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STATEMENT OF
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Mr. Chairman and Members of the Committee:

I appreciate this opportunity to appear before you to discuss refugees and other humanitarian assistance requirements and activities in South Vietnam and Laos.

Present Situation

One of the most pressing and difficult problems these nations face is to restore civilian war victims to normal productive lives. In a generation of conflict, millions of civilians have been uprooted from their homes and livelihoods and forced to seek safety in the larger towns and cities, or in refugee camps. Many of these people have been able to return home, although some have returned home only to be forced to flee to safety once more. Others temporarily resettled in secure areas to await the day when they could return home. Hundreds of thousands still remain in refugee camps, almost completely dependent on government support.

These countries also face the challenge of rehabilitating thousands of disabled civilians and military veterans, and caring for those who cannot be rehabilitated. Hundreds of thousands of widows, orphans and surviving dependent parents are unable to support themselves adequately.

The governments of these countries are fully aware of these problems. They must somehow find the means to meet them; to provide for continuing emergency relief, for temporary shelter and support, for assistance to return home or resettle, for physical and vocational rehabilitation of war casualties, and for support to indigent surviving dependents of the war dead. They are poor countries. Their resources are scarce and the competing demands on them are great. They must replace schools, health facilities, power and water services destroyed or damaged by the war.

These humanitarian problems are not only social and political in nature, but also economic. Refugees can resume productive lives only in a healthy economy, where they can sell their produce or find jobs. An economy in collapse, in which the general populace is drawn down toward the poor subsistence level of refugees, would offer dim prospects indeed for refugees and other victims of the war to resume and lead normal productive lives. A healthy and growing economy, a beginning now on development for the future, is inextricable from the humanitarian problems posed by refugees and other victims of the war.

A.I.D.'s request to the Congress for this fiscal year, FY 1974, is cast in these terms. We see humanitarian assistance, reconstruction, development, and general economic support--such as the Commercial Import Program--as interrelated, with each part necessary to the success of the whole. The proposed humanitarian assistance to these countries is primarily for the relief and rehabilitation of refugees, necessary and

urgent for the particular purposes for which it is intended, but dependent upon continued progress in the rest of the economy if the humanitarian efforts are to be effective.

I would now like to review developments in Vietnam and Laos in the period since I appeared before you in May a year ago.

VIETNAM

Refugees - The Size of the Problem

The total number of South Vietnamese who have been war victims or refugees at some time or another from 1964 to the present is now estimated at between seven and eight million people. Of this number, an estimated 1.3 million were generated in 1972, the highest number in any calendar year since the TET offensive of 1968. An additional 400,000 people have been in some way affected by the military action since the January peace agreement. In October of 1972 there was a peak of 757,000 people receiving government assistance in refugee camps. The situation has gradually improved since that time, and substantial numbers have been able to return to their homes or resettle. At present there are still 430,000 persons receiving refugee benefits.

The question which most concerns the Government of Vietnam today, however, is not how many people have been forced to flee their homes in twenty years of war, but rather how many families want and need government assistance to resume normal productive lives. This is not

an easy figure to estimate. Reconstruction and food assistance has been offered to any war-displaced family wishing to return home when the security situation permitted. This offer has been understood to apply to all displaced persons, whether they fled military activities in insecure areas of the country or were relocated by the government in the face of danger from on-going military operations. It applies not only to those living in refugee camps, but to those who have temporarily resettled elsewhere until their home villages become secure, and to those who sought work or safety in the cities without ever registering as refugees. It applies equally to a family which may have fled one of the first border clashes in the mid-sixties and to a family which may have fled an exchange of fire between opposing forces in its village only a week ago.

At the present time, the Ministry of Social Welfare estimates that there are about 1.5 million Vietnamese who will require government assistance either to return to their homes or to resettle in some other rural area. Most plan to return home, but at least 200,000 will probably require resettlement either because their original home areas remain insecure or because the land there is of such marginal quality that the people would prefer to resettle elsewhere. The government is identifying new land for these people, upon which they will be able to achieve economic self-sufficiency in a relatively short period of time.

