

NOT FOR PUBLICATION UNTIL RELEASED  
BY THE SENATE JUDICIARY SUBCOMMITTEE  
ON REFUGEES

WAR / CIV CAS  
FILE SUBJ.  
DATE SUB-CAT.  
S-73

5/11/73

STATEMENT OF  
THE HONORABLE ROBERT H. NOOTER  
ASSISTANT ADMINISTRATOR, BUREAU FOR SUPPORTING ASSISTANCE  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
BEFORE THE JUDICIARY SUBCOMMITTEE ON REFUGEES

May 11, 1973

Mr. Chairman and Members of the Committee:

I appreciate this opportunity to appear before you this morning in regard to the children of Vietnam.

Vietnam has undergone major disruptions and changes during the past several years. Families have been forced to flee from their homes, many of them have moved from rural areas to the big cities, and soldier-husbands have been separated from their families for long periods. Urban life has been found to be disruptive in Vietnamese society as it has been in ours and others. These changes have been particularly difficult for the children of Vietnam. While the problems of children cannot be isolated from the problems of the society as a whole, I will try to describe the magnitude of this problem and the measures which are being taken to deal with it.

First, it is worth noting that more than 50 percent of Vietnam's entire population is made up of children 16 years and younger. There are an estimated 880,000 orphans in Vietnam, a figure which includes those children with one parent. Most of the orphans live with their

mothers or other relatives in the extended family system. 19,000 children, however, live in officially registered orphanages and another 5,000 are estimated to live in non-registered orphanages. There are an estimated 10,000 - 15,000 racially mixed children fathered by foreigners, about 1,000 of whom live in orphanages. And last, the disruptions of the war have produced special problems of nutrition, education, and health for the children of Vietnam as well as for their parents.

#### Vietnam's Approach to Meeting the Problem

The war brought with it an increased social awareness in Vietnam. During the 1960's the Government embarked on major programs of expanding education and health care on a massive scale, with substantial amounts of U.S. assistance.

In spite of the war, the school system expanded from a primary school enrollment of 400,000 children representing 10 percent of the primary age population in 1954 to 2.9 million children or 93 percent in 1972. Secondary enrollment has expanded from 53,000 (.03 percent) in 1954 to 840,000 (.55 percent) at the present time. College level enrollment now totals 69,000 compared to 2,900 in 1954. Most of these schools are financed and supported by the Government of Vietnam and provide an opportunity for Vietnamese children from all walks of life to advance themselves and hence their society in the years to come.

In the health field, the Government undertook to establish hospitals in each of Vietnam's 44 Provinces. It greatly expanded its facilities for training doctors, dentists, and nurses and it established a widespread network of rural and urban dispensaries throughout the nation. The Government also undertook substantial programs for assisting refugees as has been described in previous hearings before this Subcommittee.

These programs had a major impact on the children of Vietnam which, as noted previously, make up more than 50 percent of the entire population.

In the middle 1960's, the Government of Vietnam broadened the functions of the Commissioner of Refugee Affairs into a Ministry of Social Welfare in an attempt to address more fully the many human problems which became apparent at that time. For a number of years, this Ministry had to devote its major attention and resources to the refugee situation. During the last three years, however, the Ministry has recognized and has begun programs which address the particular social problems faced by the children of Vietnam.

The Government has stated forcefully that the care of disadvantaged Vietnamese children is of top priority. While the Vietnamese believe that a person's first duty is to his family and that children should be cared for within the extended family system wherever possible, it has also recognized that not all

individual needs can be met in this way. The Government has moved ahead, therefore, with a series of programs aimed at meeting these special needs.

In 1969 the Government passed into law the Vietnamese Disabled Veterans, Dependents, and War Veterans Law aimed at providing pensions and allowances to disabled veterans and dependents of those killed in the war. Under this law, allowances are paid to 555,000 children of deceased soldiers.

The Government, through the Ministry of Social Welfare, also provides benefits to 133 officially registered orphanages and 201 day care centers. More than 42,000 children receive assistance through these institutions. The day care centers provide meals and supervised recreation while permitting mothers, many of whom are widows, to work without having to abandon their children to full-time institutions. The Ministry also supports a foster home program to provide homes for those children without families of their own. The Ministry has recently established minimum standards for child welfare institutions and is conducting a survey of the orphanages to determine their understanding of and compliance with the standards.

