DA Pam No. 550-58

AREA HANDBOOK for LAOS

JUNE 1967

AREA HANDBOOK
for
LAOS

Co-Authors

T. D. Roberts
Mary Elizabeth Carroll
Irving Kaplan
Jan M. Matthews
David S. McMorris
Charles Townsend

Research and writing were completed on
December 15, 1966

JUNE 1967

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402—Price $2

door latrines were too costly to construct. A beginning, however, had been made toward the establishment of adequate fresh water supplies. Under a United States foreign aid program, village wells were being brought in at the rate of about 200 per year. In Vientiane a filter plant and water system had been installed by Japan as part of a war reparations project, and an agreement for a loan to provide piped water in Luang Prabang had been made with the Federal Republic of Germany. In addition, attention was being given to teaching sanitation in schools and in rural adult education classes.

Disease

During the early 1960's modern medicine was making progress in controlling the diseases which had long been endemic to the country, to its great disadvantage. Many maladies continued to exist as major health problems, but inoculations, increased public health facilities and related programs introduced by the government of the country or by cooperating foreign agencies, both public and private, were making a good start toward improving the general standard of health.

The bad effect of inadequate sanitation on the incidence of disease is made worse in Laos by a climate that favors the survival of insects and other disease vectors outside the human body. Mosquitoes are abundant the year round, and the innumerable mosquito breeding places in the forests, rice paddies and watercourses challenge even the most extensive control measures. Flies of various kinds, lice, fleas and mites—all disease carriers—thrive in the environment. Because of inadequacies in the normal diet, there is malnutrition among all age groups, which accounts for dietary deficiency diseases and for a lowering of resistance to infection.

Malaria is endemic to all parts of the country, and in 1966 it was the most important single cause of sickness, physical inefficiency and premature death. There are regional variations in the incidence of malaria, but, as a whole, about 50 percent of the country's inhabitants were estimated to suffer from the disease in the early 1960's. The government had a mosquito control program to eliminate breeding places around the main towns and many of the villages, and the people were learning to make increasing use of personal protection, such as mosquito nets and insect repellents. Dengue fever, transmitted by several species of the *Aedes* mosquito, is fairly widespread and frequent; such dangerous mosquito-borne diseases as yellow fever, filariasis and encephalitis have not been reported.

Upper respiratory diseases and pneumonia are common, particularly in the cooler regions of the country. The extent of prevalence

door latrines were too costly to construct. A beginning, however, had been made toward the establishment of adequate fresh water supplies. Under a United States foreign aid program, village wells were being brought in at the rate of about 200 per year. In Vientiane a filter plant and water system had been installed by Japan as part of a war reparations project, and an agreement for a loan to provide piped water in Luang Prabang had been made with the Federal Republic of Germany. In addition, attention was being given to teaching sanitation in schools and in rural adult education classes.

Disease

During the early 1960's modern medicine was making progress in controlling the diseases which had long been endemic to the country, to its great disadvantage. Many maladies continued to exist as major health problems, but inoculations, increased public health facilities and related programs introduced by the government of the country or by cooperating foreign agencies, both public and private, were making a good start toward improving the general standard of health.

The bad effect of inadequate sanitation on the incidence of disease is made worse in Laos by a climate that favors the survival of insects and other disease vectors outside the human body. Mosquitoes are abundant the year round, and the innumerable mosquito breeding places in the forests, rice paddies and watercourses challenge even the most extensive control measures. Flies of various kinds, lice, fleas and mites—all disease carriers—thrive in the environment. Because of inadequacies in the normal diet, there is malnutrition among all age groups, which accounts for dietary deficiency diseases and for a lowering of resistance to infection.

Malaria is endemic to all parts of the country, and in 1966 it was the most important single cause of sickness, physical inefficiency and premature death. There are regional variations in the incidence of malaria, but, as a whole, about 50 percent of the country's inhabitants were estimated to suffer from the disease in the early 1960's. The government had a mosquito control program to eliminate breeding places around the main towns and many of the villages, and the people were learning to make increasing use of personal protection, such as mosquito nets and insect repellents. Dengue fever, transmitted by several species of the *Aedes* mosquito, is fairly widespread and frequent; such dangerous mosquito-borne diseases as yellow fever, filariasis and encephalitis have not been reported.

Upper respiratory diseases and pneumonia are common, particularly in the cooler regions of the country. The extent of prevalence