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ADDRESSING THE LEGACY OF AGENT ORANGE IN VIETAM

DECLARATION AND PLAN OF ACTION

U.S. – VIETNAM DIALOGUE GROUP ON AGENT ORANGE/DIOXIN
2010-2019

THIRD YEAR REPORT

WASHINGTON AND HANOI • OCTOBER 2013



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Third Year Report

from the

U.S. – Vietnam Dialogue Group on Agent Orange/Dioxin

**October 2013
Washington and Hanoi**

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ADDRESSING THE LEGACY OF AGENT ORANGE IN VIETNAM
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Executive Summary & Key Recommendations

In February 2007 concerned Vietnamese and Americans founded the U.S. – Vietnam Dialogue Group on Agent Orange/Dioxin to help fully normalize relations between the two countries by establishing bi-national projects addressing problems associated with the wartime use of Agent Orange. The Dialogue Group focused on the environmental, scientific and human service challenges which Vietnam continues to face from the dioxin that contaminated Agent Orange.

Since 2007, discussion of the issue has matured from a topic of polarized views to a subject of active bilateral cooperation between the governments of Vietnam and the United States. It has progressed from poor understanding to clarity and specificity and from no path forward to new plans, appropriations and a larger number of actors. The two governments agree on the need for a humanitarian response. Six years ago we were discussing how to get started but now, in 2013, we are jointly examining how to deepen and spread the impact of the work and get to the end of it.

During this time the Dialogue Group has brought in new funders, contributing to a remarkable increase in total resources for community needs spent by multilateral institutions, governments, philanthropies and businesses in Vietnam—more than \$100 million over the last six years. Of this total, \$81.6 million has come from the U.S. Congress. These U.S. government funds are now being used to clean up the dioxin at the Da Nang airport and to provide services to people living with disabilities around the Da Nang, Bien Hoa and Phu Cat airbases.

Vietnam's contributions are also considerable. The Dialogue Group has carried out a preliminary survey of provincial expenditures on health and disability services for people with disabilities linked to dioxin and their families. Findings point to an expenditure of some \$50 million in support of affected people. The Dialogue Group applauds the plans to do more to address both environmental and health needs. In particular, Dialogue Group members have urged both governments to collaborate in addressing the full range of disability concerns in Vietnam that stem from conflicts, poverty and limited health care services.

This remarkable progress has now brought us to a pivotal moment in 2013. Only governments can now provide the scale of resources required to make further fundamental progress. In that spirit, the U.S. government welcomes a growing partnership to clean remaining dioxin-contaminated soils and, even more significantly, to fund direct services to people with disabilities whatever may have caused those disabilities. We see a humanitarian and strategic opportunity for both countries to come together for the fullest possible resolution of the Agent Orange legacy in Vietnam.

The meeting between President Truong Tan Sang and President Barack Obama in Washington on July 25, 2013 confirmed this view. The two presidents announced a new

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U.S.-Vietnam Comprehensive Partnership as an overarching framework for further advancing bilateral relations. Their joint statement immediately advanced bilateral relations on the Agent Orange legacy, announcing that

“President Obama reaffirmed the United States’ commitment to providing further medical and other care and assistance for persons with disabilities regardless of cause...The two Presidents agreed that extensive cooperation in addressing war legacy issues to deepen mutual trust has allowed both countries to develop a relationship that looks to the future... The Presidents expressed satisfaction with progress on USAID and Vietnamese Ministry of National Defense’s project to clean up dioxin contamination at Danang International Airport. President Truong Tan Sang welcomed plans by the U.S. Government to conduct an environmental assessment of dioxin contamination at Bien Hoa Air Base.”

Secretary of State John F. Kerry further underscored the U.S. intent in a July 31st letter to Dialogue Group Convener Susan V. Berresford:

“I assure you that the United States is committed to helping Vietnam build a sustainable system of comprehensive, integrated services for Vietnamese with disabilities, regardless of cause.”

On June 16, 2010 the Dialogue Group published a ten year Declaration and Plan of Action to address the continuing environmental and human consequences of Agent Orange. Since then it has released annual updates. This is the Dialogue Group’s *Third Year Report* and covers the period June 2012- October 2013. It examines major opportunities in 2014 as well as longer term funding needs. Based on this analysis the Dialogue Group offers these recommendations:

1. Add disability texts to U.S. - Vietnam Action Plan.

The Action Plan for the new U.S.-Vietnam Comprehensive Partnership should include language that highlights the potential for collaboration on disability. ***As disability is multi-dimensional, appropriate language on disability should find a place in each section of the Action Plan. We suggest such language on pages 7-10.***

2. Expand services to underserved provinces.

The U.S. government should use additional funds for health and disabilities programming for a new ‘rural services’ initiative to address the needs of the large numbers of people with disabilities who live in underserved areas. The Dialogue Group has analyzed the incidence of disability and poverty across provinces. ***We recommend that the U.S. government initiate support for health and disability services in 2014 in two provinces-- Quang Nam and Thai Binh. Three more provinces should be taken up in 2015. Please see pages 10-14.***

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3. Introduce case management.