The Government of Vietnam, through the Ministry of Education, has also undertaken a massive school lunch program with U. S. assistance. 1,200,000 children receive a diet supplement through the program.

The Government of Vietnam has also undertaken a series of health programs directed toward children. Children's Medical Relief International supports the Vietnamese National Center for Plastic and Reconstructive Surgery through an overseas staff of six consultants. The National Center is the only modern medical facility in South Vietnam specifically designed for treatment of children requiring plastic and reconstructive surgery as a result of war injury, domestic trauma or disease.

A new health campaign called "Bringing Health to Villages" was started in March 1973. To date, 365 mobile health teams made up of Vietnamese staff from provincial and district health facilities provide comprehensive health services each afternoon in approximately 800 villages a week. Each week some 150,000 patients are examined, 18,000 home visits are made, 26,000 well children and 9,000 pregnant women examined, 145,000 vaccinations are given and 99,000 posters and leaflets distributed. This is in addition to the normal in-patient and out-patient treatment at the 3,500 fixed health facilities.

The Vietnamese are proceeding with a plan to improve health services to orphanages throughout Vietnam. They are now performing surveys on numbers, location, age groups, nutritional status, qualifications of staff, and adequacy of existing medical care.

The next step is to provide training to personnel, expand sanitary facilities and improve medical services.

An "Under Six Years of Age" clinic has been started in Saigon as an extension service of the Department of Pediatrics, Saigon Medical School. Maternal and child health clinics are being established in all urban areas and provincial capitals by the end of this year with the help of the A.I.D. Family Planning project. Plans call for such clinics in all districts by 1975.

Immunizations for children are being provided at an expanding rate. In 1972, 2,524,000 immunizations were provided for polio, tuberculosis, diphtheria, pertussis and tetanus through the Ministry of Health.

It is clear that the Government of Vietnam has become increasingly aware of the social needs of its people and has embarked on a wide range of programs aimed at meeting these needs. Schools and health clinics have been built, teachers, doctors, nurses, and social workers have been trained, and buildings have been constructed at a rapid rate. Much remains to be done and many pressing needs still exist, which is not surprising in a country of an average annual per capita income of about \$175. Nevertheless, encouraging progress has been made.

#### U. S. Assistance Efforts

The United States Government has assisted the Government of

Vietnam in most of the programs mentioned in the previous section. We have helped Vietnam expand its school system and its health care through a wide range of programs which I will not elaborate on here, at a total cost of \$222 million in material and technical support over the past nine years.

In addition, we have been urging and encouraging the Ministry of Social Welfare to assess the problems, develop plans and priorities, establish standards, and create a system of grants and contracts utilizing voluntary agencies to implement child care activities. We have indicated that we would support these programs through the allocation of local currencies and material support through PL-480 Title II Food Grants. At the same time we have encouraged the Ministry to undertake new and broader child care activities and allowances for orphanages and day care centers. We have financed the contract services of the Children's Medical Relief International in the establishment of the Center for Plastic and Reconstructive Surgery. Indirectly, U.S. economic support has made possible the whole range of Government activities in the fields of education and health mentioned previously.

There is, of course, much more which needs to be done. On the whole, however, I believe that we can be proud of the U.S. role in support of these humanitarian programs during time of war.

As we consider how next to proceed, we must recognize some constraints and limitations which are inherent in the situation.

First, social programs of this kind require complex and time-consuming administrative procedures and controls if they are to be administered properly, as we have learned in our own U.S. welfare programs. The Vietnamese are training people and are setting up administrative mechanisms to deal with these programs, but they cannot take on responsibilities which exceed their ability to administer. Second, the Vietnamese are deeply concerned that they not embark on social programs so expensive that they cannot be continued after U.S. financial support is withdrawn. And third, it is important that welfare recipients do not receive benefits in excess of the regular members of society, which would lead to a massive influx of those on the public welfare rolls. Thus, the constraints in the area of child welfare are not financial, and the funds we have offered to make available to the Government of Vietnam during the last year or two for these purposes have not been fully utilized. These constraints are being addressed and gradually overcome, but we should bear in mind that it is necessary to proceed on the basis of sound programs and good administration, and to be supportive of Vietnamese efforts while permitting them to take the lead if the programs are to succeed.

