaching staff and was graduating more than the desired 50 students a year; the most recent class graduated 54 dentists. In the future, USAID will only finance a few students for participant training and will provide some consultive services.

Both USAID officials and several professional survey teams have described the American Medical Association's program to upgrade medical education as very successful. The medical school, which was able to graduate 20 doctors a year from 1954 to 1960 currently can graduate 250 a year. The basic science department and in the graduate level programs have been improved, but the program is still far from completion. USAID believes Association assistance will be required for the next 2 years. USAID also said that some medical school departments must be improved, graduate programs expanded, and, probably most important of all, the medical school oriented to the needs of the general Vietnamese population.

In 1971 a U.S.-financed survey team said the University of Saigon medical school's most serious deficiency was in the teaching of preventive medicine and public health. These disciplines were needed in Vietnam, and the University had no active department of preventive medicine and public health. The team pointed out that these disciplines had little prestige value in the eyes of the Vietnamese medical profession.

A colloquium on medical education held in Saigon in 1972 resulted in a commitment to preventive medicine and public health. Recently, a department of community medicine was started at the school and community medicine has been incorporated into its curriculum. USAID told us it will continue to emphasize this area during the next 2 years.

TECHNICAL SUPPORT

USAID has provided policy guidance, administrative services, and technical support for U.S. personnel assisting the Ministry of Health and the Ministry of Education since 1967 under a technical support project.

Advisory assistance at the national level emphasizes the development and management of an adequate health care system. In recent years, the Ministry of Health's 4-year plan, joint military and civilian use of Ministry facilities (see p. 43), manpower development, and health care administration have been emphasized. Field staff efforts have been directed toward implementing all medical and health activities on a broad basis at the field level. U.S. field-level support will terminate at the end of fiscal year 1974, although some residual personnel will be transferred to the USAID technical support project.

PUBLIC HEALTH SERVICE

USAID said that many Vietnamese hospital admissions could be eliminated through a good program of public health and preventive medicine. To develop GVN's capability for controlling and preventing diseases, USAID has provided special advisory assistance to the Ministry of Health's public health directorate since 1967.

USAID's primary emphasis under this project has been the control of cholera and plague, two diseases which are endemic in Vietnam. USAID believed considerable progress has been made since 1967 as shown below.

| | <u>1967 Reports</u> | | <u>1972 Reports</u> | |
|---------|---------------------|---------------|---------------------|---------------|
| | <u>Cases</u> | <u>Deaths</u> | <u>Cases</u> | <u>Deaths</u> |
| Cholera | 6,620 | 65 | 182 | 1 |
| Plague | 5,945 | 123 | 1,181 | 45 |

This project has also emphasized improving sanitation, health education, preventive medicine, public health nursing, and training of public health technicians. USAID told us that from mid-1971 to mid-1973 more than 50 percent of project effort was directed towards actively working with Ministry of Health personnel in the area of refugee health.

During fiscal year 1975, USAID plans to emphasize child and family health, nutrition, communicable disease control, and refugee health. When this project is completed in fiscal year 1976, USAID believes GVN will have at least the basic capability for organizing and implementing a national disease prevention and control program. However, USAID believes a longer time frame is needed before Vietnam will have an effective national public health program.

MEDICAL CARE

The United States has provided continuous public health assistance to Vietnam since 1957. In 1966, USAID established a specific project to support the increased need for medical care caused by the high level of hostilities. USAID's primary effort under this project was to augment the shortages of physicians and paramedical personnel at the province hospital level. At one time, because of this effort, USAID direct-hire personnel, U.S. military teams, and U.S. and other free-world contractor medical teams were assigned to all GVN civilian province hospitals.

The United States has gradually withdrawn these teams because of (1) GVN's increased capability for training its own physicians and paramedical personnel, (2) the decline in hostilities, and (3) the increase in medical personnel available to the civilian population under the joint Ministry of Health-military utilization program. By the end of fiscal year 1973 all medical teams supported by USAID under this project were withdrawn, except for the International Rescue Committee. This Committee, which provides support to the National Center for Plastic and Reconstructive Surgery and for work in midwifery, surgery and public health, will probably be phased out by the end of fiscal year 1974.

In addition to the personnel support and because the number of civilian war casualties exceeded the physical capabilities of existing medical facilities in Vietnam, USAID supported the construction and renovation of numerous hospitals and dispensaries through this project. The majority of the construction was concentrated in rural provinces and districts. Between 1966 and 1971, when most of the construction was completed, USAID funded the (1) construction of 8 new hospitals, more than 170 district maternity-infirmaries-dispensaries, 370 village maternity-dispensaries, 400 hamlet maternity-dispensaries, (2) major renovation of 11 hospitals,

and (3) provisioning of 29 surgical suites. USAID considers this project instrumental in expanding and upgrading medical facilities and in providing medical care to civilian war casualties and the general population at a time GVN capabilities were overextended.