The Ministry of Labor Invalids and Social Affairs has mandated a case management approach for services to people with disabilities. We note two examples of case management, both in Da Nang, on pages 15-16. They can provide lessons for successful expansion of health and disability services elsewhere. All stakeholders need to participate in the process of drawing these lessons. To this end ***the Dialogue Group recommends that USAID Vietnam create a “Health & Disability” page on its website similar to its “Environmental Remediation” page on the Da Nang airport clean up. The Health & Disability page would offer information on USAID’s Disability Support Project, including progress toward project goals and what is being learned.***

4. Secure the public health.

The two governments should work together to immediately halt further exposure to dioxin contamination of workers on the airbases and among nearby residents, while planning for the clean up goes forward. ***The Government of Vietnam needs to further assess and prioritize the smaller dioxin hotspots*** which the Dialogue Group listed in its *Second Year Report* so that these potential threats to public health can be neutralized as required. Please see pages 16-17.

5. Conduct a national survey.

In 2014 the two governments should carry out a nationwide survey of people with disabilities and expand a birth defects registry. They can then use these data to create a road map to assist local governments to improve medical, educational, and social relief programs for people with disabilities.

6. Add other bilateral donors.

The Government of Vietnam should create a robust consortium of the U.S. and several other bilateral donors. Vietnam’s National Action Plan provides a starting point. ***We recommend that the Prime Minister issue a list of projects and funding requirements.*** The world needs to know that disability is a top priority in Vietnam. Please see pages 17-21.

7. Pursue the substantial funds required to remediate Bien Hoa.

The Dialogue Group recognizes that the costs to clean up dioxin at the Bien Hoa airbase are likely to exceed currently available funding mechanisms. ***We recommend that the U.S. government engages both the State Department and other departments in the executive branch to make the budgetary allocations that are expected to be required to clean up the dioxin at the Bien Hoa airbase.*** Please see pages 17-21.

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Major Opportunities in 2014

Elevating Disability in the Bilateral Relationship

The U.S.-Vietnam Dialogue Group wants to see governments, businesses and people-to-people organizations in both countries engage in a long-term cooperative effort to bring people with disabilities into all Vietnamese institutions and areas of society. Vietnam drew on technical assistance from the U.S. in preparing its 2010 National Law on Disability. The country now has a growing number of organizations that focus on disability which are led by individuals with disabilities. Cooperative efforts by the two countries can affirm the human dignity of people with disabilities, enhance their capacities and help strengthen their role in Vietnamese society.

The two governments are now developing a joint Action Plan to implement the Comprehensive Partnership Agreement. The Action Plan can include language that highlights the potential for collaborative responses related to disability. As disability is multi-dimensional, appropriate language on disability should find a place in each section of the Action Plan. The Dialogue Group has prepared the following texts based on the U.N. Convention on the Rights of People with Disabilities. The Dialogue Group respectfully recommends that the two governments consider adding these texts to the respective sections of the Action Plan.

Political and Diplomatic Cooperation

In recognizing the importance of inclusive political and diplomatic cooperation, as upheld in Article 32 of the Convention on the Rights of Persons with Disabilities (CRPD) and other international documents, the U.S. and Vietnam share a commitment to ensuring that our future cooperative efforts are inclusive of people with disabilities. The U.S. and Vietnam acknowledge that disability is a cross-cutting issue and that people with disabilities are represented across all segments of society in all countries. Thus, our nations recognize the importance of proactively integrating disability across all areas of action.

Trade and Economic Ties

In our continuing efforts to strengthen trade and economic ties between the US and Vietnam, we commit ourselves to ensuring that people with disabilities are not excluded from economic and workforce development. They must be included in vocational skills training and entrepreneurship, as well as provided access to independent living systems and accessible homes when necessary to enable them to live in the community and participate more effectively in the local economy as workers and consumers. This can include considering means for promoting wider use of universal design principles in designing and building all new homes so that homes with appropriate accessibility features for people with disabilities will be easier to find. Our governments can also educate employers about the value of workers with disabilities and the feasibility of maximizing their productivity via reasonable

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accommodations. People with disabilities can share in our nations' economic growth through access to work and employment.

Science and Technology Cooperation

In recognition of the increased role of technology in facilitating communications and the exchange of information in today's world, our nations share a commitment to promoting universal design principles in developing and implementing future innovations in communication technologies so that people with disabilities can have access to information and communication. This can include expanded efforts and initiatives to promote improved web accessibility across the public, government, and private sectors. This also could include working with leading innovative technology corporations in ensuring that all products are designed with the accessibility needs of consumers with disabilities in mind from the earliest stages of conceptualization through product testing and final release to the market.

In recognition of the increased importance of assistive technology in the lives of people with disabilities, the U.S. and Vietnam share a desire to explore avenues of enabling more people with disabilities to access technologies that can improve the quality of their daily lives, including access to mainstream classrooms and workplaces. These activities could include improving access to technologies such as high quality, culturally and medically appropriate wheelchairs, power chairs, crutches, canes, and other assistive devices and augmented communication technologies.

