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THE AFTERMATH OF WAR:
HUMANITARIAN PROBLEMS OF SOUTHEAST ASIA

A STAFF REPORT

Prepared for the Use of the
SUBCOMMITTEE TO INVESTIGATE PROBLEMS CONNECTED
WITH REFUGEES AND ESCAPEES

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(the appendices do not appear in this preliminary report; they will be printed in the published edition)

INTRODUCTION

For more than a decade, the humanitarian problems of Indochina have been a matter of primary concern to the Subcommittee.

Over the many years of war, the Subcommittee conducted frequent public hearings on war-related civilian problems in Vietnam, Laos and Cambodia. Field studies were undertaken in all parts of Indochina, including the Democratic Republic of Vietnam (DRV). And reports of findings and recommendations on conditions in the field and American policy toward the area were issued by the Subcommittee on a regular basis. The last Subcommittee reports were issued on January 27, 1974, and January 27, 1975 -- the first and second anniversaries of the 1973 Paris Agreement on Ending the War and Restoring the Peace in Vietnam.

Given developments in Indochina during the early months of 1975, the Subcommittee's concern necessarily focused on the rapidly escalating humanitarian problems of the people in Cambodia and South Vietnam, and especially on the issues and problems raised by the President's plan to evacuate "tens of thousands" of Cambodian and Vietnamese nationals prior to the collapse of the Lon Nol regime in Phnom Penh and the Thieu regime in Saigon. Again, many hearings were

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held in 1975, field studies were undertaken in reception areas for Indochina evacuees, and reports of findings and recommendations, especially on the resettlement of Indochina refugees in the United States, were issued in June and July.

Although the Subcommittee has focused its activities over the past year on the reception and resettlement of the new arrivals in the United States, it has not lost sight of the massive relief and rehabilitation needs among the displaced persons and other war victims who remained in their native lands, or of the serious problem of Indochina refugees in Thailand. These matters were covered in the hearings and reports of 1975, and regular consultations have been held in this country and overseas with officials of various international organizations and governments, and with other persons concerned over the humanitarian problems of Southeast Asia.

Overseas consultations took place in October of last year, when the Chairman dispatched two staff members -- Dale S. DeHaan, and Jerry M. Tinker -- to the annual Executive Committee meeting of the United Nations High Commissioner for Refugees in Geneva, and in February of this year, when the staff members again visited Geneva, as well as Paris and Bangkok. The October consultations in Geneva included extensive conversations with, among others, the UNHCR, Sadruddin Aga Khan, and members of his staff; representatives of the

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International Committee of the Red Cross (ICRC); the Director of the Intergovernmental Committee for European Migration (ICEM), representatives of international voluntary agencies; and officials of the DRV and various other countries.

The February consultations in Geneva and Paris included conversations with those listed above, as well as with officials at the U.S. Mission in Geneva and the U.S. Embassy in Paris. In Bangkok, the staff team met with the field representatives of the UNHCR, ICEM and the various voluntary agencies working among Indochina refugees in Thailand. The team also held talks with Thai Government officials responsible for refugee relief programs, U.S. Ambassador Charles S. Whitehouse and members of his staff, and others.

The brief report that follows is based on the Subcommittee's activities and inquiry over the past year. It covers three areas of congressional and public interest: relief and rehabilitation in Indochina, the refugee problem in Thailand, and the resettlement of Indochina refugees in the U.S.

* * * *

The staff's travel in February was occasioned by the invitation of Vietnamese authorities to the Subcommittee Chairman, that his personal representatives undertake the repatriation of the remains of the last two American

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servicemen to lose their lives in the war. The invitation followed exchanges of correspondence on American-Vietnamese relations between the Chairman and the Honorable Nguyen Duy Trinh, the Foreign Minister of the DRV, and the Honorable Nguyen Thi Binh, the Foreign Minister of the Provisional Revolutionary Government of the Republic of South Vietnam (PRG). The repatriation was undertaken in Saigon on February 22, 1976, with the assistance of the UNHCR.

Enroute to Saigon, the staff team met in Paris with Ambassador Vo Van Sung of the DRV and members of his staff. His assistance was indispensable in arranging the repatriation, and meeting with him also provided an opportunity to review again the outstanding problems in American-Vietnamese relations and humanitarian needs which confront the Vietnamese people in the aftermath of the war.

THE AFTERMATH OF WAR:
HUMANITARIAN PROBLEMS OF SOUTHEAST ASIA

I. RELIEF AND REHABILITATION IN INDOCHINA

The guns have fallen silent in Indochina, and warfare has come to an end for the people who live there. But the humanitarian crisis produced by this century's longest, if not largest war, remains critical for millions of war victims and refugees throughout the region.

1. The Legacy of War: Old Tasks for New Governments

As emphasized in previous Subcommittee reports over more than a decade,¹ one of the most tragic and, perhaps, enduring legacies of the Indochina War has been its cumulative impact upon the lives of the people throughout the region. In fact, over the years nothing has more accurately documented the intensity and spread of the conflict, and the level and nature of military operations, than the number of people killed or wounded or made refugees. The cruel statistics of the war's human toll, and the impact of heavy battle upon the land and the social fabric of the countries involved, are a matter of record and cannot easily be forgotten.

¹See Relief and Rehabilitation of War Victims in Indochina: One Year After the Ceasefire, Study Mission Report, Subcommittee on Refugees, Jan. 27, 1974 and Humanitarian Problems in South Vietnam and Cambodia: Two Years After the Ceasefire, Staff Report, Subcommittee on Refugees, Jan. 27, 1975.

In the aftermath of the war, the new governments of Indochina have confronted people problems of massive dimensions. Conditions and needs have inevitably varied in each country of the area, and so too have the responses of the new governments--especially in Cambodia. But all of these governments have broadly shared similar challenges and tasks in meeting the problems of their societies brought on by the war. Apart from basic political and economic reorganization and long-term reconstruction needs, the principal areas of immediate concern to the new governments--in terms of emergency relief, rehabilitation and reconstruction--have been generally broken down as follows:

- a. large numbers of dependent populations--especially among widows, orphans, other children, the aged, and the countless thousands of war casualties who survived;
- b. debilitating public health and social problems;
- c. housing and the rebuilding of destroyed or damaged facilities in education, health, industry, and other sectors;
- d. falsely urbanized centers, over-populated with refugees, often unemployed, from the rural countryside;
- e. serious unemployment rates in urban areas and among demobilized military personnel and other groups;
- f. vast areas of fallow land, and a continuing decline in agricultural production and a dependence upon imports for basic food;
- g. a seriously inflated economy, with the commercial balance heavily in deficit;
- h. communications, particularly road and rail, in disarray;
- i. shortages of trained personnel, in part due to the exodus and chaos during the collapse of the former governments; and

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j. unexploded ordnance.

In an effort to meet these immediate concerns, the new governments, in varying ways, have launched plans of action tied to some common goals. Again broadly speaking, these goals can be broken down as follows:

(a. the normalization of the economy, by curbing unemployment and inflation, and securing a dependable supply of essential goods and services for the population;

(b. increased food production, with the goal of self-sufficiency in agriculture;

(c. the resettlement of displaced persons, particularly from the over-populated urban areas (in South Vietnam, for example, a series of "new economic zones" have been created to reintegrate refugees from the country-side into rural life);

(d. a restoration of the communications network; and

(e. the care and rehabilitation of dependent people, particularly among children and the handicapped; and

(f. the adequate provision of health, education and general social welfare services.

These goals, and the efforts of the new governments' to meet them, are necessarily ambitious, and only time will tell the full measure of progress in recovering from many years of war. Expert reports suggest, however, that, at least in the case of Vietnam and Laos, the governments' efforts are founded on clearly understood needs and problems and a realistic assessment of available and potential resources. These resources include support from the international community.

2. International Assistance

International assistance to the governments of Indochina is coming through both bilateral and multilateral channels. This assistance, in turn, covers both short-term relief and rehabilitation goals as well as longer term reconstruction and development goals.

Although definitive figures are not available, bilateral assistance is undoubtedly the more substantial. The Soviet Union and the Peoples Republic of China head the list of donors for Vietnam and Laos. But many other countries are also involved. Reports suggest that those identified as helping Vietnam include the German Democratic Republic, Czechoslovakia, Poland, Hungary, Rumania, Bulgaria, Cuba, Sweden, Japan, Mexico, France, Algeria, Iran, Iraq, Libya, Finland and Norway. Those identified as helping Laos include Hungary, Poland, Bulgaria, Cuba, the German Democratic Republic, the United Kingdom, France, the Federal Republic of Germany, Sweden, Japan, Australia, Thailand, New Zealand, the Vatican, the Netherlands, Indonesia and India. The Peoples Republic of China, and perhaps the Democratic Peoples Republic of Korea, have apparently been the principle donors for Cambodia. Inevitably, the amounts and kinds of assistance,

as well as the reason for giving it, vary considerably from donor to donor. But the list of donors does point up the widespread interest in the problems and future of postwar Indochina.

Various international organizations, including those associated with the United Nations, had a long history of service in South Vietnam, Laos and Cambodia under the previous governments of these countries. Over the years, however, the bulk of this service was so-called "regular" programming--not geared to specific humanitarian needs resulting from the spreading conflict. It was only after the Paris Agreements for Vietnam, in January of 1973, that a number of these organizations were able to focus more attention on these humanitarian needs, and initiate some modest steps to help ameliorate these needs in all of the war-affected areas of Indochina. Some of these early efforts--by UNICEF, the UNHCR, and the International Red Cross--are described in hearings and previous reports of the Subcommittee.

Since the end of the general military conflict a year ago, the involvement of international organizations has expanded considerably. They have been called upon to serve as important channels for humanitarian assistance from the international community. And, under the new

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conditions prevailing in Indochina, they have been able to respond more effectively than before. Although the authorities in Vietnam and Laos have readily welcomed the receipt of international humanitarian assistance, the new government in Cambodia has yet to make an appeal for such help.