The number and quality of medical facilities have been improved, but much remains to be done by the Vietnamese. USAID has no plans to support additional construction of medical facilities. Although USAID will continue to provide some medical advisory assistance during fiscal year 1975, the major effort of the project will be terminated at the end of fiscal year 1974.

NATIONAL CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY

USAID initiated this project to establish GVN expertise in plastic and reconstructive surgery, especially for the rehabilitative needs of war casualties under the age of 16. Before 1968, there were neither Vietnamese specialists nor adequate facilities for this purpose.

As a first step, USAID financed a contract providing for the design and construction of a National Center for Plastic and Reconstructive Surgery and for professional personnel to treat patients and teach Vietnamese physicians and nurses the art of plastic surgery and patient care. The 54-bed center was completed in 1969 and is supported by a 120-bed reception and convalescent center.

Since 1969, about 4,600 patients have been admitted to the center. The center was constructed to help civilian war casualties under 16, but they have not been the only beneficiaries of the program. USAID informed us that, despite earlier thinking, there are simply not that many war casualties who can benefit from plastic surgery. About 78 percent of total admissions have been children, however, and only 12.5 percent of these have been civilian war casualties.

At the beginning of the project, the center was staffed almost entirely with U.S. voluntary agency personnel who performed all surgery and gave on-the-job training to the Vietnamese. In September 1973 only five voluntary agency personnel were onboard and the Vietnamese performed about 95 percent of all surgery. Over the years, 4 Vietnamese

physicians, 44 Vietnamese nurses, and support personnel have been trained. An additional 3 Vietnamese physicians are still in training.

Although the project did not provide treatment to as many war casualties as originally envisioned, USAID considers it a very successful project and believes many disabled Vietnamese would have received no treatment had it not been for this center. Support for this project was scheduled to terminate in 1974, but USAID believes additional funds may be made available.

CHAPTER 6

ASSISTANCE TO OTHER WAR VICTIMS

The majority of humanitarian assistance provided to Vietnam has been for displaced war victims. However, other activities and programs of lesser priority have been established to assist such war victims as widows, orphans, and the physically disabled. In general, most of these programs are under either the Ministry of Social Welfare or the Ministry of War Veterans, but some support is also provided by other ministries. No program has been established to provide assistance for the undetermined number of urban refugees.

ORPHANS

Orphaned children in Vietnam--about half of whom have a surviving parent--can be grouped into the following categories: (1) children of civilian personnel, (2) wards of the nation (children of military personnel and certain civil servants killed as a result of enemy action), and (3) children of deceased military personnel. Since 1971 the estimated number of orphans has increased steadily, as shown below.

| <u>Category</u> | <u>1971</u> | <u>1972</u> | <u>1973</u> (Sept.) |
|------------------|-------------------|-------------|------------------------|
| | --(000 omitted)-- | | |
| Civilian orphans | 172 | 225 | 275 |
| Wards | 253 | 334 | 396 |
| Military orphans | <u>134</u> | <u>153</u> | <u>266</u> |
| Total | <u>559</u> | <u>712</u> | <u>937</u> |

Wards and military orphans receive special considerations, including periodic allowance payments, health care, and educational benefits. Civilian orphans, on the other hand, receive direct assistance only if placed in orphanages or day care centers. Direct assistance is also being provided to a certain extent through adoption.

Assistance to wards and military orphans

The Ministry of War Veterans, without U.S. support, provides special assistance to wards and military orphans. These children receive a standard monthly allowance of 1,000 piasters (\$1.90), and wards receive an additional monthly allowance of 400 piasters (76 cents).

Military orphans and wards are also entitled to free medical examinations and treatments, including medicine, at public hospitals.

The Ministry, through the National Wards Institute, provides general and technical educational instruction for wards at five locations--Saigon, DaNang, Hue, Bien Hoa, and Can Tho. Enrollment increased from 5,343 wards in school year 1972-73 to about 7,200 in school year 1973-74. Also, as of July 31, 1973, 202 wards had received scholarships to study abroad.

Military orphans and wards both receive placement preferences in public schools and in employment.

Orphanages

In September 1973 approximately 19,000 children, almost all under 18 years of age, received GVN and U.S. assistance in 133 Ministry of Social Welfare registered orphanages. This represents an increase of 12.7 percent in the number of registered orphanages and 11.8 percent in the number of resident orphans over 1971.

Registered orphanages receive 900 piasters (\$1.71) a month for each child--an increase of 300 piasters (57 cents) over the 1971 level of assistance. Registered orphanages are also entitled to receive Public Law 480 food commodities.

Also, in 1973 an additional 6,000 children were estimated to be receiving assistance in about 30 unregistered orphanages, which received no financial assistance from GVN.

Only about 2.7 percent of the total orphan population had been placed in orphanages. The remainder lived in various places, such as private homes, churches, and pagodas. We were told that, although GVN continued to provide support to orphanages, it did not favor an institutional solution to the problem of assisting orphans. GVN preferred making payments to widows and establishing day-care centers, both of which permit children to remain with a surviving parent.