Education Cooperation

In upholding our shared value of access to education for all children around the world, we are mindful of similar values expressed in Article 24 in the Convention for the Rights of Persons with Disabilities. We recognize the importance of cooperation in creating new opportunities for children with a disability to pursue an appropriate, quality education via expanded use of inclusive education, universal design in school buildings and in educational curriculums, and accommodations in the classroom. We also recognize the importance of support for older students ready to transition to higher education, specialized vocational training, or the competitive work force and entrepreneurship. Everyone can learn, and disability must not impede the path to education and opportunity. Through its educational exchange programs with Vietnam the U.S. can help educate and train special education teachers, psychologists, social workers, physical therapists, speech pathologists, and medical professionals to improve services to people with disabilities.

Environment and Health

The US and Vietnam acknowledge that people with disabilities have the right to enjoy the highest attainable standard of health without discrimination on the basis of disability. We also acknowledge that people with disabilities have the right to attain and maintain maximum independence. We commit to bilateral efforts to enhance the lives of Vietnamese with disabilities, regardless of cause, through providing medical, habilitation, and

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rehabilitation assistance and improved access to decent, affordable assistive technologies. This will include removing accessibility barriers that make it harder for people with disabilities to obtain basic health care as well as offering habilitation and rehabilitation services and programs in areas such as health, education, employment, and social services. Removing barriers to basic health care could include things such as provision of wheelchair ramps and other access to hospitals and clinics, provision of sign language interpreters for both routine and emergency medical appointments, testing and diagnostic equipment able to accommodate people with a range of disabilities including those who cannot stand or move during certain procedures.

Promotion and Protection of Human Rights

The US and Vietnam share a commitment to ensuring that all peoples have their human rights respected, promoted, and protected, including people with disabilities. These include, among others, the right to protection from violence, torture, and abuse; the right to home and community based services enabling independent living; opportunities to access education, transportation services, information and communication services, rehabilitation and habilitation services, training in entrepreneurship and other areas; and also, the right to participate in voting and other aspects of the political process including running for political office.

Culture, Tourism and Sports

The U.S. and Vietnam recognize the right of people with disabilities to take part on an equal basis with others in cultural life, develop and utilize their creative artistic and intellectual potential, attain recognition and support of their specific cultural and linguistic identity, and participate equally with others in recreational leisure and sporting activities. This includes ensuring the accessibility of all major means of transport for travel and tourism opportunities.

Expanding Health & Disability Assistance into Rural Areas

USAID's Disability Support Project (DSP) is designed to focus its assistance primarily on Da Nang, with additional activities for people with disabilities living near the two other major dioxin hotspots, Phu Cat (Binh Dinh province) and Bien Hoa (Dong Nai province). The DSP in these three locations is scheduled to run through September 2015. Ongoing Congressional appropriations have allocated additional funds for health and disabilities assistance to Vietnam. In addition to services in Da Nang, Phu Cat and Bien Hoa, the Dialogue Group recommends that USAID immediately move forward with a new "rural services" initiative to address the needs of the larger numbers of people with disabilities who live in underserved areas. The urgency in underserved communities is just as great as the urgency in the communities surrounding the three major hotspots of Da Nang, Phu Cat and Bien Hoa. There is no better time to begin than now.

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The questions are what to do and where to begin.

To answer the question of what to do, the Dialogue Group recommends that the two governments immediately agree on a rural services initiative for people with disabilities in prioritized provinces. This work should begin in 2014 with disability surveys in two provinces, followed immediately with direct assistance for disabled persons and capacity building for Vietnamese service providers.

To answer the question of where to begin, we used readily available data on disability, poverty and dioxin exposure opportunity to suggest a way to prioritize provinces. Disability is found throughout Vietnam and so we looked at both the provinces that were never sprayed and those that were. The results are shown in the table¹ in the Appendix. Each province was ranked on each indicator and the rankings were then summed to give an overall score for that province. The list was then sorted on the score to show the provinces which were the most impacted by a combination of high absolute and relative disability and poverty. The most highly impacted provinces included some that had been sprayed and some that had never been sprayed.

Based on the analysis in the table, priority should be given in 2014 to Thai Binh province in the Red River Delta and Quang Nam province on the Central Coast.

Case Management in Da Nang

The Dialogue Group highlights two health and disability initiatives, one funded by the U.S. government and the other by private donors through the Public Private Partnership in Da Nang.

USAID Disability Support Project

On October 1, 2013 USAID initiated the Disability Support Project (DSP) in Da Nang with Development Alternatives International (DAI) as the general contractor. The DSP works with the Peoples Committee, the Disability Steering Committee and the departments of Labor, Invalids and Social Affairs (DOLISA), Health (DOH) and Education & Training (DOET) to implement the Da Nang Disability Action Plan. To do this, the DSP seeks to build a case management system with three components—individual service plans for people with disabilities, a referral system that connects individual needs with the correct service and a computerized disability information system. The DSP backs up this case management system with training of trainers in scarce specialist skills and assessments of capacities and seminars on birth defects surveillance, newborn screening and cancer surveillance in Da Nang and nearby provinces.

¹ Disability data are from the 2009 Census, which enumerated all people with disabilities five years of age and above. These were people “with some disability in hearing, vision, movement or cognition.” The poverty rate is the percentage of people whose incomes were less than VND 600,000/person/day, equivalent to US\$1.10/person/day at 2009 exchange rates. See General Statistical Office 2009 Census and World Bank publications.