The U.N. agencies currently involved in the short-term humanitarian relief and rehabilitation needs of Indochina include the UNHCR, UNICEF, the World Health Organization (WHO), and the World Food Program (WFP) of the Food and Agricultural Organization (FAO). Also involved is the International Red Cross--both the International Committee of the Red Cross (ICRC) and the League of Red Cross Societies (LICROSS). In support of these efforts, and to pursue international assistance for longer term rehabilitation and reconstruction needs with the governments of Vietnam and Laos, U.N. Secretary General Kurt Waldheim recently dispatched a Special Representative to the area. His report of findings and recommendations is due within the near future.

The paragraphs that follow briefly review the short-term humanitarian relief and rehabilitation efforts of international organizations in Vietnam and Laos. No international programs are now underway in Cambodia. The collective international

budgets currently total nearly \$100 million, which is in addition to well over this amount spent earlier in the war-affected areas of Indochina. (Additional information is to be provided in the appendices of this report.)

3. U.N. High Commissioner for Refugees

The first phase of the UNHCR special operation "for displaced and uprooted populations" in Indochina followed the 1973 Paris Agreements for Vietnam and the creation of a Provisional government of National Union in Laos.

In responding to specific requests from the various authorities in the war-effected areas of Vietnam and Laos, the UNHCR budgeted some \$12,000,000 for relief and rehabilitation purposes among displaced persons. Operational agreements for these purposes were concluded with the DRV, Laos, the Provisional Revolutionary Government of the Republic of South Vietnam (PRG/RSV), and the authorities of the former Republic of Vietnam in Saigon. The agreements were to run through mid-1975. To effectively coordinate the special operations effort with the various authorities, a UNHCR Regional Office for Indochina was established in Vientiane, Laos in October 1974, and a branch office was later established in Hanoi in June 1975.

The implementation of the UNHCR programs in the DRV and Laos progressed satisfactorily. But those in South

Vietnam were seriously interrupted by the events of early 1975 and the subsequent collapse of the Thieu regime in Saigon. In fact the agreement concluded with the Saigon authorities could not be carried out. And mainly as a result of developments in South Vietnam, the UNHCR budget for Indochina during the first phase of his special operations was revised from \$12,000,000 to \$8,000,000. However, an additional \$15,000,000 was contributed for emergency relief purposes in South Vietnam as a result of the events of early 1975.

A second phase of the UNHCR special operation in Indochina was initiated in the latter part of 1975, and will run until the end of 1976. Some \$20,000,000 have been budgeted for this purpose. The UNHCR reports that the second phase program will "fit into the larger pattern of the respective governments' overall plans for normalization of life after long years of war." It has been designed to seek "medium-term solutions" for "the permanent settlement of the displaced and uprooted populations."

In outlining the priorities of the second phase, the UNHCR has indicated that:

The priorities for all areas remain essentially the same as in the previous UNHCR program; i.e., assistance in agriculture, vocational training, health, and, to the extent necessary, food and material for shelter and clothing. UNHCR assistance is concentrated in well-defined areas in each country and its input is limited to providing what is not readily available in any substantial measure, either locally or from existing bilateral or multilateral sources. The guiding principle remains the attainment of a level of self-sufficiency as soon as possible.

As of early April, 1976, some \$11.6 million had been contributed in cash and kind to the UNHCR target of \$20 million, leaving some \$8.4 million still required for the full implementation of the second phase.

(a. Assistance in the Republic of South Vietnam:

The assistance program negotiated with the Provisional Revolutionary Government of South Vietnam (PRG) in 1974 was necessarily revised following the widespread conflict and population upheaval in March-April 1975. From the outbreak of renewed conflict, UNHCR, under the aegis of the Secretary-General and in conjunction with UNICEF, participated actively in a large-scale emergency relief program for refugees and other war victims. This effort predictably included

emergency medical supplies, shelter material, foodstuffs, and clothing, with considerable amounts dispatched by air during the early stages of the operation. The total cost of this relief effort amounted to over \$15 million.

Following discussions with the PRG authorities in 1975, the second phase of the UNHCR program for South Vietnam was launched, targeted at some \$7 million. This second phase has been programmed not only for medium-term efforts for the resettlement of displaced persons, but also as aid to those earlier refugees who are now able to return to their native villages. At the request of the PRG, the UNHCR program has focused mainly on the needs of eight provinces in the central highlands and in the northern region of South Vietnam, particularly in Quang Tri and the DaNang area.

Priority attention has been placed upon agricultural projects to assist in the restoration of agricultural production in war-affected areas, and to assist the vast majority of refugees who come from rural areas. The first area of concern has been the reclamation of arable land by removing unexploded ordnance and levelling cratered and bomb-scarred land, as well as restoring irrigation.

As refugees have begun to move back into the countryside, they are facing physical dangers every bit as real as those that caused them to move during the war-- the

risk of injury and death from undetonated mines, booby-traps, unexploded artillery shells, and "live" bombs, which litter the fields. Given the fact, according to official Department of Defense statistics, that well over 8,000,000 tons of bombs were dropped over Indochina, and some 30 billion pounds of other explosives were used, ordnance removal is clearly one of the most pressing post-war tasks. By conservative estimate, the people of Vietnam face several million tons of unexploded ordnance which, if not removed in a systematic fashion, may blow-up in their fields and forests for years to come.

To help reactivate the agricultural sector, the UNHCR is also providing various types of farm machinery and agricultural equipment, as well as pumps and fertilizer. Special programs have also been designed to assist dislocated fishing villages, to help stimulate additional fishery production.

In health and educational fields, the UNHCR program has focused on reconstruction of rural health facilities, the provision of some drugs and hospital equipment, and assistance to secondary and vocational training facilities.

(b. Assistance in the Democratic Republic of Vietnam)

The first phase of the UNHCR program in the DRV began in 1974 following a request by the DRV Red Cross for

assistance to displaced persons. After UNHCR field trips to various provinces and detailed discussions in Hanoi, the UNHCR agreed that the DRV Red Cross would be the operational partner for the implementation of a program that amounted to over \$2.5 million by July 1975. The first phase program for assisting displaced persons involved providing such needed supplies as medicines and other essential commodities. The UNHCR also provided clothing for refugees by supplying cotton, woollen and synthetic yarn for the damaged textile factory at Nam Binh, which also provided employment and training opportunities for displaced persons. A similar project was assisting a poultry-breeding center outside Hanoi, which was badly damaged by the bombing.

The target for the second, 1975-76, phase, of the UNHCR program is \$6 million, to be aimed at meeting short-term needs of displaced persons in specific rural areas, with the focus on efforts to increase food production. These programs were established during field visits of UNHCR staff to areas most affected by the war and where the greatest number of displaced persons are located. The criteria for UNHCR projects are those which meet urgent needs, which are not being met from other sources, and which form part of the government's program for the rapid rehabilitation of displaced persons. As a result,

current UNHCR projects have focused on the four provinces in the southern region of North Vietnam above the 17th parallel. With an estimated population of some 3.3 million, this area suffered the most extensive bombing damage during the war. It has been estimated that close to 95% of this region's agricultural sector, including irrigation works and rural infrastructure, was destroyed. As in areas of South Vietnam, this situation has confronted the government with the combined problem of restoring agricultural production to meet essential food needs, replacing damaged facilities, as well as relocating and employing displaced persons.

In support of agricultural projects, the UNHCR will supply a limited number of farm equipment, as well as fertilizers, irrigation and farm tools. In addition, the UNHCR is participating in the establishment of an agricultural school and an agricultural extension program for buffalo and pig raising.

A number of projects are also designed to support the rural health system. As noted in the Subcommittee's 1974 report on North Vietnam, the rural health system depends upon a network of health stations in each of the country's communes. In the southern region almost 90% of these health stations were destroyed. The UNHCR will participate

in the reconstruction of these stations, as well as providing basic drugs and medical instruments.

Similarly, in the field of education, the UNHCR will provide construction material to assist in the rebuilding of the schools in the fourth region, most of which were destroyed during the war.

Finally, the UNHCR is supporting the efforts of the DRV government to increase the efficiency of construction projects by providing simple hand-carts and wheelbarrows. Construction materials have traditionally been carried manually, on workers' shoulders, because of the lack of carts. Apart from the heavy work involved, this method is obviously time-consuming. In order to speed up the construction of UNHCR projects, the material required to produce hand-carts and wheelbarrows is also being supplied.

(c. Assistance in the Lao People's Democratic Republic.

With close to a third of the population of Laos dislocated during the war-- often long distances from their native villages-- the first phase of the UNHCR program in Laos focused entirely on facilitating the voluntary return of refugees to their homes.

By May 1975, the UNHCR reported that over 120,000 refugees had been returned to their villages during the first phase of the program, costing some \$2 million. In order to facilitate the permanent resettlement of the returnees, the UNHCR program included the full range of agricultural assistance and construction materials necessary for normalizing and making productive the life of a rural people.

The second phase of the UNHCR program now underway continues support for the government's effort to rehabilitate as many refugees as possible, and to facilitate their return to villages abandoned and left fallow during the war. Within the government's overall rehabilitation program of \$11 million, the UNHCR has identified specific parts to be funded at a level of approximately \$6 million for 1975-76.

The costs involved in this program include the purchase of transportation, the provision of special resettlement kits, and the establishment of simple reception centers at the new locations. At the same time, the returnees must be provided transitional food support until their first harvest. The UNHCR program will attempt to assist 50,000 Laotian refugees on the basis of 15 kilograms of rice per person per month.

As in the UNHCR programs in Vietnam, a primary goal is also to support agricultural programs which help not only to make the returned refugees self-supporting, but contribute to the country's food production. Again, the UNHCR has divided its program into four general areas: (1. providing some heavy and light farm machinery for the preparation of the land; (2. providing fertilizers and insecticides; (3. irrigation supplies; and (4. purchase of buffaloes, traditionally used in Laos for tilling the land, but which were decimated during the war.

Support of health programs is another crucial element of the UNHCR program in Laos. Serious health problems exist in Laos, and these, as in the past, are exacerbated by the large movement of people. UNHCR is therefore supporting the establishment of dispensaries and providing essential medical supplies.

The principal area in Laos targeted for UNHCR programs is Xieng Khouang province, which includes the Plain of Jars. This area was seriously affected by the war.