Day-care centers

From 1971 to 1973 the number of registered day-care centers increased from 104 to 234, and the number of children receiving assistance increased from about 12,000 to about 23,000. Registered centers received both GVN and USAID fund support as well as Public Law 480 food commodities. The subsidy rate was increased in July 1972 from 200 piasters (38 cents) to 300 piasters (57 cents) a child monthly. In addition to registered centers, approximately 10,000 children were receiving assistance in about 100 unregistered day-care centers.

Adoption

Many adoptions of orphaned children continue to be handled through private lawyers. However, five voluntary agencies were providing intercountry adoption services in Vietnam. Statistics were not available on the numbers of in-country or out-of-country adoptions. Available data on orphaned children sent to the United States, however, shows a steady increase, from 78 in fiscal year 1970 to 455 in 1973. Current estimates on the number of racially mixed orphans range from a high of 25,000 to a low of 10,000, the majority of whom are believed to have been fathered by Americans.

A U.S. official states that many more American families are seeking to adopt than there are Vietnamese children available for adoption. Many children in the orphanages are not available for adoption, and some orphanages are unwilling to place children for foreign adoption.

GVN has consistently opposed mass overseas adoptions and takes the position that all children born of Vietnamese mothers are Vietnamese citizens. On an individual case-by-case basis, however, we were told that GVN has been cooperative. Indicative of ~~this~~ cooperation was the relaxation of procedural regulations in August 1972 which permitted orphans to be transferred to the United States prior to the

completion of the adoption process. Generally, a child can depart for the United States approximately 2 to 6 months after placement has been made, whereas before August 1972 the orphan had to wait for a period of 6 to 12 months.

WIDOWS

The number of registered civilian widows increased from 69,000 in 1971 to 110,000 in 1973, and the number of military widows from about 97,000 to about 155,000.

No specific program has been developed for providing continuing assistance to civilian widows. USAID said that GVN is aware of the need for such assistance and is developing a program. (See p. 39.)

Civilian widows are eligible for a one-time payment of 6,000 piasters (\$11.43), up 2,000 piasters (\$3.81) since 1971. Military widows, in contrast, are entitled to a monthly pension ranging from 3,875 piasters (\$7.38) for the widow of a private to 20,150 piasters (\$38.38) for the widow of a general. In addition, military widows are also entitled to such benefits as free medical care and preference for job placement.

PHYSICALLY DISABLED

GVN efforts to assist the physically disabled are directed primarily by the National Rehabilitation Institute under the Ministry of War Veterans. The Institute provides physical restoration and rehabilitation services to disabled veterans and civilian war victims at four locations in Saigon, DaNang, Qui Nhon, and Can Tho.

USAID estimated that in July 1973 there were 178,000 physically disabled in Vietnam.

| <u>Type</u> | <u>Number</u> |
|--|----------------|
| Amputees | 80,000 |
| Blind | 30,000 |
| Deaf | 10,000 |
| Paraplegics | 8,000 |
| Others (paralysis, apoplexy, polio) | <u>50,000</u> |
| Total | <u>178,000</u> |

These estimates indicate a decrease in the reported 185,000 physically disabled in Vietnam in 1971, even though fighting continued during the interim. USAID said that the estimates were made 2 years apart and more reliable data was not available.

Over the past 3 years, assistance to the physically disabled, as shown below, has generally increased. The number of orthopedic surgery cases decreased, however, because of a cutback in the operations performed by a medical team from the Republic of China.

| <u>Activity</u> | <u>1971</u> | <u>1972</u> | <u>1973</u> (June 30) |
|-------------------------|-------------|-------------|--------------------------|
| Patients examined | 13,595 | 15,197 | 6,780 |
| Physical therapy visits | 55,276 | 106,708 | 56,284 |
| Orthopedic surgery | 1,023 | 1,200 | 161 |
| Limbs fitted | 3,831 | 4,329 | 2,267 |
| Braces fitted | 1,543 | 1,722 | 772 |
| Crutches issued | 1,766 | 1,706 | 937 |
| Wheelchairs issued | 98 | 104 | ^a 210 |

^aAs of July 31, 1973.

An additional 2,600 prosthetic fittings a year were reportedly made by the Cong Hoa military hospital in Saigon and the Quaker Service program in Quang Ngai. The National Rehabilitation Institute also plans to establish ten rehabilitation units in various parts of Vietnam, thus eliminating much of the travel inconvenience for prosthetic fittings and repair.

In previous years as much as 9 years elapsed between prosthetic requirements and artificial limb production. USAID said prosthetic production and repair has increased, from 8,169 devices in 1971 to an estimated 10,000 in 1973. Through August 1973 a total of 7,081 devices were produced or repaired. Because of plant capacity, the Institute cannot increase annual output beyond 10,000 units, so many amputees will probably continue waiting extended periods of time for these devices.