The Government of Vietnam has announced a policy of assisting all

in-camp refugees to return home or resettle by the end of CY 1973. This seems a practical impossibility considering the numbers involved, the state of security in many of the areas to which refugees may wish to return, and the fact that reconstruction of major war damage may have to precede reintroduction of population into areas which were severely damaged during the 1972 offensive. A more realistic time frame for resettling or returning all who request and are eligible for aid might be the end of FY 1975. We will of course do everything possible to support GVN programs to return or resettle refugees in the shortest practical time, and to support refugees as they may require both before and after their return home or resettlement. Priority emphasis will be given to assisting those in camps to return or resettle as soon as possible. Until that is accomplished, however, it will be necessary to continue to support temporary relief programs to cope with the emergency situation created in 1972 and also as a result of the continuation of hostilities since the cease-fire.

FY 1973 Emergency Measures

The enormous influx of refugees which began in April 1972 exceeded the capacity of the existing temporary refugee facilities operated by the Government of Vietnam. The number of refugees requiring shelter and food rose to three-quarters of a million. Availability of PL 480 commodities, surplus military food supplies and advancement of funds to provinces for relief requirements greatly facilitated the government's

efforts to handle this sudden flow, but in addition, emergency measures had to be taken to provide temporary accommodations for many people. U.S. military bases which had been shut down following U.S. troop withdrawals were reopened as refugee camps. Tents and other temporary shelters were erected wherever more substantial shelter was unobtainable. These emergency measures were intended to meet the most essential requirements of the refugees being generated.

During the lengthy peace negotiations last fall, there was an expectation that refugees would be able to return to their homes relatively quickly. However, in November 1972, GVN and U.S. officials agreed that more permanent improvements were needed. To insure that improvements would be carried out on the broadest scale with the minimum delay, joint GVN/U.S. "Impact Teams" were constituted to visit each camp and take immediate effective action to raise camps to World Health Organization standards. Major improvements in housing, water supply and sanitary facilities were undertaken. In most camps, schools were established and dispensaries set up. The teachers and health personnel were usually refugees who had fled with their families. Though the school facilities, in some instances, could not absorb all of the eligible children, sessions were scheduled to accommodate as many as possible. Dispensaries which provided a minimum of services were supported by visits from the local, district and province health officers.

The Government of Vietnam instituted new tax measures to help offset

the increased costs caused by the North Vietnamese invasion, but those measures alone were not adequate to meet the extra burden of increased military, refugee and reconstruction expenditures. Accordingly, on August 15, 1972, we made available \$15 million so that the Government of Vietnam would be able to continue to meet the costs of supporting refugee payments during the fall of 1972. Later, additional funds were required for the same purpose. All together ^{\$23} \$90 million were granted for this purpose during FY 1973.

Wherever possible, refugee site maintenance and improvement projects were carried out using refugee labor. Refugees have also been employed by the government on public service projects in cities and towns near their camps. These projects cover such activities as cleaning and painting public buildings, constructing sidewalks, and repairing bridges. At least a million refugee man-hours have been spent on refugee camp or municipal improvement projects under the refugee employment program.

Vietnamese Rehabilitation, Reconstruction and Development Program

Recognizing the importance of assisting the people to recover from the war as quickly as possible, President Thieu established on June 4, 1973, the Guiding Council for National Rehabilitation, Reconstruction and Development. This council is responsible for:

- determining policies and formulating guidelines for the relief, rehabilitation, reconstruction and development of the national economy

- determining the priorities of all programs connected with national recovery
- the mobilizing and allocating of both national resources and foreign assistance in order to finance these programs
- determining procedures for coordinating, expediting and controlling the implementation of these programs.

The council is chaired by the President himself, with the Prime Minister as Secretary General.

In June of 1973, the Guiding Council published a strategy for national rehabilitation, reconstruction and development, outlining four main objectives:

1. To heal the wounds of the war, to provide relief, to resettle war victims so that they can start building a new life and contribute to the recovery of production
2. To reconstruct war damages and lay a foundation for the forthcoming development effort
3. To make the fullest use of natural resources to increase production, especially in the agricultural sector, so as to effect a complete transformation of the rural areas
4. To establish a stable and comfortable life for every stratum of the population and improve the living standard of the people

These objectives are to be achieved in three main stages. In

Stage I, 1973-74, priority will be given to relief operations and to the normalization of the life of war victims; to infrastructure reconstruction; and to the recovery of production activities. To initiate the first stage the Guiding Council presents a special program to be carried out between July 1 and December 31, 1973. The immediate objectives of this special program are to provide relief and normalize the life of war victims, to reconstruct the infrastructure which is necessary to support resettlement and the recovery of national production activities, and to restore the production activities which have been interrupted during the war.