5. International Red Cross

Although the International Red Cross has been active in relief and rehabilitation programs in many areas of Indochina throughout the war years, it was not until 1974-75, after the Paris Agreements, that the Red Cross

became involved in all areas of the region, and launched a joint effort with the League of Red Cross Societies. The important contributions of the Red Cross' Indochina Operational Group (IOG), particularly in Cambodia and Laos, were detailed in the Subcommittee's 1974 report. During this period, the IOG contributed heavily to relief efforts in these countries, focusing particularly on medical and food assistance. Its role in Cambodia was particularly crucial in 1973-75, providing much of the medical assistance for war casualties.

With the escalation of conflict last year, and the collapse of the governments of Cambodia and South Vietnam, the Red Cross rapidly increased its relief efforts, although altering its organizational structure. The IOG presence in Cambodia ended, but programs continued in other areas of Indochina. From March 1975 through December 1975, the International Red Cross received some \$30 million in contributions for its relief efforts in Indochina.

In South Vietnam during 1975, the Red Cross provided over 4,400 tons of relief supplies, and assisted some 400,000 refugees. The provision of over 43 tons of medicines enabled the Red Cross of South Vietnam to continue without interruption its operation of several dispensaries.

The 1976 plan of assistance was completed during a visit to Vietnam in November 1975 by the ICRC Director of

Operations, M. Jean-Pierre Hocke. Involving six separate projects the 1976 Red Cross program for South Vietnam totals some \$14,590,000, to assist in refugee resettlement, provide milk for 20,000 children in 130 orphanages, provide medical assistance, and to assist in the construction of 100 dispensaries in the new villages established for the resettlement of one million refugees. In addition, the Red Cross has undertaken a number of special projects totalling some \$1,500,000, to assist in the construction of four medical centers in the provinces, and to provide support for programs to assist war victims, such as the blind and crippled.

Beyond the provision of emergency relief assistance, the International Red Cross has also maintained a delegation in Saigon throughout the eventful year of 1975-- the only major international humanitarian organization to have done so. The Red Cross delegates have performed the traditional functions of the ICRC in tracing activities and in the registration and repatriation of foreigners. Since June 1975, the delegation has also operated a dispensary, and has served as a shelter for foreigners unable to leave Saigon-- including several American citizens. Since December, several charter flights have been arranged by the ICRC to repatriate foreign nationals from Vietnam.

Red Cross activities in the Democratic Republic of Vietnam have centered on assisting displaced persons and the provision of medical supplies. In Laos, the Red Cross has maintained continuing contact with the local Red Cross Society, providing medical and material support.

6. UNICEF Programs

Over the years, UNICEF has contributed funds to support programs for the children of Indochina, particularly refugee children and the crippled and maimed. Although UNICEF was active in South Vietnam, Laos and Cambodia, it was not until late 1973 that its program expanded to all areas of Indochina. Since 1973, UNICEF has programmed, from all sources, some \$58.1 million through 1975, with another \$39.4 million projected for 1976-77.

Since close to half of the population of Indochina is under 15 years of age, the range of relief and rehabilitation needs confronting the countries in the area obviously involve children, hence the special contributions of UNICEF. In general, the UNICEF program is broken-down in the following areas:

(1. education; (2. health services; (3. family and child welfare services; (4. nutrition and public health; and (5. emergency services.¹

¹See appendix ___ for the text of the UNICEF proposals for assistance to Vietnam and Laos in 1976-77.

(a. Assistance to the Republic of South Vietnam. During the emergency conditions of 1975, UNICEF actively contributed to the international relief effort in conjunction with the UNHCR. The assistance provided by UNICEF, much of which was airlifted, included medicines, shelter material, blankets, children's clothing, among other items. The cost of this emergency phase amounted to \$2.5 million for South Vietnam.

While the emergency program was being implemented, UNICEF undertook discussions with the new authorities in Saigon, and through its permanent office established in Hanoi in April 1975, initiated a longer-term rehabilitation program. In June 1975, two members of the UNICEF staff visited South Vietnam where it was agreed that UNICEF assistance would be primarily in the fields of health and education, as well as child and family welfare services. The following table indicates the general program areas and the funding levels targeted by UNICEF for South Vietnam in 1976-77:

	<u>1976</u>	<u>1977</u>	<u>1978</u>
	(in thousands of US dollars)		
Health Services	5,044	3,506	8,550
Water supply	1,000	1,000	2,000
Education	3,350	4,350	7,700
Family and child welfare	500	500	1,000
Non-formal training	100	100	200
Project support	<u>50</u>	<u>50</u>	<u>100</u>
TOTAL	\$10,044	\$9,505	\$19,550

The first area of UNICEF post-war assistance in South Vietnam is in the area of basic health services and disease control for children. The UNICEF program is in support of the PRG's policy to extend basic health care services to all the population at the

local level, working through provincial and district health centers. UNICEF has focused on nine provinces, contributing some \$4.1 million since the fall of 1975 to up-grade public health services.

In the field of education, UNICEF has provided material support to assist the PRG's effort to increase school enrollment, revising school curricula to place new emphasis on technical and scientific subjects, and to increase the professional quality of teachers. UNICEF has assisted in school construction, the provision of teaching equipment, and workshops for teacher-training.

UNICEF is also supporting family and child welfare services, and the government's effort to create a network of day-care centers along the lines pioneered in North Vietnam. The newly established Committee for the Protection of the Mother and Child within the Ministry of Health is charged with monitoring the nutritional and health status of children. Because trained personnel are essential for the successful implementation of this program, five training centers have been planned. UNICEF proposes to support this effort with all material and financial resources which may be available.

(b. Assistance to the Democratic Republic of Vietnam. A principal goal of the DRV has been to reconstruct the basic infrastructure and general social services of the country. In support of this effort, and in coordination with other international donors and governmental plans, UNICEF has agreed to provide supplies and equipment in support of programs in the following areas:

	<u>1976</u>	<u>1977</u>	<u>Total</u>
	(in thousands of US dollars)		
<u>Supplies and equipment</u>			
Education	3,344.5	1,155.5	4,500.0
Health	2,000.0	2,000.0	4,000.0
Environmental sanitation	300.0	300.0	600.0
Nutrition	300.0	300.0	600.0
Family welfare	2,450.0	2,400.0	4,850.0
Non-supply: Project support	<u>50.0</u>	<u>50.0</u>	<u>100.0</u>
Total	\$8,444.5	\$6,205.5	\$14,650.0

Effective working relations between UNICEF and the DRV have been facilitated with the establishment of an office in Hanoi in April 1975, although previous UNICEF programs and visits to Vietnam date from 1973. The appointment of a permanent UNICEF representative was completed in January 1976, and it is anticipated that the size of the international staff will increase as the program develops.

The UNICEF program in the five areas listed above consists principally of material support for existing governmental projects. For example, in the field of education, most school reconstruction has been undertaken by the government and the local communities involved. However, the shortage of building materials and the need to obtain durable and lasting structures of an improved design, has led the DRV to request

UNICEF assistance, in the form of imported prefabricated structures, classroom equipment, and teaching aids.

In support of social welfare services for children, UNICEF contributed in 1975 some \$1 million in supplies and equipment, ranging from furniture, including children's beds, to raw materials for the local production of educational toys, to mosquito netting, sewing machines for clothing, to supplies for the improvement of hygiene. The UNICEF program for 1976-77 will continue in this area, plus general health services for mothers and children, as well as drugs and pharmaceutical products, vaccines, and the up-grading of hospital pediatric units.

UNICEF also has programs to supply pure drinking water and provide environmental sanitation. Other projects are in pre-school child care, education, and special nutrition and maternal/child health care.

(c. Assistance to the Lao People's Democratic Republic.

UNICEF assistance to Laos dates back to 1961, with aid to help in the development of basic health services, followed by education assistance. However, after the cease-fire agreement in 1973, UNICEF agreed to a request by both sides to expand its relief and rehabilitation services for mothers and children. A UNICEF office was opened in Vientiane in September 1973 and continues to function.

In addition to priorities in health and education, water supply and social services, the Lao government saw the need for a comprehensive approach to the longer-term development of services for children. In early 1974, UNICEF provided a consultant to the Central Planning Commission, to help analyze the needs of children and develop a practical plan of action. Delays were experienced due to the unsettled political situation, however with the creation of a new government in 1975, a more effective program was developed and methods for its implementation improved.

For 1976-77, UNICEF anticipates funding a \$5.3 million program in Laos in the following four areas:

	<u>1976</u>	<u>1977</u>	<u>Total</u>
	(in thousands of \$US)		
Health services	924.1	1,542.0	2,466.1
Education	544.6	1,017.0	1,561.6
Family and child welfare	335.8	255.0	590.8
Emergency	<u>681.5</u>	<u>-</u>	<u>681.5</u>
	\$2,486.0	\$2,814.0	\$5,300.0

The Government of Laos not only faces the ravages of war, but also the challenge of overcoming the status of one of the last developed nations, according to U.N. classification. Together, they confront the new government with a range

of urgent developmental and reconstruction needs. The UNICEF program is designed to support the government's objectives and priorities in the social sector of development, and in meeting post-war rehabilitation needs.

In the area of health services, UNICEF will support the development of a rural-based health system. Every study, including those funded previously by the United States, and confirmed by recent WHO findings, document the many health deficiencies confronting Laos. For example, it is estimated that between 1976-1980, of 850,000 infants born, 240,000 will die before the age of one year. Numerous diseases, most of them preventable, are responsible for the high infant mortality -- 69.9% in infants, and 66.4% in the 1 to 4 age group. There simply are not adequate health care facilities, equipment, and medical personnel in the rural areas, a situation which has been exacerbated by years of war.

To assist, UNICEF plans to support health services benefiting children and mothers in the following areas:

- Construction of seven health centers at the district level; renovation of 111 dispensaries and construction of 55 additional units. Supplies and equipment will be provided to all units;
- Some 250 sets of equipment for village health workers;
- Training grants and teaching aids for village health workers, rural midwives and in-service training of nurses and mid-wives;

-Stipends and equipment for a health education program of communities with active participation by the population. The project will be implemented by a health education unit within the Ministry of Health;

-In addition, the existing program for the control of communicable diseases will be strengthened to provide an effective and systematic immunization of the population against diphtheria, tetanus, pertussis, smallpox and tuberculosis. UNICEF will provide drugs, vaccines, training grants and supplies, including aid for leprosy control.