GVN also provides other assistance to the disabled, such as vocational training and job placement services, and housing benefits, and pensions for disabled veterans.

MONTAGNARDS

There are about 900,000 Montagnards in Vietnam. These people are concentrated in seven provinces in Vietnam's central highlands. Historically, Montagnards have been at the bottom of the Vietnam socioeconomic scale and are discriminated against by the Vietnamese. The Montagnard's chief problem, other than the effects of the war, has been landgrabs by the Vietnamese. To assist the Montagnards, USAID has provided emergency refugee relief and supported a land-reform program. It has provided additional assistance through a village self-development project and support for Montagnard education.

The Montagnards have suffered considerably from the war. During the past 10 years, almost every family has had to be moved at least once. As of July 1973 about 315,000 remain to be returned to their homes or have new homes found for them. In mid-1973, an estimated 40,000 were in refugee camps. Montagnard refugees receive emergency relief of the types discussed in chapter 4.

Our report of June 22, 1973,¹ showed that GVN's Montagnard land reform program was to establish living areas for Montagnards and identify ownership of Montagnard land. We stated that the program had made slow progress toward its goals, had been poorly implemented, and had not received adequate GVN support. We also noted that AID's role had been advisory and operational but lacked power to enforce corrective action when needed. Further, the United States had provided very little direct financial support.

In 1973, U.S.-provided piasters were programed for the support of a Montagnard village self-development program. The program provides support for economic and social development projects in which the Montagnard people have expressed an interest. For 1973, 197.5 million piasters (about \$376,000) were made available for the program. USAID has provided educational assistance for the Montagnards through support for the Pleiku National Montagnard Training Center and a series of 44 boarding schools located throughout Vietnam.

The Department of Defense has, in past years, supported rural development cadre whose function is to assist the

¹Progress and Problem of U.S. Assistance for Land Reform in Vietnam (B-159451).

Montagnards in planning and implementing various economic development projects. For fiscal year 1973, support budgeted for this assistance was about 412 million piasters (about \$785,000), plus a dollar budget of \$187,683.

WAR DAMAGE VICTIMS

GVN provides emergency assistance such as food, money, and house repair material, to people who have suffered personal injury, death in the family, or house damage because of military action. The majority of these people have suffered property damage and only about 6 percent have suffered personal injury or death in the family.

GVN had not been providing timely payment to these people, and the situation at the time of our review was much the same. The backlog of payments has increased from 241,000 claimants in September 1971 to about 308,000 as of August 31, 1973. More than 68,000 of these claims were made before the January 1973 cease-fire. We were told that the reason for these backlogs was the low priority GVN placed on the program.

VOCATIONAL TRAINING

Vocational training for war victims has been provided by several GVN ministries, including Social Welfare, War Veterans, and Ethnic Minorities. In the past, the Ministry of Social Welfare has provided funds through the Ministry of Education for training in such skills as carpentry, masonry, and welding. We were told, however, that no vocational training was being provided in 1973 for refugees because jobs were not available in these skills.

The Ministry of Social Welfare plans to provide vocational training to about 1,000 civilian widows. The program, which is to be supported by 236 million USAID-provided piasters (about \$450,000), had not begun as of September 30, 1973, because of planning problems. The Ministry also plans to provide about 6,000 women with cash grants to establish small businesses.

The Ministry of War Veterans provides vocational training for the physically disabled at four centers located in Thu Duc, DaNang, Qui Nhon, and Can Tho. During January to July 1973, only 56 physically disabled had completed training

at these centers. We were told, however, that about 331 people were still in training, and that by the end of 1973 total graduates would approximate the 158 graduates of 1971.

Vocational training also has been provided to Vietnam's ethnic minorities, and the number trained increased from 378 in calendar year 1972 to 505 as of October 1973. Skills taught include refrigerator, air conditioning, and automotive repair; carpentry; and masonry. Many of those trained were unemployed, according to USAID, because of the departure of U.S. forces.

WAR VICTIMS IN URBAN AREAS

Although numerous programs have been established to assist other war victims, none have been directed towards the undetermined, but large number of urban refugees. From 1971 to 1973, GVN continued its policy of providing no direct assistance to war victims who sought refuge in urban areas. The reason for this policy was to discourage further overcrowding of the cities.

In an effort to reduce the overcrowding in urban areas and its associated problems, GVN has encouraged people to leave the cities by making them eligible for return-to-village and/or resettlement benefits. Also, GVN's land development and hamlet building program, although not specifically designed to assist urban refugees, is expected to result in shifting some of these refugees to rural areas and thereby reduce the overcrowding in the cities. The impact of this program, however, according to USAID, had not been measured because of the difficulty in determining the origin of resettled refugees.