#### Voluntary Agencies

Child welfare programs in Vietnam also receive valuable assistance from the international voluntary agencies. Frequently

they are supported in these efforts by funding supplied by A.I.D., which is in addition to their own contributions of manpower and materiel. These programs include the following:

International Social Service (ISS): VN\$ 4 million in A.I.D. counterpart support to establish family service unit in an existing community center in area with large population of racially mixed children.

CARE: VN\$ 44 million in A.I.D. counterpart support to provide fresh milk and lunch program for underprivileged pre-school and school aged children.

Foster Parents Plan (FPP): VN\$ 4 million in A.I.D. counterpart support to provide monthly nutrition supplement for FPP families.

International Rescue Committee (IRC): VN\$ 10 million in A.I.D. counterpart support for training widows and establishing home day care activities.

World Vision (WV): VN\$ 2 million in A.I.D. counterpart support to the "Street Boy" program in Cam Ranh City and Nha Trang.

Christian Children's Fund (CCF): VN\$ 2 million in A.I.D. counterpart support to expand vocational training in Nha Trang Orphanage to serve neighborhood children as well as orphans.

World Relief Commission (WRC): VN\$ 1.5 million in A.I.D. counterpart support to expand vocational training in Hue and to serve neighborhood children as well as orphans.

Catholic Relief Service (CRS): VN\$ 23 million in A.I.D. counterpart support has been allocated to establish five social work units in provincial hospitals to prevent child abandonment.

### Adoptions

There has been intense interest in the U.S. during the past few years in regard to adoption of Vietnamese children, particularly those children fathered by Americans. It is also of considerable concern to the Vietnamese, and I would like to give this problem special attention in this presentation.

I mentioned earlier that there are estimated to be 10,000 to 15,000 racially mixed children fathered by foreigners. Only about 1,000 of these are in orphanages. The rest are living with their mothers or with Vietnamese families. It is important to recognize the strong attachment which the Vietnamese have for their children and the sense of responsibility of the extended family for its members. The Government of Vietnam, in recognition of these strong Vietnamese sentiments, considers that children born in Vietnam to Vietnamese mothers are Vietnamese regardless

of parentage or legitimacy. It provides social welfare benefits to them when needed without racial distinction and insists that foreign assistance be provided on the same basis. It opposes large-scale overseas adoptions and approves such adoptions only on a case-by-case basis when it determines that the best interest of the child will be served.

Prior to 1972 this situation was further complicated by a Vietnamese adoption law and procedures which set out standards which were extremely difficult to meet. During the past year, these procedures were relaxed somewhat, which greatly facilitated the processing of adoptions. Furthermore, in 1971 A.I.D. provided a grant of \$100,000 to International Social Services (now called Travelers Aid International Social Service of America) so that ISS could increase its professional staff in Vietnam for the handling of intercountry adoptions. It considers its function to be the counseling and assisting of Vietnamese mothers and foreign prospective foster parents, in reviewing the cases of individual orphan children, and, where appropriate, in processing children for adoption.

There are now two other private organizations providing similar services; the Holt Adoption Program and the Friends of Children of Vietnam. Again, we understand that the emphasis of these organizations is on child care in general and adoption when deemed best for the child.

Intercountry adoption is, as might be expected, even more complicated than is adoption in our several states. The requirements of the state have to be met, and also the Government of Vietnam has to be satisfied that it is in the best interest of the child. Sometimes this procedure has been slow for the reasons mentioned earlier. However, because of the changes in procedure, the work being done by International Social Services and others, nearly 500 orphans were processed for international adoption in 1972 which is more than double the number for 1970 and 1971 combined. Of this number, 39% were processed for adoption for the United States.

Mr. Chairman, I hope that this provides you with an overview of this complex and important area of A.I.D. activity. I will, of course, be glad to answer any questions which you have.