A companion nutrition program will also be supported by UNICEF.

Other UNICEF projects are in the field of education and pre-school child care.

7. World Health Organization

(a. Assistance to the Republic of South Vietnam)

Predictably, long years of war and disruption have had a serious impact upon health conditions in South Vietnam. As noted above, inadequate health and medical programs in South Vietnam have long been a concern of the Subcommittee, and the problems associated with providing sufficient medical care, particularly for civilian casualties, is fully documented in the Subcommittee's many hearings and reports since 1965. However, the cumulative impact of these years of neglect in meeting the health needs of the Vietnamese people is graphically documented in a recent World Health Organization (WHO) report.¹

Following the adoption of a resolution at the 13th plenary meeting of WHO on May 29, 1975 supporting assistance to Indochina, the WHO Director-General visited Vietnam to assess health needs and conditions. The WHO report, completed in February, 1976, portrays a land infested with a variety of communicable diseases, many of which are under control in neighboring countries-- malaria, bubonic plague, leprosy, tuberculosis, venereal disease, among others--

¹For the complete text of the WHO report, see Appendix _.

and a health system designed for the cities and not for the people in rural areas.

According to WHO, the battle against malaria, which was largely under control in the early 1960's, has now become the country's most serious public health problem. With the vastly increased movement of refugees last year between the highly malarious highland region and the potentially malarious plains, there has been an escalating rate of mortality and morbidity in many provinces.

Similarly, tuberculosis in South Vietnam is considered by WHO to have the most serious mortality and morbidity rates of all the countries in the western Pacific region. The number of confirmed cases of pulmonary tuberculosis in one survey was 9 per one thousand people, or according to WHO, two or three times higher than that of neighboring countries.

South Vietnam today is also one of the few countries in the western Pacific region where transmission of leprosy is still widespread and which still constitutes a public health problem of considerable priority. Problems also exist with dengue fever, trachoma, and, to a lesser extent with the plague and cholera.

Nowhere is the impact of the war on health conditions more obvious, however, than in the case of venereal disease, which has grown to near epidemic proportions. Although

exact figures are obviously not known, the total number of cases of venereal disease has been estimated at about one million out of a population of 19½ million. The number of prostitutes at the time of the change of government was nearly 300,000, and an estimated 80% of South Vietnamese troops were infected with venereal disease.

Other social related health problems also mounted during the war years. Drug addiction became a serious problem, with some half million drug addicts. Family planning problems have also grown over the war years, giving South Vietnam one of the world's highest birth rates-- some 41 per 1,000 population. This has resulted in an unnaturally high increase in population, approximately 30 per 1,000. Over 50% of South Vietnam's population are children below the age of 15, with the inevitable consequences for society.

Clearly, major health problems confront the people and government of South Vietnam, with the WHO estimating the needs at a minimum of \$75 million for five years. On March 30-31, 1976, the WHO called a meeting of member states from the western Pacific region to consider a WHO assistance program. Although the United States is a member, we declined to send a delegate and the Administration has indicated it does not intend to contribute to any WHO

program in Vietnam.

A plan of assistance has been established by the Provisional Revolutionary Government, in consultation with WHO. The PRG has asked that WHO assistance focus on six priority areas in a health system to be modeled along the lines of North Vietnam's basic health services network. The first area of assistance, therefore, is to help in a reconstruction and a restructuring of South Vietnam's health system.

After its field visit, WHO concluded-- as earlier reports¹ of the Subcommittee have concluded-- that the present South Vietnamese health system is grossly inadequate. Not only are existing facilities inadequate, those that are available are largely directed towards curative rather than preventive medicine, and centered in urban areas. This is in direct contrast to North Vietnam where, as the Subcommittee's Study Mission report of 1974 documented, an effective health network emphasizes public health measures and rural services.

Thus, the first priority of the new South Vietnamese government has been to secure WHO support of a health reconstruction program that revamps the basic health system.

¹ See Relief and Rehabilitation of War Victims in Indo-China: One Year After the Ceasefire, Study Mission Report, Subcommittee on Refugees, January 27, 1974, pp. 29-45 and pp. 60-66.

WHO assistance will involve the provision of basic materials and medical equipment not available locally, as well as funds for 3,400 communal health centers and 235 district centers, to be constructed over a five-year period at a cost of some \$50 million.

A second priority program is the improvement of health laboratory services for preventive public health purposes.

A third objective of the PRG-WHO five year plan is to tackle communicable diseases. In order to achieve the greatest possible reduction in the morbidity and mortality rates caused by malaria, tuberculosis, leprosy, WHO estimates the cost of public health measures in this area to total some \$9 million for five years. In addition, immunization programs must be launched against polio, and programs for venereal disease and drug addiction will be required.

A fourth priority is what the PRG calls family health, principally family planning. WHO has estimated that \$5 million will launch a population/family planning program to help South Vietnam cope with its high birth rate.

A fifth area of concern is health manpower development, particularly with the Institute for Hygiene in Saigon. Teaching equipment is also needed to strengthen the two

medical schools, which were largely intact in Saigon and Hue, and to reorient the curriculum.

Finally, a sixth priority area is to reactivate the production of pharmaceuticals. Because of the disrupted economic situation in South Vietnam, and the shortage of raw materials, WHO indicates outside assistance is urgently required. This will cost some \$3.5 million each year.

(b. Assistance to the Democratic Republic of Vietnam)

Health conditions in North Vietnam are considerably better, reports WHO, "than one would expect in a country that has been at war for 30 years." As the Subcommittee Study Mission found in 1973, the effective structuring of health services in North Vietnam-- of health centers at the commune level with primary health care workers-- has meant that relatively good public health measures continued throughout the disruptive war years. However, the government and WHO have identified a number of problem areas.

First, there is a need to reconstruct and develop damaged or neglected health care facilities. The WHO report lists the following as the main problem areas since the end of the war: (1. rebuilding 533 community health centers, 94 district hospitals, 28 provisional hospitals and 24 research institutes and specialized hospitals; (2. shortage of equipment, supplies and

transportation; (3. inadequate or below standard health facilities; and (4. insufficient X-ray, laboratory and other technical facilities. All of these areas are targeted for WHO assistance.

A second priority area are programs for communicable diseases, especially malaria. Although the problems are not as severe as in South Vietnam, the disruption of the war halted DDT house spraying against malaria and, combined with the movement of displaced persons, has brought increased outbreaks of malaria. Also, serious problems remain in dealing with tuberculosis.

A third area of concern is family planning. Because of the effectiveness of the government's rural public health program, a considerable decrease in the overall mortality rate has occurred. Coupled with a relatively high birth rate, the result has been substantial population growth.

The fourth priority program relates to increased production of pharmaceuticals. WHO reports that existing factories are insufficient and out of date. As a result, vaccine supplies in rural dispensaries are either irregular or absent, crippling effective immunization programs.

Finally, health manpower development and modernization of teaching institutions is a priority concern of the government.

Total costs of the WHO programs for North Vietnam

amount to some \$35 million for a five year period, principally for the reconstruction of health services, communicable diseases programs, health manpower, family planning, and pharmaceutical production.

8. Other Programs

Apart from the international efforts summarized above, other international initiatives are underway, and a number of American and other national voluntary agencies have either contributed support to the rehabilitation efforts of the Vietnamese and Laotian governments or have expressed an interest in doing so.

The Food and Agriculture Organization (FAO), for example, dispatched a team earlier this year to assess food and nutrition needs in Vietnam, and they are currently drafting a proposal for member nations to support. The World Food Program has also been involved. Other United Nations agencies, such as the U.N. Development Program, have also expressed an interest in contributing to post-war recovery programs in Indochina. And, as noted earlier, the U.N. Secretary-General's Special Representative recently returned from Indochina and will shortly file a report of findings and recommendations for future United Nations action.

Voluntary agencies in many countries have contributed substantial sums for relief and rehabilitation programs. American

voluntary agencies, notably the American Friends Service Committee and the Mennonite Central Committee, have obtained licenses from the Department of State to ship approximately \$3 million in humanitarian supplies to Vietnam. Fund efforts are underway to raise additional support.

II. REFUGEE PROBLEMS IN THAILAND

As in so many other crises in recent years, the final stages of the Indochina War, with its spreading conflict and political upheaval, produced a tide of refugees from the area--people fleeing violence and conflict and uncertainty over the future. During this period and over the past year, an estimated 300,000 persons have left Cambodia, South Vietnam, and Laos, leaving in several phases and under differing circumstances. Of this approximate total, the vast majority left their homelands during the American evacuation of Phnom Penh and Saigon, and nearly all of this group and many others are now resettled in the United States, France, Canada and other countries.

However, some 85,000 refugees, mainly from Laos, remain unsettled in Thailand. These refugees, who are under the mandate of the UNHCR, have been posing serious problems and burdens for the Thai Government and the international community. In the early stages of the movement into Thailand, neither the Thai Government nor the international community were prepared to adequately respond. And although an emergency relief program is now well underway, a number of difficult issues will continue to face Thailand in the days ahead.

1. General Refugee Situation

The first refugees to arrive in Thailand were Cambodian and American evacuees from "Operation Eagle Pull," who were flown into Thailand by the U.S. Air Force in March 1975 from the collapsing capital of Phnom Penh. Several thousand additional Cambodian refugees arrived about the same time on foot in the border areas of eastern Thailand.

Within weeks a second wave of refugees came, this time during the collapse of the Thieu regime in South Vietnam and the American evacuation of Saigon.

Refugees Currently in Thailand
(as of April 1976)

Laotian	60,000
Cambodian	20,000
Vietnamese	5,000
Total	<u>85,000</u>

South Vietnamese aircraft and helicopters flew into Utapao air base. And a flotilla of small vessels, which were not scooped-up by the U.S. 7th Fleet and taken to Subic Bay in the Philippines, began to arrive in early May along the coast of Thailand. By the end of May, Vietnamese refugees swelled the total number of refugees in Thailand to well over 30,000. Political developments in Laos also added heavily to the flow of refugees into Thailand during 1975. It started when the United States evacuated several thousand Meo tribespeople from sites south of the Plain of Jars to Udorn air base in northern Thailand. This was followed by a steady flow of thousands of other Meo, Black Thai, and ethnic Lao refugees.