The problems of urban overcrowding have been compounded by the unemployment created by the withdrawal of U.S. civilian and military personnel. The number of Vietnamese employed with U.S. military and civilian agencies decreased 85 percent, from 118,000 as of July 1971 to 18,000 as of June 1973. It is assumed that a decrease in Vietnamese employed as domestic help paralleled the withdrawal of U.S. personnel during the past 3 years.

CHAPTER 7

MANPOWER AND FINANCIAL RESOURCES FOR

CIVILIAN WAR VICTIM PROGRAMS

U.S. STAFFING

The decreases in staffing, which we reported in our 1972 report, has continued for both the relief and rehabilitation and civilian health programs because (1) the withdrawal of U.S. military forces has been completed, (2) USAID programs cut back, and (3) USAID budgets reduced.

The professional staff assigned to relief and rehabilitation activities decreased from 87 in July 1970 to 38 in August 1973. Of the 38 professional staff members, 8 were assigned to the Food for Peace and Ethnic Minorities Divisions which in March 1973 became part of USAID's Relief and Rehabilitation Directorate. The above staffing was augmented by 9 U.S. civilians and approximately 68 local and 21 third-country nationals. USAID plans to employ 40 professionals in this directorate by the end of fiscal year 1974 and reduce the staff to 27 by the end of fiscal year 1975 and for fiscal year 1976.

USAID Public Health has also reduced U.S. direct-hire and contract personnel. U.S. direct hire personnel were reduced from 158 in fiscal year 1970 to 36 in 1974. Contract personnel was reduced from 233 in September 1971 to 75 in September 1973. USAID plans to reduce authorized U.S. direct-hire levels by the end of fiscal year 1976 to 10 and to eliminate contract personnel by July 1975.

In the past, U.S. military personnel provided substantial support to civilian health care through the military provincial health assistance program and the medical civic action program. Both of these programs, however, have been phased out as part of the withdrawal of the U.S. military from Vietnam.

GVN STAFFING

The total staffing of the Ministry of Social Welfare has increased 32 percent, as shown below. About 876 of these Ministry personnel are paid from U.S.-provided piasters.

| <u>Location</u> | <u>Personnel assigned</u> | | |
|------------------|----------------------------|-----------------------------|-----------------|
| | <u>Oct.</u> <u>1971</u> | <u>Sept.</u> <u>1973</u> | <u>Increase</u> |
| Headquarters | 737 | 996 | 259 |
| Military Regions | <u>1,207</u> | <u>1,578</u> | <u>371</u> |
| Total | <u>1,944</u> | <u>2,574</u> | <u>630</u> |

In earlier reports we stated that no correlation existed between active cases handled and personnel assigned to each of the four military regions. In September 1973, the average caseload per staff member assigned to Military Regions 1, 2, 3, and 4 were 1,207, 824, 257, and 275, respectively. USAID stated that virtually all GVN field forces in Military Regions 1 and 2 were engaged in social welfare work. They believe that, because of this, the average caseloads were equitably distributed.

The Director General of Land Development and Hamlet Building--an agency independent of the Ministry of Social Welfare--said that his staff was short in both the field and in headquarters. As of September 1973, this GVN agency had a staff of 160 permanent and temporary employees, distributed as shown below.

| <u>Location</u> | <u>Permanent</u> | <u>Temporary</u> | <u>Total</u> |
|------------------|------------------|------------------|--------------|
| Headquarters | 73 | 8 | 81 |
| Military Regions | <u>27</u> | <u>52</u> | <u>79</u> |
| Total | <u>100</u> | <u>60</u> | <u>160</u> |

The Director General said the shortage of personnel was due to low GVN salaries and personnel ceilings. GVN officials advised us that consideration was being given to lifting the personnel ceiling. No action had yet been taken, when we completed our review.

The staff at Ministry of Health hospitals has also increased in both medical (shown below) and nonmedical fields since 1971.

| | <u>Sept.</u> <u>1971</u> | <u>June</u> <u>1973</u> | <u>Increase</u> |
|--------------------------------------|-----------------------------|----------------------------|-----------------|
| Physicians | 423 | 557 | 134 |
| Dentists | 53 | 47 | -6 |
| Pharmacists | 182 | 257 | 75 |
| Nurses, technicians, and midwives | <u>6,365</u> | <u>7,660</u> | <u>1,295</u> |
| Total | <u>7,023</u> | <u>8,521</u> | <u>1,498</u> |

Also military personnel assigned to Ministry facilities increased under a joint utilization agreement. Under this agreement, military patients are treated in Ministry hospitals in locations where military health facilities are not available. In return, military medical personnel are assigned to Ministry facilities and treat both civilian and military patients. The military personnel assigned to these facilities increased from 3,437 in June 1971 to 3,798 in September 1973; of this total, 1,559 were assigned to 25 joint utilization hospitals and 2,239 were assigned to 183 joint utilization district medical facilities. Only 202 of these military personnel, however, were the critically needed doctors, dentists, or pharmacists.