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The DSP is budgeted at \$9 million for a three year period. A portion of these funds is being used for direct services to some 10,000 people with disabilities ages 0-50 who have “activity limitations and participation restrictions.” The project will formally introduce the full case management approach in its second year. It is using interim versions of the approach in the meantime to deliver services with its partners to people with disabilities.

The USAID Vietnam Mission provides information about the Da Nang Airport clean up on its website under the program heading “Environmental Remediation.” The page includes links to a project description, timeline, progress reports and community and stakeholder engagement and is updated monthly. The Dialogue Group recommends that USAID create an equally prominent web page on “Health and Disability” with the same level of information about the Disability Support Project.

The Public-Private Partnership in Da Nang

In 2011 the Dialogue Group and the Aspen Institute launched a Public Private Partnership in Da Nang. The partners include HSBC Bank, Hyatt Hotels, Rockefeller Foundation, Henry E. Niles Foundation, Landon Carter Schmitt Memorial Fund, the Cam Le District Peoples Committee and Children of Vietnam. The Clinton Global Initiative recognized the Partnership as a CGI Commitment in September 2011. The Partners have so far provided \$420,000 to introduce the Hope System of Care in Cam Le, one of Da Nang’s seven districts.

The Hope System of Care uses case management to provide direct services to children and youth with disabilities based on each young person’s unique needs, gifts and circumstances, and improves the cost and performance effectiveness of local government social services. The Vice Chair of the Peoples Committee of Cam Le, Mr. Tran Van Phi, and his colleagues implement the Hope System of Care and contribute to it from the district budget. Children of Vietnam supplies technical assistance and also tracks outcomes in two other districts of Da Nang, Hai Chau and Ngu Hanh Son, where the Hope System of Care was introduced and developed in 2007 and 2009. All 165 children and 27 of the 124 youth with disabilities in Cam Le are now in the program. Additional funding will allow the remaining 97 youth with disabilities to join the Hope System of Care. The Dialogue Group believes that this partnership efficiently offers high-quality care and offers a useful model for expansion.

For further information please click [here](#) or see www.aspeninstitute.org/policy-work/agent-orange/information-donors/seeking-donor-support-disabilities-action

Environmental Remediation

Remediation of contaminated soils and sediments proceeds in three stages: First, measure the area, depth and degree of contamination; second, cut the exposure pathways through which the dioxin enters the food chain and bio-accumulates in people; and third, either treat the contaminated soil to destroy the dioxin or isolate it from all future human contact.

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The Dialogue Group notes the progress on environmental remediation of dioxin. Of the three large dioxin hotspots, Phu Cat has completed stage three, Da Nang is in the middle of stage three and Bien Hoa is in the middle of stage one.

Phu Cat

In September 2012 UNDP/Global Environmental Facility and the Ministry of Defense completed the excavation of dioxin contaminated soil at the Phu Cat airport and placed it in a passive landfill. The Czech Republic is providing equipment and training for the long term monitoring of the landfill.

Da Nang

In August 2012 USAID and the Ministry of Defense broke ground on a project to clean up the dioxin at the Da Nang Airport. Since then progress has been steady and the project is on track to destroy all the dioxin in some 73,000 cubic meters of contaminated soil by 2016 at a total cost currently estimated to be \$84 million. USAID-Vietnam publishes monthly updates of this work on its website and in July noted that the containment structure for the chosen technology—in-pile thermal desorption-- is nearly complete and that 34,000 cubic meters have already been placed in it.

Bien Hoa

The clean up of Bien Hoa is still in the first stage but there may be as many as 230,000 cubic meters of dioxin contaminated soils and pond sediments in and around the Bien Hoa airbase. It is too early to say what mix of clean up technologies would be used at Bien Hoa. However the cost is likely to be at least double the cost of Da Nang. This Fall USAID will begin a study to further assess the dioxin at Bien Hoa and plan for remediation. This will necessarily take time, but reducing the risk to public health cannot wait. Given the urgency of the situation, the project should also include measures which cut the dioxin exposure pathways, halting further exposure to dioxin contamination by workers on the airbase and nearby residents. Priority should be given to raising public awareness on practical steps people in the area can take to ensure the safety of the food they eat. The Vietnam Public Health Association should be engaged to resume their community education work in Bien Hoa.

Smaller Hot Spots

As the clean up of the Da Nang and Bien Hoa dioxin hotspots moves forward, the smaller hotspots which the Dialogue Group listed in its 2012 Report also need to be further assessed, then prioritized and neutralized. In some, full remedial action may be required and in others, “soft” measures may complete the job, including fencing or natural barriers to discourage dioxin exposure to humans or livestock. As additional data become available

