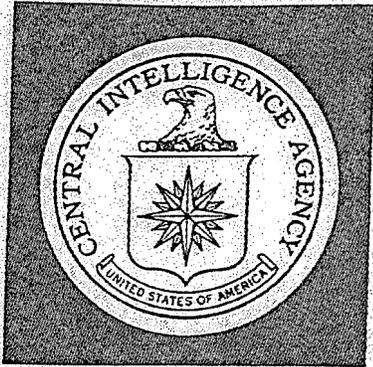


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## TRENDS IN INFECTIOUS DISEASES IN VIETNAM



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### SUMMARY AND CONCLUSIONS

The infectious disease problems in South Vietnam resemble those in many other developing tropical countries, but the imposition of a war, particularly one against guerrilla forces, has altered conventional approaches to disease control. Since 1963 difficulties in implementing public health measures in areas under only tenuous control, the dislocation and relocation of large segments of the population, and the cumulative effects of inadequate health services have contributed to a rising incidence of several diseases. Additional factors contributing to this trend include: (a) increasing drug resistance of disease producing organisms, for example, chloroquin-resistant falciparum malaria and penicillin-resistant gonorrhea; (b) the underemphasis of internal South Vietnamese support of public health efforts relative to support of other phases of South Vietnamese economic and military efforts as exemplified by the low salary scale for public health workers, the drafting of public health workers, and the low budgetary com-

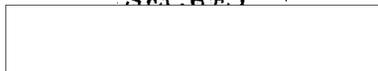
mitment for public health. A recent study indicated that much of the disease is preventable and that after a necessary first phase of meeting acute curative medical needs, the time has come to begin a major shift toward emphasis on public health and preventive medicine.

In North Vietnam the incidence of certain epidemic diseases, such as cholera, malaria, and plague, is lower than in South Vietnam. This is believed attributable in part to some prior efforts that have been placed on preventing outbreaks rather than on cures and in part to the fact that some diseases (e.g., plague) have never been naturally widespread in North Vietnam. However, the war is leading to a deterioration of health programs there and this will significantly increase the number of cases of acute and chronic diseases. The impact of the war in Vietnam, especially among the refugees and the malnourished, will be felt for many years after the war in terms of increased susceptibility to disease.

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## DISCUSSION

Although some of the apparent increase in disease incidence is due to improved reporting, a rising trend in disease incidence has occurred, primarily in South Vietnam since 1964. South Vietnam provides reports to the World Health Organization on quarantinable diseases and there have been several field-trip reports by international and free world medical teams which give some measure of the magnitude of the health situation. By contrast, there is very little official reporting or unofficial accounts from North Vietnam describing the present impact of the war on disease control programs. Nonetheless, there is evidence that the health problems in both North and South Vietnam are becoming increasingly serious. An insight into the prevalence of disease can be gained from the fact that of all admissions to medical treatment facilities from US forces in South Vietnam, approximately two-thirds to three-fourths are for diseases, and the remainder are equally distributed between battle and non-battle injuries. Fragmentary evidence indicates that similar rates exist among the Viet Cong and North Vietnamese Army units.

A recent appraisal noted that tuberculosis is the prime killer and is rampant in South Vietnam (30 percent of all Vietnamese are calculated to have pulmonary X-ray changes compatible with active tuberculosis, while about 10 percent have positive sputa). Malaria, typhoid, typhus, cholera, poliomyelitis, plague, parasitic infestations and infec-

tious diarrhea, especially among children, are common.

South Vietnam reported no case of cholera to WHO for some years until 1964. During the past 4 years some 38,000 cases have been reported, of which nearly one quarter have been confirmed by laboratory analysis. Plague has increased from 29 reported cases in 1962 to over 4,500 clinically diagnosed cases in 1967. Syphilis and gonorrhea have reached a high level as indicated by a survey showing that 8 to 14 percent of pregnant women had syphilis in 1966. Ten thousand cases of malaria were reported in 1966. About 25,000 cases of leprosy are registered and the total number of cases is estimated at some 75,000. Two measures of the prevalence of infectious diseases are the overall death rate and the infant mortality rate. The death rate in South Vietnam (per 1,000 population) decreased from 7.5 in 1956 to a minimum of 4.8 in 1963 from which it has since increased to 6.4 in 1965. The infant mortality rate decreased from 46.6 (per 1,000 births) in 1956 to a minimum of 29.4 in 1964 and has since increased (36.7 in 1965). These figures illustrate the breakdown in the effectiveness of the public health services.