USAID and GVN continue to emphasize the education and training of Vietnamese medical personnel. The number of personnel trained, however, as shown below, was expected to decrease in 1973.

Civilian Health Staff Trained

| | <u>1970</u> | <u>1971</u> | <u>1972</u> | <u>1973</u> <u>(estimated)</u> |
|---|--------------|--------------|--------------|-----------------------------------|
| Physicians | 216 | 226 | 225 | ^a 200 |
| Dentists | 32 | 45 | 64 | ^a 54 |
| Pharmacists | 420 | 270 | 250 | 250 |
| Nurses (3 years) | 140 | 88 | 119 | 110 |
| Nurse assistants (1 year) | 458 | 629 | 637 | 460 |
| Midwives (3 years) | 90 | 77 | 66 | 75 |
| Midwife assistants (1 year) | 330 | 396 | 487 | 500 |
| Public health assistant technicians (1 year) | - | 55 | 65 | 100 |
| Public health technicians (3 years) | - | - | - | ^a 35 |
| Total | <u>1,686</u> | <u>1,786</u> | <u>1,913</u> | <u>1,784</u> |

^aActual figures as of September 1973.

U.S. FINANCIAL SUPPORT

USAID direct-dollar support for relief and rehabilitation increased from \$3.8 million in fiscal year 1971 to \$31 million in 1973. Conversely, civilian health direct-dollar support, as shown below, decreased from \$19.4 million in 1971 to \$9.1 million in 1973.

Fiscal Year Obligations

| | <u>1971</u> | <u>1972</u> | <u>1973</u> | <u>1974</u> <u>(note a)</u> | <u>Total</u> |
|-------------------|-------------------|-------------|-------------|--------------------------------|--------------|
| | <u>(millions)</u> | | | | |
| War victim relief | \$ 3.8 | \$ 2.4 | \$31.0 | \$61.5 | \$98.7 |
| Civilian health | 19.4 | 13.8 | 9.1 | 8.7 | 51.0 |

^aProgramed for 1974; as of Sept. 30, 1973, about \$20.3 million and \$0.2 million had been obligated for war victim relief and civilian health, respectively.

Department of Defense assistance to GVN for both programs has decreased steadily since 1971. The assistance budgeted for relief and rehabilitation was reduced from \$60,000 in 1971 to about \$9,500 in 1973. Similarly, civilian health logistical support was reduced from \$5.1 million in 1971 to \$2.7 million in 1973, and it may be eliminated by the end of 1974.

In addition to this direct-dollar and commodity support, the United States provides indirect assistance to GVN with counterpart piasters. In the past, most of these funds were derived from the sale of U.S. agricultural commodities, under title I, Public Law 480, and the sale of commodities furnished under the AID Commodity Import Program. In recent years, however, USAID has also obtained counterpart piasters for the relief and rehabilitation program by direct-dollar purchases. The U.S.-provided piaster support, exclusive of direct-dollar purchases, for calendar years 1970-73 is shown below.

U.S. Piaster Support

| Calendar year | Vietnamese Piasters | | Dollar equivalents | |
|-------------------|------------------------|--------------------|-----------------------|--------------------|
| | War victims | Civilian health | War victims | Civilian health |
| | (millions) | | | |
| 1971 | 3,809 | 160 | \$32.3 | \$ 1.4 |
| 1972 | 12,704 | 160 | 36.1 | 0.5 |
| 1973 ^a | 9,877 | 6,244 | 18.8 | 11.9 |

^aFirst 6 months of 1973.

USAID said that the large increase in 1973 piaster support for the civilian health program was the result of a special USAID-GVN agreement. USAID funded all Ministry of Health operations except personnel costs for calendar year 1973 under this agreement. USAID made this agreement anticipating it would be required to provide additional funding for health and humanitarian assistance in Vietnam. Such a requirement did not materialize, but USAID maintained its expanded support for civilian health.

GVN FINANCIAL SUPPORT

GVN had budgeted the dollar equivalent of about \$7.6 million for the civilian health program and \$2.7 million for the relief and rehabilitation program for calendar year 1973. GVN support of both programs is shown below in piasters for calendar years 1971-73. An additional \$89,000, not shown below, was budgeted for the Directorate General of Land Development and Hamlet Building.

| | GVN support | | | |
|---------------------------|------------------------|-------------|-------------|--------------|
| | (millions of piasters) | | | |
| | <u>1971</u> | <u>1972</u> | <u>1973</u> | <u>Total</u> |
| Civilian health | 4,493 | 7,516 | 3,988 | 15,997 |
| Relief and rehabilitation | 851 | 1,027 | 1,410 | 3,288 |

FOOD FOR PEACE PROGRAM

Under the Food for Peace Program (Public Law 480, title II), the United States donates agricultural commodities to those unable to provide their basic food needs. In Vietnam, assistance has been provided over the years for school lunch programs, refugees, widows, popular forces, and civic action programs. Most recently, however, feeding of pre-primary and primary school aged children had been emphasized.