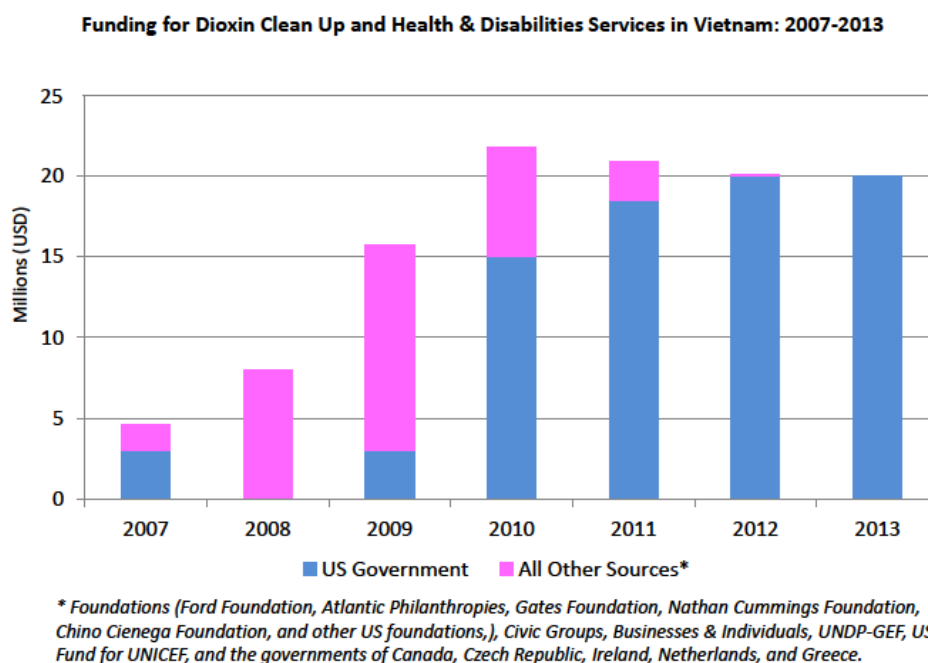
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regarding possible pooling of dioxin in ponds and reservoirs, fresh prioritization may be needed. In every site, the efficacy of various treatment methods will need to be analyzed and shared in the scientific community. Agricultural soils found with dioxin levels exceeding national standards can be treated with bioremediation and compost to reduce levels and increase productivity. On the ground experimentation is needed to continually refine knowledge of native tree species and their reintroduction, the development of related markets for farmers, and appropriate livestock selection.

Funding

Completing the clean up of dioxin hot spots and making significant progress on health and disability services require more money from established donors and from new donors. There are several challenges: the sheer size of the funding which will be required to remediate Bien Hoa, the need to seek funding each year from the U.S. Congress and the transition required from many small early donors to additional long term bilateral donors. The bar graph below shows annual allocations by the U.S. government and all other donors from 2007 to 2013. Funding from the U.S. government began in 2007 and grew strongly until 2013 when the U.S. Congress capped expenditures throughout the U.S. government at the level of the previous year. Funding from all other sources followed a different trajectory, peaking in 2009 and declined thereafter.



Donor diversity diminished simply because most of the ‘all other’ donors either specialize in providing small sums to attract larger donors and then move on, or themselves face the need to raise money from their own donors each year. The smaller bilateral donors to Vietnam in this group face many other demands on their limited funds.

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Funding Recommendations

The progress of the last six years has brought us to a point where only governments can provide the scale of resources required to make further fundamental progress. This is true both for clean up of dioxin hotspots and for health and disability services. While noting with appreciation the contributions of smaller private donors, the Dialogue Group makes these recommendations.

- The Government of Vietnam should lead the transition from the many small donors of the recent past to a robust consortium of the U.S. and several other bilateral donors. Vietnam's National Action Plan provides a starting point. We recommend that the Prime Minister issues a list of projects and funding requirements. Vietnam needs to make disability a priority with other donors too. The world needs to know that disability is a top priority in Vietnam.
- The U.S. government should engage both the State Department and other departments in the executive branch to make the budgetary allocations that are expected to be required to clean up the dioxin at the Bien Hoa airbase. At Da Nang, remediation of 73,000 cubic meters of contaminated soil and sediment is expected to cost \$84 million. The costs to remediate an estimated 230,000 cubic meters of soil and sediment at Bien Hoa are currently unknown.

All future support should fund both direct services and capacity building for service providers utilizing the case management approach in order to create the conditions for program sustainability and effective assistance to people with disabilities.

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Vietnam: Relative Disability & Poverty Among Provinces