A US A.I.D. survey pointed out that the most important disease preventive measures include the development of a clean water supply, more adequate sewage disposal, immunization programs and eradication of mosquitoes and rodents. Health education is essen-

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tial. The number of hospital beds in South Vietnam (18,000 in September 1967) would be adequate if they were not occupied by patients with these preventable diseases. Curative medicine, though still deficient, is making steady progress and unfortunately appears to be of greater concern than preventive medicine to the South Vietnamese government and physicians. Less than one percent of the Gross National Product is spent for health services, an unusually small amount for a developing country.

Some programs for mass immunizations and efforts to increase the number and competence of health workers have been active in recent years. Advances have been made in preventing outbreaks from reaching epidemic proportions, in large part due to the influx of assistance from free-world countries, improved technologies and an increased national awareness. On the other hand, refugee problems, inadequate or nonexistent sanitary conditions (the water supply at Saigon's Binhdan Hospital has been described as "woefully inadequate," functioning primarily in the rainy season), continual harassments by the Viet Cong, and, more important, the low level of popular support for public health projects are overriding disruptive factors which have increased the risk of disease.

The National Liberation Front (NLF) and Hanoi Government have recognized that medicine can be a primary, effective tool to win the loyalty of the Vietnamese people. They have exploited the seasonal rise of several diseases in South Vietnam

for propaganda purposes. Diseases have been blamed on the testing of biological warfare weapons against the population, on the "irresponsible attitude of the puppet authorities" which permitted epidemics to spread and on the direct action of US military operations. The NLF has given vaccines and other medical assistance to people in the countryside. This aid is at best minimal, although the gesture is widely publicized. On the other hand, a primary objective of the NLF is the disruption of antimalaria programs which were visibly doing some good for the people. Since 1960, they have systematically killed or terrorized field workers in the program. This action as well as a decline of support by South Vietnam's Ministry of Health to carry out the goal of malaria eradication has resulted in the reversion of the eradication program to a "holding operation" against this disease.

Preventive health measures in North Vietnam, principally in heavily populated areas, have been practiced for over 10 years with varying degrees of success and failure. The main thrust of these efforts, aided principally by the USSR and East European countries has been directed toward mass inoculations and improvements of sanitary conditions and vector controls. These efforts have made the overall incidence of acute infectious diseases lower in comparison to South Vietnam. However, the exodus of people from major populated cities led to a concomitant breakdown of health services. Outside these areas, hygiene is at a very low level, and the vaunted government health programs have scarcely begun to

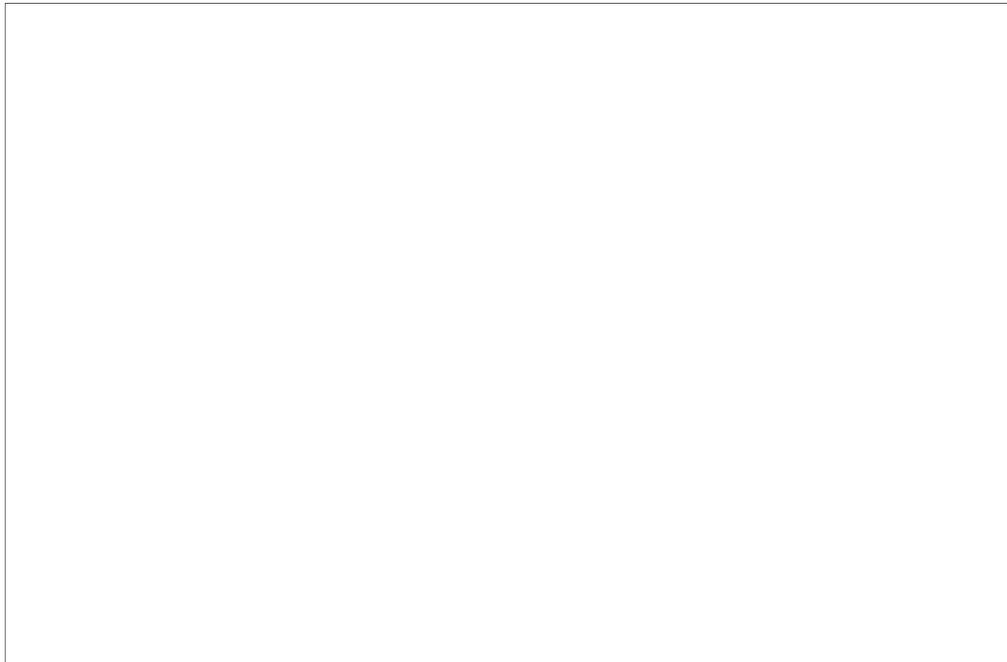
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operate. References to cholera outbreaks and a very high incidence of gastrointestinal disorders in the Hanoi area attest to the lack of effective standards of sanitation or functioning preventive programs.



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