USAID reduced the program from an average \$14 million annually to about \$3 million in 1974 because of program deficiencies, such as high spoilage and misuse of commodities, and because of criticism by AID and other personnel.

Also, in an effort to improve overall program management, segments of the program will be transferred from the Ministry of Social Welfare to other ministries, such as Ethnic Minorities and Education. USAID believes this will develop more interest in and better management of the food program because these other ministries have a direct interest in the program.

VOLUNTARY AGENCY AND INTERNATIONAL ASSISTANCE

Voluntary agencies and countries other than the United States are potential sources of financial and technical support to GVN. Since our last report, GVN has established a Guiding Council for Relief, Reconstruction, and Development, charged, in part, with preparing aid requests to foreign donors and coordinating foreign assistance. According to USAID, however, assistance from these sources still represents a largely untapped potential. We were told that AID, to help GVN tap this potential, has budgeted \$7 million in fiscal year 1974 and plans to provide a larger amount in 1975 to assist voluntary agencies in developing projects for war victims assistance.

Humanitarian assistance is now provided by numerous American and international voluntary agencies in Vietnam. A December 1972 report of the American Council of Voluntary Agencies for Foreign Service described the programs of 29 U.S. voluntary agencies and stated that more than \$8.2 million had been spent for 15 of these programs in 1972. Additional assistance is provided by local Vietnamese voluntary

agencies and nations other than the United States. In 1971 and 1972, France, Japan, Germany, Australia, Canada, and the United Nations, provided 90 percent of the estimated \$56 million in humanitarian assistance from external donors other than the United States. Other external donors include Korea and the United Kingdom.

CHAPTER 8

CIVILIAN WAR CASUALTIES

Conditions in Vietnam still preclude the gathering of accurate and reliable statistics on the total number of civilian war-related casualties. USAID is currently reporting only admissions to Ministry of Health civilian hospitals as compiled by the Ministry of Health. The number of casualties receiving treatment at other hospitals and the number who received no treatment or who died without treatment is unknown.

Admissions of civilian war-related casualties to Ministry of Health and U.S. military hospitals from January 1968 to August 31, 1973, are shown below.

| Year | Admissions to Ministry hospitals | | | Admissions to U.S. military hospitals | Total | Monthly average |
|----------|-------------------------------------|-----------------|------------|--|----------------|--------------------|
| | Total (note a) | War- related | Percent | | | |
| 1968 | 458,667 | 79,775 | 17.4 | 7,747 | 87,522 | 7,294 |
| 1969 | 525,766 | 59,222 | 11.3 | 8,544 | 67,766 | 5,647 |
| 1970 | 574,814 | 46,247 | 8.0 | 4,635 | 50,882 | 4,240 |
| 1971 | 596,761 | 38,325 | 6.4 | 1,077 | 39,402 | 3,284 |
| 1972 | 649,531 | 53,367 | 8.2 | ^b 109 | 53,476 | 4,456 |
| 1973 | | | | | | |
| (note c) | <u>499,283</u> | <u>31,438</u> | <u>6.3</u> | <u>-</u> | <u>31,438</u> | <u>3,930</u> |
| Total | <u>3,304,822</u> | <u>308,374</u> | <u>9.3</u> | <u>22,112</u> | <u>330,486</u> | <u>4,860</u> |

^a Does not include admissions to specialty hospitals.

^b Reporting of admissions to U.S. military hospitals was discontinued in October 1972.

^c First 8 months of 1973.

The increase in civilian war-casualty admissions in 1972 and 1973 is attributed to the March 1972 spring offensive and to the heavy fighting occurring around the cease-fire in January 1973, respectively. Admissions then declined from 5,506 in January 1973 to 3,199 in August 1973.

Civilian war-related admissions accounted for only 6.3 percent of total admissions to Ministry hospitals during

the first 8 months of 1973 compared with 17.4 percent in 1968. Total admissions to Ministry hospitals have also been increasing each year indicating, perhaps, that a larger segment of the population is receiving medical care.

Military Regions 1 and 4, which contain over half the Vietnamese population, continue to account for the majority of civilian war-related casualties. Military Region 4 alone, as shown below, accounted for about 52 percent of all civilian war-related casualties generated during the first 8 months of 1973.