The refugee relief effort in Thailand got off to a very slow start. No local or international relief agencies were prepared for such an influx of refugees into Thailand--and Thai authorities, not without some justification, assumed that the United States would accept the major responsibility for the refugees. Moreover, the small regional office of the United Nations High Commissioner for Refugees (UNHCR) had neither the staff nor the funds to immediately respond to the growing refugee crisis. And private voluntary agencies were in a similar situation. At least through August of 1975, relief efforts were ad hoc at best, and non-existent in many areas. Conditions among the refugees became increasingly desperate. And as their numbers increased, squalid refugee

shanty-towns popped up in the border areas and elsewhere.

In response to appeals for help from the Thai Government and growing humanitarian needs among the refugees in Thailand, the UNHCR launched an urgent appeal¹ for funds in August of 1975, and dispatched an international staff to assist the Thai Government in undertaking a large scale relief program. Based on an estimate then of only some 45,000 refugees, UNHCR planned a \$12.5 million program to run through December 1976. However, with the continued flow of refugees, the original cost estimates have necessarily been revised, and additional funds will probably be required.

As Table 6 indicates, by late January 1976 the total number of refugees in Thailand, by official count, was over 80,000--and some additional people were continuing to cross the Thai border. Of this total, more than two-thirds, or close to 60,000 are Laotian refugees, mostly Meo and other tribespeople. They are principally scattered in camps along the Mekong River. Cambodians are the second largest group, numbering close to 20,000. The remaining number, some 4-5,000, are Vietnamese.

¹ For the text of the UNHCR appeal, see Appendix ___.

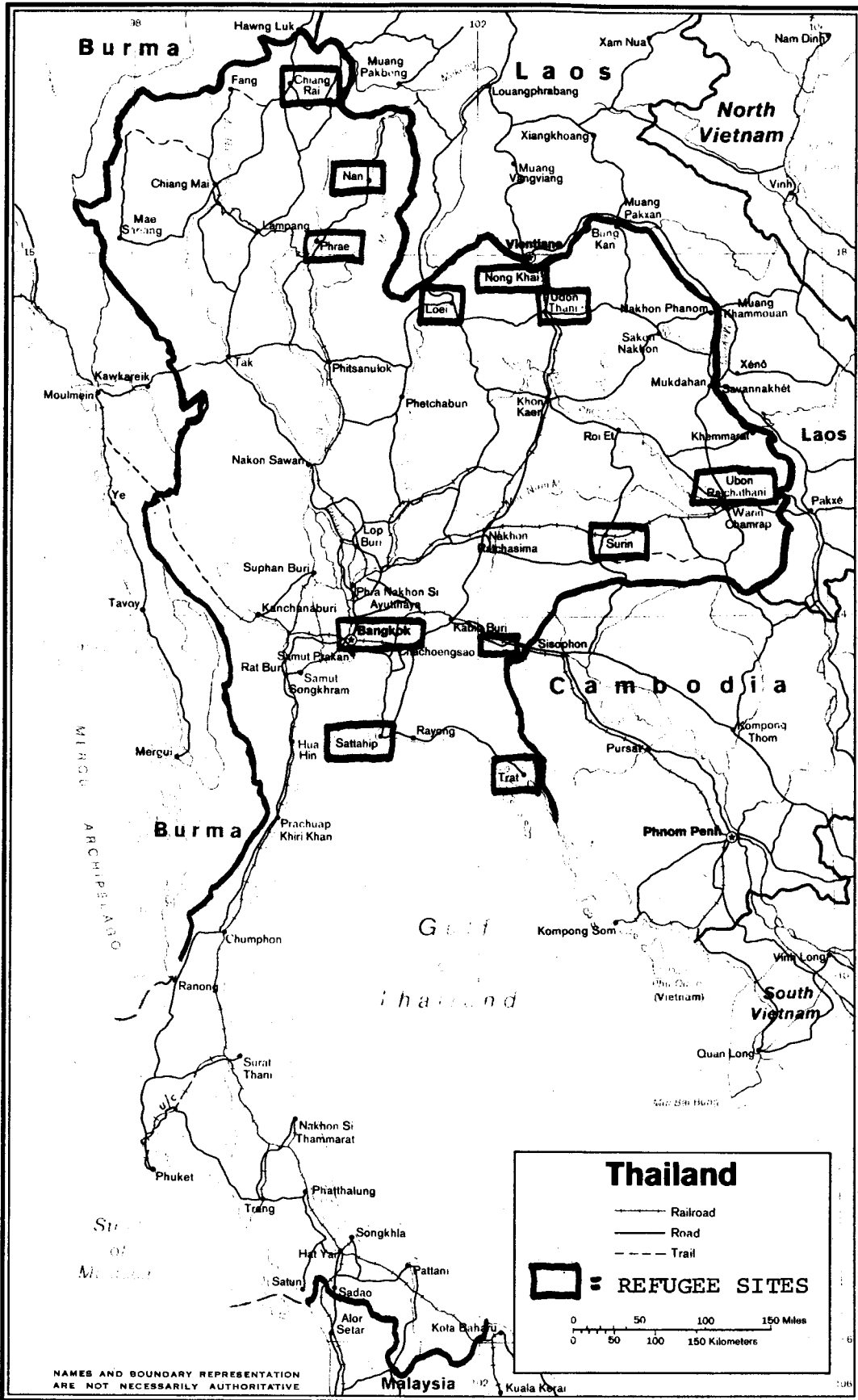
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STATUS OF REFUGEES IN THAILAND
(as of January 30, 1976)

	<u>Location</u>	<u>Number</u>
A. LAO:		
	CHIENGRAI	6,960
	NAN	16,001
	UTHRADITH	982
	LOEI	3,317
	KHONKAEN	9,727
	UDORN	201
	NONGKHAI	17,545
	UBON	1,301
	BANGKOK	<u>1,500</u>
		57,534
B. KHMER (Cambodia):		
	SISAKET	427
	SURIN	1,971
	BURIRAM	6
	ARANYAPRATHET	5,684
	CHANTHABURI	3,693
	TRAT	4,853
	BANGKOK	<u>2,000</u>
		18,634
C. VIETNAMESE:		
	SATTAHIP	445
	NONGKHAI	2,200
	UDORN	154
	BANGKOK	300
	KORAT	<u>1,200</u>
		4,299
GRAND TOTAL ¹		80,467

¹Since January, the total number of refugees has now increased to an estimated 85,000.

MAJOR REFUGEE CAMP AREAS IN THAILAND -- FEB. 1976



2. International Relief Programs

a. U.N. High Commissioner for Refugees. Refugees in Thailand fall under the mandate of the U.N. High Commissioner for Refugees, and his office is the channel and coordinator for all international relief efforts in their behalf. According to the UNHCR, the purpose of its humanitarian program in Thailand "is not only to provide temporary assistance to the displaced persons to ensure their survival, but above all to contribute towards the promotion of lasting solutions to their problems, including voluntary repatriation and resettlement."

The UNHCR program is in support of, and works through, the Thai government. To date, contributions in cash and kind have nearly reached the \$12.5 million goal originally set, but as noted above, additional funds will probably be required after June 1976. The contributions of the Thai Government to the refugee program have more than matched whatever is being provided by the international community, and Thailand will clearly bear the greatest burden in the end. The United States has contributed some \$8.6 million of the total, or close to three-fourths of the current cost of the UNHCR program.

In response to the program designed by the Thai government, the first priority of the UNHCR in 1975 was to provide emergency food, medical and shelter supplies needed to sustain the refugees and to make their life in camps

bearable--given the firm decision of the Thai authorities that the refugees are "temporary" and must remain together in camps. After some weeks of delay and confusion, these supplies began to reach the refugee camps in reasonably adequate quantities only by the end of last year.

In the continuing UNHCR relief program for 1976, food rations remain a major component. This is based upon the realistic assumption that durable solutions for many refugees--either resettlement or repatriation--will not soon be available. Basic rations for the refugees have been calculated according to the established Thai criteria of .50¢ per day per person, which compares favorably with the average amount spent on food by neighboring Thai villagers. For socio-economic, as well as political reasons, the Thai government has not allowed the refugees to receive more than Thai citizens.

A second priority of the UNHCR program has been to provide more durable shelter for the refugees. As noted earlier, the ad hoc response which characterized the early days of the relief effort simply could not cope with the overall shelter requirements of the escalating number of refugees. Conditions in the camps were miserable--both in those officially established by the government, as well as in those which simply developed along the border. Since late 1975, the goal of the UNHCR has been to up-grade the camps by

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constructing shelters that correspond to normal standards in Thailand, using locally available construction materials as much as possible. By early this year, the up-grading and construction of better camp facilities was well on its way to completion.

In support of the effort to up-grade refugee living conditions, the UNHCR has also funded special medical programs and provided cloth for making clothing, as well as making provision for household equipment, some educational assistance, water purification, and agricultural assistance. Of particular importance to the refugees have been agricultural tools, seeds, and other such supplies to help them become at least partially self-sustaining. The equipment that has been provided is based upon those traditionally used by Laotian and Cambodian farmers. The estimated cost has been approximately \$100 per family.

After a slow start, the UNHCR program is now fully underway in support of the relief efforts of the Thai government. In recent months effective working relationships have been established between all parties involved in the refugee program, thanks in large part to the effective leadership and coordination of the UNHCR representative and his staff in Bangkok.

b. International Red Cross. In support of the work of the Thai Red Cross Society, the International Red Cross has, from the

beginning of the refugee crisis, provided emergency relief supplies, especially medicines and vaccines. A seven-man team from the ICRC and the League of Red Cross Societies has coordinated the International Red Cross effort in Thailand, undertaking regular visits to the widely dispersed refugee camps to provide essential medical services. The ICRC has also performed its traditional function of tracing people and reuniting separated families.

Serving in a support and advisory role with the Thai Red Cross, the International Red Cross team has assisted the local Red Cross in receiving and processing donations from other national societies.

c. Role of the Voluntary Agencies. During the early stages of the refugee crisis in Thailand--as refugees set-up squatter areas around Buddhist Temples or gathered near local villages--there was no formal governmental or international program of relief. During this period the voluntary agencies responded when no one else did. All observers agree that the speedy and effective action of the international voluntary agencies, working in support of their Thai counterparts, saved the refugee situation during the summer months of 1975.