Translations of this plan have just been received in Washington and are presently being analyzed. It is already clear, however, that the special program plans to resettle some 300,000 people in 68 new hamlets and to make available the required resources and means of production to enable them to attain self-support.

In our request to the Congress we have asked for \$90 million to support these activities during FY 1974. Within this amount we propose \$65 million to assist refugee families, both those presently in refugee camps and those from the cities or other temporary resettlement areas, to return to their home villages or to resettle elsewhere. Assistance includes transportation home or to the resettlement site, provision of temporary shelter until homes can be constructed, house reconstruction allowance, assistance to clear the land and prepare it for planting,

food allowances until the first harvest, and allowances for agricultural equipment and miscellaneous household needs.

In addition to these benefits which assist each family, the Government of Vietnam, assisted by A.I.D., will insure that each new community will have the necessary water supply, sanitation facilities, classrooms, dispensaries, markets and other essential infrastructure. In the case of old communities to which refugees are returning, essential infrastructure will be restored by the A.I.D. assisted Vietnamese Reconstruction Program. Provision is also made to shelter, feed and otherwise care for the "in-camp" refugees who are awaiting their opportunity to resettle.

To further assist the GVN in carrying out resettlement and return-to-village programs, we have been working closely both with the Vietnamese Government and with U.S. voluntary agencies to expand the role of volunteers in these and related social welfare programs. We hope that by the end of the current year a significant proportion of our humanitarian support will be carried out through international and local agencies.

Health Care in Vietnam

An important part of caring for civilians who have been casualties of the fighting in one way or another involves caring for the sick and wounded and preventing the spread of contagious diseases in areas of heavy population density, including refugee camps. A.I.D.'s public health program in Vietnam has shifted over the years from the construction and operation of facilities to one of providing supplies and

advisors. The present emphasis is on training Vietnamese to do the job, including prevention and control of a variety of diseases which have chronically plagued the population.

Regarding care for civilian war casualties (CWC's), the numbers of casualties admitted to Ministry of Health hospitals have fallen steadily since 1968, when there were over 6,000 per month, to 1971 when CWC's averaged just over 3,000 a month. Because of the heavy fights last year, the figure rose to an average of 4,500 per month in 1972. More recently, the monthly average has again decreased, the number was 3,100 for June 1973.

Rehabilitation services are centered around the GVN National Rehabilitation Institute (NRI) which specializes in such services as the manufacture of artificial limbs and braces and associated physical and psychological preparation for their use. USAID provides advisory assistance through a contract with World Rehabilitation Fund, Inc., as well as financial support for commodities, in-country training of personnel, and some small budgetary assistance for technical salaries. During the past year, over 15,000 new patients were rehabilitated and over 12,500 devices were produced or reconditioned. Present plans call for a further expansion of these services through the establishment of ten small production and repair shops in provincial hospitals throughout the country. We expect that at least five will be operational in 1973. Once the training is completed, equipment is in place and the

shops are operational, the NRI estimates it will have the capacity to rehabilitate 18,000 handicapped persons per year. Even more important, civilian amputees will have services available at fourteen different locations in-country for fitting and repairing devices. In addition, the Canadian Government has agreed to support a new three-year School of Physical Therapy with a grant of \$1,200,000 and \$VN4,000,000 for the development of the school which is designed to graduate about 120 therapists a year.

LAOS

Turning to the situation in Laos, the Royal Lao Government estimates that over the past decade about 800,000 of its people have been displaced by the war at one time or another.

In May 1972, during the hearings on the refugee problem in Laos, we estimated that the refugee population requiring some form of assistance was 263,000. The number now stands at a record high of about 350,000. This increase resulted from two factors: first, an abnormally high generation of refugees by military activity in the month immediately preceding and the month immediately following the cease-fire agreement of February 21, 1973, and second inadequate harvests, especially in the many cases where refugees had not yet had time to get agricultural production firmly established.