Civilian War-Related Casualties
Admitted to Ministry Hospitals

| <u>Location</u> | <u>1969</u> | | <u>1970</u> | | <u>1971</u> | | <u>1972</u> | | <u>1973</u> | |
|-----------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|
| | <u>Number</u> | <u>Per- cent</u> | <u>Number</u> | <u>Per- cent</u> | <u>Number</u> | <u>Per- cent</u> | <u>Number</u> | <u>Per- cent</u> | <u>Number</u> | <u>Per- cent</u> |
| Region 1 | 21,115 | 36 | 14,435 | 31 | 15,285 | 40 | 14,147 | 27 | 7,395 | 24 |
| Region 2 | 4,877 | 8 | 4,254 | 9 | 4,231 | 11 | 7,551 | 14 | 3,855 | 12 |
| Region 3 | 4,997 | 8 | 3,341 | 7 | 3,203 | 8 | 6,064 | 11 | 2,589 | 8 |
| Region 4 | 23,208 | 39 | 21,259 | 46 | 13,855 | 36 | 23,557 | 44 | 16,351 | 52 |
| Saigon | 5,025 | 9 | 2,958 | 7 | 1,751 | 5 | 2,048 | 4 | 1,248 | 4 |
| Total | <u>59,222</u> | <u>100</u> | <u>46,247</u> | <u>100</u> | <u>38,325</u> | <u>100</u> | <u>53,367</u> | <u>100</u> | <u>31,438</u> | <u>100</u> |

Insufficient statistical data exists to indicate which forces, friendly or enemy, actually caused these casualties. Data taken from Ministry of Health, Bureau of Statistics reports shows the following breakdown of the principal causes of war-related injuries.

Civilian War-Related Casualties

| <u>Cause of injury</u> | <u>1968</u> | <u>1969</u> | <u>1970</u> | <u>1971</u> | <u>1972</u> |
|------------------------|---------------|---------------|---------------|---------------|---------------|
| Mine or mortar | 34,500 | 27,464 | 35,989 | 24,891 | 33,044 |
| Gun or grenade | 16,292 | 13,298 | 9,876 | 7,528 | 10,676 |
| Shelling or bombing | 28,454 | 16,696 | 9,163 | 7,241 | 10,061 |
| Total (note a) | <u>79,246</u> | <u>57,458</u> | <u>55,028</u> | <u>39,660</u> | <u>53,781</u> |

^aTotals differ from those in the preceding schedule which were prepared from the Ministry's monthly statistics not having final revisions that were generally incorporated in the annual statistics.

A USAID official said that before the 1972 offensive it was reasonably accurate to attribute injuries by (1) mines and mortars to the enemy, (2) guns and grenades to either side, and (3) shelling and bombing to allied forces. However, he said that, because of the large amount of shelling by enemy forces during the 1972 offensive, the 1972 figures on shelling and bombing could be attributed to either side. USAID was not able to provide us with 1973 statistics at the time of our review in November 1973.

CHAPTER 9

SCOPE OF REVIEW

This review was made primarily to update the information in our two previous reports to the Subcommittee issued February 29 and March 27, 1972. We also inquired into U.S. policies and plans for humanitarian assistance in Vietnam, with emphasis on broader postwar social welfare programs. In accordance with the agreement with the Subcommittee office we made no visits to refugee camps.

Our review was made at U.S. Embassy and USAID offices in Saigon. Our work was limited to examining records made available to us at these offices and talking with U.S. and GVN officials in Saigon.

JAMES O. EASTLAND, MISS., CHAIRMAN
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JOHN H. HOLLOWAY III
 CHIEF COUNSEL AND STAFF DIRECTOR

United States Senate

COMMITTEE ON THE GENERAL ACCOUNTING OFFICE
 WASHINGTON, D.C. 20510

July 11, 1973

The Honorable Elmer B. Staats
 Comptroller General of the United States
 General Accounting Office
 441 "G" Street, NW
 Washington, D.C. 20548

Dear Mr. Staats:

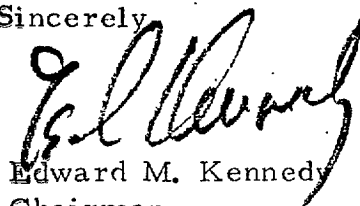
As you know, since 1965 war-related civilian problems in Indochina have been a primary concern of the Judiciary Subcommittee on Refugees. On a number of occasions I have requested the General Accounting Office to investigate these problems, and related matters, and reports were subsequently filed with the Subcommittee. Over the years, the GAO's findings and recommendations have been extremely helpful to the work of the Subcommittee and the Congress, and have contributed significantly to the development of American policies and programs, especially in South Vietnam and Laos. The latest reports filed with the Subcommittee resulted from my request of July 7, 1971.

In light of the changing conditions and American presence in Southeast Asia, and the continuing Congressional and public interest in humanitarian problems resulting from the war, I would like to request a renewed inquiry into the situation in South Vietnam, Laos, and Cambodia, and an updating of the various reports filed with the Subcommittee following my 1971 request. Additionally, I would also like to request an inquiry into the background and recent operations and funding of American sponsored or supported public safety, prison, and police programs in South Vietnam, Laos, and Cambodia.

To facilitate these requests, it would be helpful if you would designate a representative of the General Accounting Office to get in touch with Mr. Dale de Haan, Counsel to the Subcommittee, for additional information.

Many thanks for your consideration, and best wishes.

Sincerely,



Edward M. Kennedy
 Chairman
 Subcommittee on Refugees