	Never-sprayed provinces
	Sprayed provinces

Province	Total Population in 2009	Population Five & Above	# People with Disabilities Five & Above	# PWD Rank	People with Disabilities as Percent of Population	% PWD Rank	People Living in Poverty as Percent of Population	% Poor Rank	Sum of Rankings
Nghe An	2,912,041	2,676,722	300,864	4	11.2	3	26.74	19	26
Thanh Hoa	3,400,595	3,154,521	322,392	3	10.2	5	26.48	20	28
Thai Binh	1,781,842	1,651,263	203,766	5	12.3	1	18.95	37	43
Quang Nam	1,422,319	1,311,385	126,942	11	9.7	9	23.47	26	46
Phu Tho	1,316,389	1,209,707	118,067	14	9.8	8	23.62	25	47
Quang Ngai	1,216,773	1,120,625	111,614	17	10.0	6	23.65	24	47
Dak Lak	1,733,624	1,574,015	118,523	13	7.5	25	30.32	16	54
Binh Dinh	1,486,465	1,366,773	132,030	9	9.7	9	16.68	40	58
Lam Son	732,515	676,165	65,453	39	9.7	9	45.69	10	58
Cao Bang	507,183	464,618	48,460	51	10.4	4	53.11	6	61
Thai Nguyen	1,123,116	1,036,010	96,971	22	9.4	10	21.99	31	63
Hai Phong	1,837,173	1,693,176	148,830	7	8.8	13	14.84	45	65
Soc Trang	1,292,853	1,191,486	90,315	24	7.6	24	27.28	18	66
Nam Dinh	1,828,111	1,687,623	148,511	8	8.8	13	14.04	46	67
Hai Duong	1,705,059	1,577,434	123,355	12	7.8	22	21.55	33	67
Ha Tinh	1,227,038	1,131,071	129,847	10	11.5	2	4.94	61	73
Kien Giang	1,688,248	1,551,964	101,343	19	6.5	32	24.02	22	73
Bac Giang	1,554,131	1,428,491	98,852	21	6.9	29	23.83	23	73
Hoa Binh	785,217	719,486	57,847	45	8.0	20	47.31	8	73
Quang Tri	598,324	543,787	53,726	50	9.9	7	29.55	17	74
Binh Thuan	1,167,023	1,068,618	89,336	25	8.4	16	21.44	34	75
Son La	1,076,055	953,820	64,287	40	6.7	31	63.6	4	75
Tuyen Quang	724,821	662,246	56,291	47	8.5	15	39.95	13	75
Dong Nai	2,486,154	2,278,255	185,906	6	8.2	18	11.73	52	76
Quang Binh	844,893	774,825	68,495	36	8.8	13	23.2	28	77
Ca Mau	1,206,938	1,110,905	78,874	30	7.1	27	26.36	21	78
Tra Vinh	1,003,012	927,461	75,310	31	8.1	19	22.28	29	79
Thua Thien Hue	1,087,420	1,002,214	83,284	28	8.3	17	19.43	36	81
Hung Yen	1,127,903	1,037,244	91,900	23	8.9	12	12.78	47	82
Dong Thap	1,666,467	1,536,079	114,438	16	7.5	25	15.58	42	83
Bac Kan	293,826	270,921	23,868	61	8.8	13	45.97	9	83
Phu Yen	862,231	791,662	66,262	38	8.4	16	22.08	30	84
Khanh Hoa	1,157,604	1,063,861	87,769	26	8.3	17	15.51	43	86
Lao Cai	614,595	546,099	39,811	55	7.3	26	56.77	5	86
Ha Nam	784,045	724,940	68,362	37	9.4	10	16.56	41	88
An Giang	2,142,709	1,968,721	116,351	15	5.9	37	18.22	38	90
Ha Giang	724,537	640,427	40,219	54	6.3	34	71.46	2	90

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Vietnam: Relative Disability & Poverty Among Provinces

	Never-sprayed provinces
	Sprayed provinces

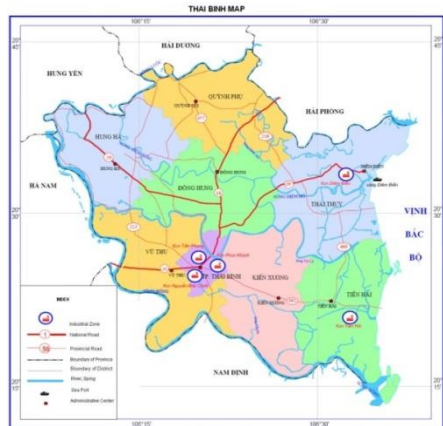
Province	Total Population in 2009	Population Five & Above	# People with Disabilities Five & Above	# PWD Rank	People with Disabilities as Percent of Population	% PWD Rank	People Living in Poverty as Percent of Population	% Poor Rank	Sum of Rankings
Dien Bien	490,306	427,427	29,450	58	6.9	29	71.06	3	90
Kon Tum	430,133	376,824	28,752	59	7.6	24	47.58	7	90
Ninh Binh	898,999	829,699	72,018	33	8.7	14	15.28	44	91
Hanoi	6,451,909	5,888,632	379,228	1	6.4	33	7.93	59	93
Long An	1,436,066	1,324,786	104,658	18	7.9	21	10.97	54	93
Gia Lai	1,274,412	1,129,511	61,107	43	5.4	39	43.34	12	94
Ninh Thuan	564,993	512,417	35,818	56	7.0	28	34.52	14	98
Yen Bai	740,397	669,496	41,308	53	6.2	35	45.33	11	99
Lai Chau	370,502	318,433	18,947	62	6.0	36	76.41	1	99
Lam Dong	1,187,574	1,076,558	68,900	35	6.4	33	21.96	32	100
Quang Ninh	1,144,988	1,050,274	79,296	29	7.6	24	12.12	48	101
Hau Giang	757,300	697,218	56,126	48	8.1	19	19.68	35	102
Ho Chi Minh City	7,162,864	6,664,438	330,556	2	5.0	40	2.94	62	104
Can Tho	1,188,435	1,099,716	83,358	27	7.6	24	11.7	53	104
Da Nang	887,435	812,762	73,961	32	9.1	11	2.39	63	106
Dak Nong	489,392	434,307	27,274	60	6.3	34	32.5	15	109
Tien Giang	1,672,271	1,546,398	100,516	20	6.5	32	9.53	58	110
Bac Ninh	1,024,472	932,510	71,897	34	7.7	23	10.19	55	112
Vinh Phuc	999,786	909,825	61,777	42	6.8	30	11.99	49	121
Vinh Long	1,024,707	957,217	64,229	41	6.7	31	11.76	51	123
Ben Tre	1,255,946	1,171,660	11,997	63	10.2	5	10	56	124
Bac Lieu	856,518	795,169	30,375	57	3.8	42	23.3	27	126
Binh Phuoc	873,598	789,077	43,636	52	5.5	38	17.2	39	129
Tay Ninh	1,066,513	986,554	58,897	44	6.0	36	11.78	50	130
Ba Ria - Vung Tau	996,682	912,770	56,318	46	6.2	35	9.97	57	138
Binh Duong	1,481,550	1,374,565	55,945	49	4.1	41	7.82	60	150
	85,846,997.00	78,909,011	6,112,370						