Resettlement

Despite the war, permanent resettlement activity has been carried

out to the extent feasible. The current refugee total of about 350,000 includes about 70,000 currently in one stage or another of the resettlement process. Military activity is currently at a very low level and, assuming this continues to be the case, the Mission plans to initiate the process of permanent resettlement for another 30,000 refugees during FY 1974. Beyond these plans, the degree and nature of permanent resettlement will depend on two major factors: the results of land surveys currently being undertaken to determine the potential for further refugee resettlement in areas under Royal Lao Government control and whether there will be a political settlement that will stimulate many of the numerous refugees who come from areas currently under Communist control to return to those areas. Meanwhile, the Royal Lao Government, with the help of our Mission, plans to relocate about 70,000 refugees from relatively congested areas as a step preliminary to their permanent resettlement or return to their former homes.

Funding

About \$17.6 million of the proposed FY 1974 A.I.D. program for Laos (\$55 million in Supporting Assistance) will be devoted to refugee assistance of one sort or another. This includes the Refugee Relief and Resettlement Project, under which we finance rice and other foodstuffs and various personnel and resettlement costs, plus those portions of other projects--Public Health, Rural Development, Education, Agriculture, Air Support, and General Technical Support (administrative services)--attributable to refugee assistance. Further, we expect, subject to

commodity availability, a PL 480 Title II program of \$6.6 million to provide additional foodstuffs for refugees. Finally, we expect that DOD financing of assistance for those refugees who are dependents of the former irregular forces will amount to about \$8.5 million. Thus, total U.S. Government assistance to refugees in Laos during FY 1974 is currently projected at about \$32.7 million.

Health

As I indicated above, our Public Health program services refugee needs as well as helping the Royal Lao Government to meet medical needs of other Lao civilians and to develop its public health system generally. I might sketch some of the main points of this health program.

During this year, A.I.D.-funded construction will bring bed capacity at A.I.D.-supported hospitals to over 750. This increase will be achieved despite the loss of a 60-bed hospital in Khone Sedone. The hospital at Kengkok had to be temporarily closed down during the year as a result of enemy action. It was reopened March 1, and construction is underway to increase capacity from 30 to 60 beds.

In addition to hospitals, we also support about 200 dispensaries in the rural area of Laos. These dispensaries, together with the USAID-supported hospitals, handled well over three million out patient visits and 32,000 in patients in 1972, an increase of 600,000 over the previous year.

In-country training of Lao medical personnel is proceeding on schedule. To date, 1,181 medics and 204 practical nurses have been given training in Laos, while 384 medical and related personnel have received training in Thailand and five in the United States.

Special emphasis is placed on providing medical service to refugees to reduce morbidity-mortality in these highly vulnerable populations.

Further, a USAID/Laos Maternal and Child Health project is geared to assist refugees as well as other civilians through centers in the rural areas of Laos.

CAMBODIA

In regard to Cambodia, I will not repeat my remarks on the refugee situation since I spoke to this Committee in April on this matter. At that time I pointed out we had entered into agreements with the International Committee of the Red Cross and the Indochina Operations Group. In the intervening period we have concluded agreements with Cooperative for American Relief Everywhere (CARE), Catholic Relief Services (CRS) and World Vision Relief Organization, Inc. (WVRO), and are currently reviewing an additional proposal from WVRO for resettlement of refugees near Phnom Penh.

In FY 1974 we are proposing \$4 million for humanitarian assistance. These funds will be granted to several private and governmental organizations for the provision of food, medical care, and housing to those

civilians displaced or injured as a result of the fighting. This compares with an expenditure of \$1.2 million in FY 1973 for similar purposes.

In closing, I would like to reiterate a point I made at the beginning of my remarks, namely that the effectiveness of A.I.D.'s contribution to alleviating human misery in all of Indochina is heavily contingent upon our ability to commit not only funds for humanitarian programs per se, but also funds which will insure a steady flow of needed imports. Without the latter, the economies of these countries will be disrupted and living standards reduced, thereby dissipating efforts to alleviate the plight of refugees and war victims.

Thank you for permitting the time to describe our programs of refugee and humanitarian assistance in South Vietnam and Laos. I will be glad to answer any questions you may have.