To coordinate the work of the several voluntary agencies, a

Committee for the Coordination of Services to Displaced Persons in Thailand was established in June 1975.¹ Meeting regularly, this Committee has helped not only to prevent a duplication of effort or a waste of relief supplies, but has also served in many respects as an arm of the Thai government and UNHCR.

The voluntary agencies have received full cooperation from the government. An informal tripartite understanding has developed among the government, UNHCR and the voluntary agencies, and effective mechanisms have been established for both coordination as well as defining separate roles each can usefully play in the refugee relief effort.

Originally, the voluntary agencies coordinated their relief efforts by informally dividing up the various camps, with one or several agencies focusing on a single camp area. However, as

1

The following voluntary agencies are members of this Committee: Baptist Mission, Thailand, Ronald C. Hill; CAMA Services- Christian and Missionary Alliance, Bangkok, Andrew E. Bishop; Cambodian Childrens Welfare Association, Eileen P. Cough; Catholic Council of Thailand for Development, Fr. Suthep Nanvong; Catholic Relief Services-United States Catholic Conference, Warren Hoffecker; Food For the Hungry, Inc., Mrs. Daw Aye Nu Tin; International Red Cross Societies, Sven Lampell; "Joint Action" to Indo-China (Norwegian Refugee Council, Norwegian Church Relief, Norwegian Save the Children, YMCA of Norway), Tove Bjerkan; Ockenden Venture, David Tolfree; Project Vietnam Orphans, Robert Ashe; Seventh Day Adventist Mission, Pastor Jaijuar; South East Asian Christian Services, Peter Sutjaibun; Thai Red Cross Society, Dr. Tawan Bunnag; World Vision Foundation of Thailand, Roger Walker; YMCA, Bangkok, Lanjul Chairatana; YWCA, Mrs. Boonchuan Hongskrai.

the coordination effort has improved, and the relief effort has stabilized, the voluntary agencies are now attempting to coordinate their various efforts by doing what each can do best, and focusing on special supplementary needs of many camps, rather than all the needs of a single camp.

Without the contributions of the voluntary agencies, especially in the early days, and their effective efforts to coordinate their work, the refugee situation today in Thailand would be far more desperate, and many thousands of refugees would have died of neglect.

3. Program of the Thai Government

The arrival of tens of thousands of refugees from Thailand's neighboring countries has not only posed a serious internal economic and political burden, but also a delicate diplomatic problem. The dilemma for Thailand has been to fulfill internationally recognized standards of assisting and protecting refugees (although Thailand is not a signatory to the U.N. Refugee Convention or Protocol), while also walking a careful line with the new governments in Indochina.

Although the Thai government has made it clear from the beginning that Indochina refugees will be allowed to stay in Thailand only "temporarily," it has also assured the UNHCR that it will respect the principle of non-refoulement and not forcibly repatriate any refugee. However, to reinforce the point that the refugees are not invited to stay in Thailand, as well as to discourage further refugee movement toward

their borders, Thai authorities have declared that all refugees arriving after August 4, 1975 are considered to be illegal immigrants subject to expulsion, and in recent weeks have apparently denied entry to groups arriving by boat. For those who do get through, however, the principle of non-refoulement still seems to apply.

The ambivalence and uncertainty Thai authorities feel towards the arrival of tens of thousands of Indochina refugees is attributable, in part, to the bitter history they have experienced with refugees from Vietnam in 1954 and, earlier, from Burma. However, responding to the winds of change in Indochina, including Thai efforts to develop normal relations with the new governments in the areas, is also an important factor. And so, too, is Thailand's limited capacity to handle refugees. Nevertheless, once the reality of the new refugees was accepted, and their needs recognized, Thailand has responded and has sought active international assistance and involvement. Thailand has welcomed the presence of the UNHCR and has facilitated the work of the voluntary agencies.

Responsibility for the government's refugee program rests with the Ministry of the Interior. Senior ministry officials recognize that Thailand faces three prospects in dealing with the refugee crisis: (1. voluntary repatriation, which they see as "an ultimate goal;" (2. resettlement in Third Countries

such as France and the United States; and (3. the continued presence of refugees in Thailand for the foreseeable future, "under controlled circumstances."

Thai officials also suggest that there are differing categories of refugees. As one Interior Ministry official phrased it, there are five general categories of refugees in Thailand: (1. former military officers; (2. former government leaders and civil servants; (3. businessmen; (4. teachers and intellectuals; and (5. farmers and villagers. Thai officials suggest that most of the 20-30,000 refugees in the first four categories will probably not want to return to their native lands in the near future, and that resettlement overseas is probably their best option. However, the bulk of the other refugees, who are largely farmers and villagers without clearly defined political loyalties or identifications, may "ultimately" be able to return to their native agricultural areas in Laos and Cambodia. Although there remains a degree of fear and uncertainty among these refugees, especially the Meo from Laos, Thai authorities hope and believe that most will want to return home when conditions stabilize and sufficient time has passed. In the meantime, they will stay in Thailand. And Thai officials will continue to speak tough words about returning them home, even as they allow those refugees who remain to become self-sufficient and productive as long as they stay in controlled areas.

Thailand is counting upon the international community, particularly the United States and France, to help in resettling as many refugees as possible who generally fall within the first four categories mentioned above. And although it is not making long-range plans, the Thai government also fully expects continued assistance from the international community to help sustain the other refugees, as long as they remain in Thailand.

4. Continuing Relief Needs

As the refugee problem drags on in Thailand, and the upgrading of the camps by the UNHCR is completed, the thrust of continuing relief programs will be two-fold: first, to provide sustaining commodities, such as food and medicines; and, second, to provide material assistance which will allow the refugees to normalize their lives and to become self-sufficient.

Although the refugee camps are still carefully controlled and patrolled by Thai authorities--with movement in and out restricted--some relaxation has already occurred and will probably continue in the months ahead. And while the Thai government does not want the refugees to become "absorbed" into Thai society, they are coming to recognize that their lives must be normalized. Hence, once reluctant Thai provincial officials are now permitting refugees to become

agriculturally self-sufficient, calling it "subsistence farming," and regular education programs have started under the name of "training" projects. Similar programs will, in effect, make refugee "villages" out of existing refugee "camps."

5. United States Parole Program for Refugees in Thailand

As noted above, Thailand has looked to Third Countries for help in resettling many of the refugees. And for many months, now, Thai authorities have especially looked to the United States to assume a major role in this effort--not only because of the long American involvement with the former governments in Indochina, but also because of the President's announced policy last year to welcome Indochina refugees to our shores. To this end, of course, the Attorney-General exercised his lawful parole authority--under Section 212(d)(5) of the Immigration and Nationality Act, as amended, and following consultations with Congress in the spring and summer of 1975--to parole some 131,000 refugees into the United States.

NUMBER OF REFUGEES IN THAILAND MOVING TO THE
U.S. AND OTHER THIRD COUNTRIES
 (as of April 1, 1976)

1. Refugees paroled into the U.S.:

Lao	2,152
Cambodian	3,660
Vietnamese	<u>3,381</u>
	9,193

2. Refugees approved for parole and waiting transportation, etc.:

Lao	1,314
Cambodian	4
Vietnamese	<u>20</u>
	1,338

3. Refugees eligible for parole, but waiting approval under extension of Attorney General's parole authority:

	(1) Family Reunion Cases	(2) Former U.S.Govt Employees	(3) Others	
Lao	417	548	3,373	
Cambodian	1,054	26	2,730	
Vietnamese	<u>1,039</u>	<u>353</u>	<u>738</u>	
	2,510	927	6,841	10,278 Total

4. Refugees admitted to other Third Countries:

France	5,694
Australia	800
Austria	104
Belgium	17
Germany	700
Norway	87
Italy	46
Japan	5
Miscellaneous	<u>7</u>
	7,462

The record of the consultations with Congress--which are documented in previous Subcommittee hearings and reports¹--clearly suggest that a ceiling of 150,000 refugees was generally understood by all parties concerned as the total number that could be brought into the United States in parole status. Despite this ceiling, however, and the fact that only some 131,000 refugees had been accorded parole status, further use of the parole authority for refugees in Thailand and elsewhere became completely stymied towards the end of 1975. This situation developed, in part, because of a needless and narrow interpretation by the Executive Branch of the Attorney General's existing parole authority for Indochina refugees. Officials concluded, for questionable reasons, that the parole authority had run its course--despite the fact that parole numbers remained available under the generally accepted ceiling of 150,000 refugees, and that urgent resettlement needs, including those involving family reunion, were mounting daily.

In December, however--with the full encouragement and support of the private voluntary resettlement agencies, members of Congress and others--the Executive Branch

¹See Indochina Evacuation and Refugee Problems, Parts 1-5, Subcommittee on Refugees, U.S. Senate, April through July, 1975, especially Appendix IV in Part 4, pp. 161-173.

considered a number of options for resuming the parole of Indochina refugees, especially those in Thailand, into the United States. The Subcommittee Chairman's recommendations for the parole of additional refugees were contained in a December 15 letter to the Attorney General.¹ On January 13, 1976 the Attorney General informed the Chairman that "the Department of State has requested that parole now be granted for approximately 12,000 more refugees" The Attorney General added his view that the parole authority exercised in the spring and summer of last year was "substantially, if not completely at an end." And, therefore, "consistent with established practices, we intend to consult with the Senate and House Judiciary Committees prior to making a decision" on the State Department's recommendations.

The consultations that followed the Attorney General's January letter became a lengthy exercise, and it was only by early May that a firm decision was made by the Attorney General on the State Department's recommendation -- despite a general consensus in Congress approving the recommendation. A few voices of dissent were permitted to paralyze the process of family reunification. For this truly regrettable situation, both Congress and the Executive Branch share responsibility.

¹See Appendix for text of correspondence.