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APPENDIX II: Thai Binh & Quang Nam Provinces

Thai Binh

Among all the provinces that were never sprayed, our analysis prioritizes Thai Binh province. The 2009 census found 203,776 people with disabilities in Thai Binh, 12.3% of the population. Although Nghe An and Thanh Hoa have larger overall numbers of people with disabilities, Thai Binh has the highest percentage of people with multiple disabilities in Vietnam.² Provincial authorities informed the Dialogue Group there are 34,000 people in Thai Binh whose condition is associated with exposure to dioxin. They represent about 17% of all the disabled people in the province. In 2006 Thai Binh received assistance from the Japanese Prime Minister's Fund for a rehabilitation center in the provincial capital. In February 2007 the Dialogue Group visited Thai Binh and met with provincial officials. In 2007-2009 the East Meets West Foundation and the Thai Binh Red Cross screened children and young adults with disabilities in two districts, arranged for surgery and physical therapy, and provided scholarships for the children and loans to local firms who agreed to train and employ the young adults. Thus there is a track record of considerable attention to this issue in the province. Thai Binh is 110 kms. southeast of Hanoi and the specialized expertise available in the capital could be drawn on for an expanded health and disability initiative in 2014.



Quang Nam

Among all the provinces that were sprayed, our analysis prioritizes Quang Nam province. The 2009 census reported 127,000 people with disabilities and the percentage of people with severe disabilities³ is the highest in Vietnam. The Red Cross reports that Quang Nam has some 30,000 people whose condition is associated with dioxin exposure. They are about a quarter (24%) of all people with disabilities in the province.

Local government agencies and mass organizations have good capacity and commitment. Quang Nam was a focus province for USAID-funded disability programming from 2006 to 2010; the assistance was implemented



² According to UNFPA, these are people with disabilities in multiple domains (seeing, hearing, movement, & cognition) who may have some difficulty, a lot of difficulty or cannot perform that function at all.

³ According to the UNFPA, a person with a severe disability cannot perform the function (seeing, hearing, mobility or cognition) at all.

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by Catholic Relief Service, World Concern and Vietnam Assistance for the Handicapped (VNAH). Vietnam Veterans of America Foundation (VVAF) supplied equipment and funds to several community based rehabilitation centers. The War Legacies Project works with the Quang Nam Red Cross, supported by the Bob Feldman Fund, to aid some 100 families with a disabled family member. The Korean Veterans Association has contributed \$1.9 million to build a Peace Village to care for and house children with disabilities.

Three of the province's 16 districts are among the 62 poorest districts in Vietnam. They are in mountainous areas. The proposed rural health and disability initiative needs to serve mountainous as well as coastal districts despite their higher per person costs to deliver services. Quang Nam surrounds Da Nang on the west and south. The specialized expertise available in Da Nang, and the learning from the USAID engagement there, could be drawn on for an expanded health and disability initiative in Quang Nam in 2014.

APPENDIX III: Activities and Accomplishments in 2012-2013

Over the last 16 months, the Dialogue Group has helped attract high level attention to humanitarian responses to the Agent Orange legacy in Vietnam, communicated the urgency of this work to key groups across the United States, and supported the case for significantly larger funding from the U.S. and other sources. The Aspen Institute's Agent Orange in Vietnam Program and staff of the Foreign Affairs Committee of the National Assembly support the Dialogue Group. Here are events which marked progress in 2012-2013.

June 2012. Prime Minister Nguyen Tan Dung approves Vietnam's National Action Plan through 2015 to guide ministries in addressing the Agent Orange legacy.

June 2012 The Agent Orange in Vietnam Program at the Aspen Institute prepares an abridged version of the Dialogue Group's *Second Year Report* for USAID, and calls for public contributions to a possible USAID plan. Contributors included former Members of Congress, faith leaders, artists, students and leaders of civic and advocacy groups and foundations from across the U.S. In August the Congress redirects responsibility for preparing an Agent Orange strategy to the State Department.

July 2012. The Dialogue Group and Rotary International inaugurate a piped water system that they funded in Dong Son commune, A Luoi district, Thua Thien-Hue province. The system brings filtered water to all 259 households in the commune. The commune lies near a former U.S. military base where Agent Orange was used during the war and its population has a significant incidence of conditions associated with dioxin exposure.