A decision to implement the State Department's recommendation had to finally be made. The Chairman put it this way in a letter to the Attorney General on March 4, 1976:

"Given our country's heavy involvement in the Indochina war and our national policy of welcome to Indochina refugees expressed by the President last year, the United States has a strong obligation to join with France and other countries in responding to the remaining resettlement needs among refugees in Thailand and other areas. Further delays in implementing the pending proposal only causes additional personal hardship for the refugees, especially among separated families, and needlessly aggravates the delicate problem of homeless people in Thailand.

Finally, because of the important humanitarian and related urgencies attending the refugee problem in Thailand, the foreign policy interests of the United States, and the funding constraints in the Indochina Migration and Refugee Assistance Act of 1975, I would like to recommend that the processing of any new parolees be streamlined and accomplished in the most flexible and expeditious fashion possible. Hopefully, this effort will get underway within the next several days, with sufficient personnel in the field."

a. Intergovernmental Committee for European Migration.

Like all refugees in Thailand, those slated for resettlement in third countries, including the U.S., are under the mandate of the UNHCR. The major responsibility for their movement, however, has been assumed by the Intergovernmental Committee for European Migration (ICEM), which maintains a field office in Bangkok for this purpose. ICEM not only counsels refugees and arranges for their onward movement, but also

works closely with the UNHCR and other interested parties to encourage the opening of resettlement opportunities in third countries. It also maintains close working relations with the government of these countries and with any private voluntary agencies which may be involved in the resettlement process.

III. REFUGEE RESETTLEMENT IN THE UNITED STATES

As suggested in previous Subcommittee reports, the arrival of refugees from Indochina to America's shores, and their resettlement in communities across the United States, continues one of the oldest themes in our Nation's history. In little more than a year, some 131,000 refugees have moved from boats and crowded processing centers in the Pacific, to reception areas on the mainland, to sponsors and homes in local communities, and to a new beginning in a new land.

The basic goal of the resettlement program--initially administered by the President's Inter-agency Task Force for Indochina refugees and more recently by a special Task Force in the Department of Health, Education and Welfare--has been to help the refugees help themselves to become productive and contributing members of their adopted communities. Given the restraints within our country--economically and otherwise--there has been no magic formula to quietly accomplish this goal. And the chaos of the evacuation, the lack of direction and leadership in the early stages of the resettlement program, and the limited scope of the program have not helped matters along.¹ In

¹For a review of the many serious problems during the initial stages of the President's resettlement program for Indochina refugees, see the Subcommittee Staff Reports, Indochina Evacuation and Refugee Problems, Part IV, June 9, 1975 and July 8, 1975. Also see Subcommittee hearings during this period.

terms of dispersing the refugees, however, the resettlement program proceeded fairly well, and, by the end of last year, all reception areas for new arrivals had been closed. For the most part, the resettled refugees energetically tackled the task of beginning new lives and of learning new ways in a different and sometimes difficult society. The goodwill and understanding of many Americans and the experienced help of private voluntary resettlement agencies have been and continue to be, important ingredients in the resettlement process.

A cursory look at government surveys early this year seemed to suggest that the resettled refugees were acclimating themselves rather well to their adopted communities across the country. But a closer look at the surveys, and other developments, seemed to suggest a number of growing problems-- including unemployment, underemployment, and increasing numbers of refugees on welfare and general public assistance rolls. Although no overall new data on these problems is available since the government surveys of January and February, Task Force officials and other observers agree that unemployment, underemployment, and welfare and general public assistance rolls among Indochina refugees have generally increased-- and increased very dramatically-- in some areas of the country.

A strong indication of adjustment and integration problems among the refugees is seen, especially, in the frequent movement of refugees from their initial resettlement areas to others. The reasons for such movement are usually personal--climate, the presence of family and friends elsewhere, better economic and related opportunities, the lack of acceptance in a community, and so forth. In terms of numbers, it is difficult to measure this movement among the Indochina refugees, and some of it is to be expected. But most observers feel that movement among the new arrivals from Indochina is proportionately very much higher than similar movement among other refugee groups which have come into the U.S. in earlier years.

This record seems clear, that for a significant number of refugees the optimism and hope of last year has faded into feelings of frustration, failure, loneliness and general depression, which is reflected in the general problems outlined above. There are undoubtedly many legitimate reasons for this situation, involving such things as the state of the country's economy and the individual resources of the refugees, including their widespread lack of transferable job skills and knowledge of the English language. But those many observers in the voluntary agencies

and elsewhere, who predicted the current situation some time ago, also point to some failings in the President's resettlement program, for which "we and the refugees are paying today". For one thing, contend these observers, officials in the resettlement program responded too readily to the pressures from within the Executive Branch and from quarters in Congress and elsewhere to clear and close the refugee reception centers as quickly as possible. But this was done at the expense of serious and realistic planning for more stable resettlement opportunities for the refugees. Moreover, contend these observers, the strong emphasis that officials put in the widest dispersion of the refugees across the country, led to unrealistic resettlement, and has contributed to adjustment problems and especially to the strong movement of refugees from initial resettlement areas to others. Some other failings in the resettlement program relate to the limited scope of the program, especially in terms of such things as adult education, job training or retraining and so forth. But this is also a problem for many American citizens.

The recent period of flux in the resettlement program, and of adjustment problems among the refugees, will undoubtedly continue for sometime into the future. There is, of course, no quick remedy for this situation, and the time

is late. So the coping and catching-up must go on. And in the absence of any strong sense of responsibility at the federal level, state and local governments and the voluntary resettlement agencies will continue to bear the brunt of the continuing and often growing problems among the refugees.

Number of Indochina Refugees Processed
Through the U.S. System
(as of March 15, 1976)

1. Refugees Resettled in the U.S.	130,472
2. Refugees Moved to Other Countries	6,632
3. Refugees Repatriated to Vietnam	<u>1,546</u>
Total Refugees Processed	138, 650

SUMMARY OF FINDINGS

I. RELIEF AND REHABILITATION IN INDOCHINA

1. In the aftermath of war, the new governments of Indochina confronted people problems of massive dimensions. Although conditions vary in each country, as do the responses of each government, they all share similar humanitarian problems as well as longer-term relief and rehabilitation tasks.

2. Some of the principal areas of concern to the new governments, in terms of short-term emergency relief and rehabilitation needs, are as follows: a) assisting dependent populations, i.e. refugees, orphans, widows, war casualties, etc.; b) meeting public health and social problems; c) rebuilding housing and community facilities; d) dealing with false urbanization; e) dealing with high unemployment and inflation; f) increasing food production; g) restoring communications; h) removing unexploded ordnance; among others.

3. In an effort to meet these immediate concerns, the new governments have launched varying plans to achieve the common goals of recovery and reconstruction. Although ambitious, expert reports suggest that in the case of Vietnam and Laos, the governments' efforts are founded on clearly understood needs and a realistic assessment of available and potential resources, including international assistance.

4. International assistance to the governments of Indochina provided through both bilateral and multilateral channels. Bilateral assistance is widespread, coming from both the socialist countries as well as the nations of western Europe and Japan. In addition, there is a broad range of assistance from United Nations and international humanitarian agencies.

5. The collective international relief and rehabilitation budgets in Indochina total nearly \$100 million. This is in addition to well over this amount spent earlier throughout the war-affected areas of Indochina.

6. The international agencies most actively involved in Indochina relief and rehabilitation include the United Nations High Commissioner for Refugees, UNICEF, the International Red Cross, the World Health Organization, the Food and Agriculture Organization and World Food Program, and a number of private voluntary agencies.

7. The UNHCR program in Indochina has focused on Laos and North Vietnam and South Vietnam, beginning shortly after the Paris Agreements in 1973. Some \$12 million was budgeted through mid-1975. The implementation of the UNHCR programs proceeded effectively in North Vietnam and Laos, however the escalation of conflict in South Vietnam interrupted programs in the South. A second phase of the UNHCR program was initiated in

the latter part of 1975, targeted at \$20 million, focusing on assistance for the resettlement of displaced persons, rehabilitation of community facilities, increasing agricultural production, and employment generating projects for refugees.

8. Unexploded ordnance is one of the greatest obstacles confronting the rural areas of Indochina, particularly in South Vietnam. A continuing toll of death and injury comes from what is estimated to be several million tons of unexploded bombs, booby-traps, and shells. If not removed in a systematic fashion, they will blow-up in fields and forests for years to come.

9. Long years of war and disruption have had a particularly serious impact upon health conditions in the area, especially in South Vietnam and Laos. Recent findings by WHO in South Vietnam underscore what the cumulative impact of years of neglect and war have brought to millions of people. The report portrays a land infested with communicable diseases, many of which are under control in other East Asian countries -- particularly malaria, bubonic plague, leprosy, tuberculosis, venereal disease, among others. WHO estimates that \$75 million will be needed to meet the health needs of Vietnam over the next five years, two-thirds of it in the south.

10. A serious flaw in the existing South Vietnamese health structure is that it is primarily designed for the cities, instead of rural areas, and towards curative rather than preventive medicine. The first priority of the new government is to revamp the basic health system, building a system of rural health centers. Other priority needs are in the areas of health laboratory services for public health purposes, health manpower, immunization programs, and the reactivation of pharmaceutical production.

11. To further respond to the relief and rehabilitation needs of Indochina, United Nations Secretary-General Waldheim recently dispatched a Special Representative to the field. His report will serve as the basis for longer-term United Nations assistance to Indochina.

12. The United States, to date, has made no contribution to any United Nations or other international humanitarian relief program in Indochina.

II. REFUGEE PROBLEMS IN THAILAND

13. Of the estimated 300,000 persons who have left Indochina, most have resettled abroad, in the United States, France, Canada and other countries. However, some 85,000 refugees, mainly from Laos and Cambodia, remain unsettled in Thailand. These refugees are under the mandate of the United Nations High Commissioner for Refugees (UNHCR).

14. In the early stages of the refugee crisis, neither the Thai Government nor the international community were prepared to adequately respond. Through August 1975, relief efforts were ad hoc at best, and only the work of the voluntary agencies averted greater disaster.

15. In response to appeals for help from the Thai Government, the UNHCR launched an urgent appeal for \$12.5 million on the basis of 45,000 refugees then in Thailand. Although this total has now been reached, with the continued flow of refugees it will probably be revised upward. The U.S. has contributed some \$8.6 million, or close to three-fourths.

16. The first priority of the UNHCR program was emergency food, shelter, and medical supplies. As these needs were met, the program by late 1975 shifted to up-grading camp conditions and providing better housing and other community facilities. After a slow start, the UNHCR program is now fully underway,

and effective working relationships have been established between all parties involved in the refugee program: the Thai Government, voluntary agencies, and Third country donors.

17. The refugees have posed both a serious internal economic and political burden for Thailand, as well as a delicate diplomatic problem. The Thai dilemma has been to fulfill internationally recognized standards of assisting and protecting refugees, while also walking a careful line with the new governments in Indochina. Thai authorities do not want the refugees, and will not encourage more to come, but they have also pledged not to forcibly repatriate any refugee.

18. Thai officials recognize that they have three prospects for dealing with the refugee crisis: (1 voluntary repatriation, which is the "ultimate goal"; (2 resettlement in Third Countries; and (3 the continued presence of the refugees in Thailand for the foreseeable future.

19. The Thai Government hopes that some 20,000 to 30,000 "resettleable" refugees will be accepted by Third Countries. To date, approximately 17,000 refugees from Thailand have moved to Third Countries, and the U.S. has pledged to take 11,000 more. France has been accepting close to 600 to 1,000 each month, with other nations taking smaller numbers.

20. For the refugees who stay, Thai authorities hope and believe that most will eventually want to return to their homes when conditions stabilize and sufficient time has elapsed. In the meantime, Thailand will continue to speak tough words about returning them home, even as they allow refugee "camps" to become refugee "villages" under controlled conditions.

III. REFUGEE RESETTLEMENT IN THE UNITED STATES

21. In little more than a year, some 131,000 Indochina refugees moved from boats and crowded processing centers, to reception areas in the U.S., to sponsors and homes in local communities. By this June 30th, when the parole program comes to an end, the total will reach nearly 143,000.

22. Despite the chaos of the evacuation, and the lack of leadership and direction in the early stages of the resettlement program, substantial progress has been achieved in resettling a majority of the refugees. However, serious problems remain, contrary to optimistic reports from the Task Force.

23. No overall data exists, but all observers agree that unemployment, underemployment, welfare and other problems have generally increased among the refugees -- and increased very dramatically in some areas of the United States.

24. A clear indication of the adjustment and integration

problems among the refugees can now be seen in their frequent movement from their initial resettlement areas of last year, to new areas. The movement is largely towards the so-called "sun-belt" from the northeast and midwest. The reasons for moving are usually personal -- climate, the presence of family or friends elsewhere, better job opportunities, the lack of acceptance in a community, etc.

25. For a significant number of refugees the optimism and hope of last year has faded into feelings of frustration, failure, loneliness and general depression. There are undoubtedly legitimate reasons for this situation, including the state of the nation's economy, lack of resources of many refugees, poor job skills, lack of English language, etc. But these problems have also come from some failings in the President's resettlement program: early pressures to empty the camps at the expense of good resettlement; emphasis on the idest dispersion of refugees, leading to unrealistic resettlement situations; the limited scope of the program; the lack of federal programs available for job training, etc.

26. There are no quick remedies for these problems, and the refugee resettlement program is in a period of transition. So the refugees must try to cope, and officials are still trying to "catch up", even as they talk about phasing out the program.

RECOMMENDATIONS

For the purposes of this report, the Subcommittee Chairman makes the following recommendations:

1. NORMALIZATION OF RELATIONS WITH THE PEOPLE AND GOVERNMENT OF VIETNAM

The United States should actively seek a reconciliation and normalization of relations with the people and Government of Vietnam. Such a policy is in the interest of resolving the many outstanding humanitarian and related problems resulting from the war, and of promoting peaceful development and stability in Southeast Asia.

In pursuing an active policy of reconciliation and normalization, the United States should stress the immediate need for additional measures to get information about American military and civilian personnel still considered missing in action and to facilitate the repatriation of remains. The United States should also promote:

- a. the commencement of trade and commerce;
- b. the opening of cultural, educational, and similar exchanges;
- c. the relaxation of travel restrictions;
- d. the reunification of families separated by the events of March and April 1975; and

e. the free exchange of personal communications, including mail and parcels, between people living in the United States and those living in Vietnam.

In the interest of seeking a reconciliation and a normalization of relations with the people and Government of Vietnam, the United States should also renew its intention to help heal the wounds of war, with a view toward contributing to the international relief and rehabilitation efforts currently underway in the war-affected areas of Vietnam.

The basis for pursuing a policy of reconciliation and normalization was stated by Secretary of State Kissinger in 1973: ". . . it is our firm intention in our relationship to the Democratic Republic of Viet-Nam to move from hostility to normalization to conciliation and cooperation. And we believe that under conditions of peace we can contribute throughout Indochina to a realization of the humane aspirations of all the people of Indochina. And we will, in that spirit, perform our traditional role of helping people realize these aspirations in peace."

2. SPECIAL PRESIDENTIAL ENVOY TO INDOCHINA

To move from a posture of hostility and neglect, to a policy of reconciliation in our relations with the people and governments of Indochina, the President should designate immediately a Special Envoy to undertake new diplomatic initiatives to promote the normalizing of relations with Vietnam and the repairing of relations with the Lao People's Democratic Republic, where the United States continues to maintain an Embassy. Such initiatives are in the interest of all parties, and would hopefully contribute to real progress in resolving some immediate problems of mutual concern and in building friendly relations between the United States and Vietnam and Laos.

3. ADMISSION OF VIETNAM TO THE UNITED NATIONS

On two occasions last year, in August and September, the United States used its veto in the Security Council to bar the separate admissions to the United Nations of the Democratic Republic of Vietnam and Republic of South Vietnam. Since then, both Vietnams have taken important steps to unify the country.

There is good reason to believe that a unified Vietnam will, in the weeks ahead, apply for admission to the United Nations. The United States should drop its policy of hostility toward the presence of Vietnam in the organized international community, and not utilize its veto power in the Security Council to bar again the admission of Vietnam to the United Nations. A continuing policy of hostility, toward the presence of Vietnam in the United Nations, serves no useful purpose in American policy, and could seriously impede the resolving of outstanding humanitarian and related problems between our two countries and the process of normalizing relations between the American and Vietnamese peoples.

4. HUMANITARIAN PROBLEMS IN THAILAND

The heavy presence of Indochina refugees in Thailand deserves the continuing interest and concern of the United States and the international community.

Two items, however, deserve particular attention:

a. On May 6, following consultations with the appropriate committees of Congress, the Attorney General authorized the parole of 11,000 additional Indochina refugees into the United States. Most of those eligible for parole are currently in Thailand under the mandate of the UNHCR. Many of these refugees have family members and friends in the U.S. Without further delay, the Department of State and the Immigration and Naturalization Service should expedite the movement of these refugees for resettlement in the U.S. It is the Subcommittee's understanding that these additional refugees fall within the parole ceiling of 150,000 refugees generally agreed to by Congress last year, that appropriated funds are immediately available to assist the movement of these additional refugees, and that private voluntary agencies have sponsors readily available to assist in the resettlement of any new arrivals.

b. The United States must continue to support the humanitarian activities of the UNHCR and respond generously to any new appeals by his Office for additional funds to assist in the care, resettlement, or repatriation of the Indochina refugees in Thailand. As reviewed in this report, the related activities of the Intergovernmental Committee for European Migration (ICEM), the International Red Cross and the private voluntary agencies also deserve our country's full support and help.

5. THE PRESIDENT'S INDOCHINA REFUGEE PROGRAM

The President's Indochina Refugee Resettlement Program is authorized in the Indochina Migration and Refugee Assistance Act of 1975. Among other things, this Act authorized the appropriation of \$455,000,000 to assist in the movement and resettlement of refugees from Cambodia and Vietnam, "in addition to amounts otherwise available for such purposes." No provision was made, however, to assist refugees from Laos. Moreover, none of the funds appropriated to carry out the purposes of the Act "shall be available for obligation for any purpose after September 30, 1977."

Despite many serious problems, especially in the early stages of the movement and resettlement effort, the President's Program has, in the main, been serving its purpose well.

A number of items, however, merit our attention and concern.

- a. Congress should speedily complete final action on pending legislation (S. 2760), introduced by the Subcommittee Chairman, to include refugees from Laos in the resettlement benefits provided for in the Indochina Migration and Refugee Assistance Act of 1975. This non-controversial legislation, fully supported by the Executive Branch, merely corrects an inequity in present law.
- b. Any pressures to extend the overall Indochina Refugee Program beyond the September 30, 1977 expiration date of present law should be strongly resisted by all concerned. Any special refugee needs that continue at that time should be met in

the context of on-going federal programs available to Americans generally. Congress, the Executive Branch, and all concerned should fully anticipate and prepare for such transition--especially in light of the long experience in assisting refugees from Cuba, and of the needless and wasteful institutionalizing of the Cuban Refugee Program, which is still being administered by the Department of Health, Education and Welfare. Institutionalizing the Indochina Refugee Program can and must be avoided.

c. In light of continuing and growing needs among the refugees, Congress should favorably consider an additional appropriation to carry out the humanitarian purposes of the Indochina Migration and Refugee Assistance Act of 1975. Although the Act authorized \$455,000,000, only \$405,000,000 was appropriated in 1975. The President has now proposed that the authorization be fully funded, and has included \$50,000,000 for this purpose in his budget request for Fiscal Year 1977.

d. Any approval by Congress of pending special legislation to assist local school districts in absorbing refugee children, should include support for adult education and an expiration date no later than September 30, 1977. This date would coincide appropriately with the expiration of the Indochina Migration and Refugee Assistance Act of 1975.

6. IMMIGRATION STATUS OF INDOCHINA REFUGEES IN THE UNITED STATES

As in the case of earlier refugee movements to the United States, the Indochina refugees entered in "parole" status under Section 212(d)(5) of the Immigration and Nationality Act, as amended.

The time has now come for the Executive Branch and the appropriate committees of Congress to give early consideration to special legislation authorizing an adjustment of the refugees' immigration status, after one year from their date of parole, to that of permanent resident alien.

The speedy enactment of such legislation would promote the refugees' integration into their adopted communities across the country, and provide the opportunity for them eventually to become American citizens.