August 2012. The governments of the U.S. and Vietnam break ground on a four year, \$43 million project to clean 73,000 cubic meters of dioxin contaminated soils at the Da Nang Airport. The ground breaking is a matter of great satisfaction and celebration for Americans and Vietnamese, and a milestone in the relations between Vietnam and the U.S.

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on Agent Orange. This milestone caps six years of work by the Vietnamese ministries of Natural Resources and Environment and Defense, the U.S. Department of State, USAID, EPA, Ford Foundation and the U.S.-Vietnam Dialogue Group.

September 2012. Ambassador Ha Huy Thong, the Vietnamese co-chair of the Dialogue Group, and Charles Bailey, director of the Aspen Agent Orange in Vietnam Program, present the Dialogue Group's *Second Year Report* at the 7th annual meeting of the bi-national and intergovernmental Joint Advisory Committee on Agent Orange in Hanoi.

October 2012. Japan is Vietnam's largest bilateral donor. Through meetings in Tokyo in October and later in Hanoi in December and March, the Dialogue Group and the Aspen Institute meet with senior leaders of JICA to explore extending Japanese assistance into the area of disability services.

October 2012. USAID officially begins a three year \$9 million Disability Support Program.

November 2012. The Public Private Partnership [PPP] in Bien Hoa begins its first year with a focus on training, education and treatment services for the disabled. Support is being received from the Asia Education and Friendship Association (Tokyo, Japan), Chino Cienega Foundation (Palm Springs, California), Grapes for Humanity Global Foundation (Longboat Key, Florida) and the Aspen Institute Agent Orange in Vietnam Fund. Vietnam Assistance for the Handicapped (VNAH) leads the PPP in Bien Hoa in collaboration with the Peoples Committee.

November 2012. The PPP in Da Nang enters its second year, having enrolled all of the 165 children with disabilities in Cam Le District in the *Hope System of Care* and 17 of the 120 young adults. Funding for this three year program comes from the Rockefeller Foundation, Hyatt Hotels, HSBC Bank, the Landon Carter Schmitt Memorial Fund and the Henry E. Niles Foundation. Children of Vietnam and the Peoples Committee of Cam Le district implement the *Hope System of Care*.

December 2012. To deepen Vietnamese engagement with the Dialogue Group approach, the Vietnamese Co-chair of the Dialogue Group, Ambassador Ha Huy Thong asks provincial officials throughout Vietnam to comment on the Group's *Second Year Report*.

January 2013. The cost to clean up the dioxin at the Da Nang airport becomes clearer as work proceeds; the estimate increases from \$43 million to \$84 million.

March 2013. The PPP in Bien Hoa launches its first actions— a workshop on developing the Dong Nai provincial disabilities action plan for the 2013-2020 period and a second workshop introducing a School-to-Work Program model as the route leading more youth with disabilities into jobs with companies in Dong Nai province. USAID joins the PPP donors in funding these activities.

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March 2013. The Dialogue Group funds Ku Da commune in Sa Thay district, Kon Tum province to build a filtered water system for the people in the village.

March 2013. In his capacity as Vice Chair of the Foreign Affairs Committee of the National Assembly, Dialogue Group Co-chair Ambassador Ha Huy Thong arranges for a U.S. Congressional Staff Delegation to visit the Bien Hoa airbase, meet with Dialogue Group Member Dr. Nguyen Thi Ngoc Phuong at the Peace Village in Ho Chi Minh City, confer with the Vietnam Association of Victims of Agent Orange, and visit other impacted areas in central Vietnam.

April 2013. Aspen Institute organizes a Roundtable Discussion on Agent Orange in Washington, D.C. Fifty people of diverse backgrounds participate. Speakers endorse the formation of a coalition in Congress for humanitarian health and disability assistance for people in high impact areas of Vietnam. Year to year funding should be institutionalized within a multi-year framework.

April 2013. USAID publically announces its Disability Support Program during a workshop on disability and the workplace to mark Vietnam's National Disability Day.

May 2013. UNICEF dedicates its 2013 Report on the State of the World's Children to children with disabilities. UNICEF Executive Director Anthony Lake and Vietnamese Vice President Nguyen Thi Doan launch the Report in Da Nang.

July 2013. The Senate Appropriations subcommittee on State & Foreign Operations approves legislative language for FY 2014 which allocates \$29 million to Agent Orange in Vietnam—the largest annual appropriation to date. The measure will go to the full Committee and then the House of Representatives in the Fall of 2013.

July 2013. Dialogue Group Convener Susan V. Berresford writes to Secretary of State John F. Kerry on the eve of President Truong Tan Sang's visit to Washington. She urges the Secretary to press forward on addressing the full range of disability issues in Vietnam that stem from conflicts, poverty and limited health care services. Secretary Kerry replies, "I assure you that the United States is committed to helping Vietnam build a sustainable system of comprehensive, integrated services for Vietnamese with disabilities, regardless of cause."

June 2012 through August 2013. 14,290 people visited the web pages of the Aspen Agent Orange in Vietnam Program (www.aspeninstitute.org/policy-work/agent-orange). Three quarters of these Internet users were visiting the website for the first-time. Visitors were primarily based in the U.S. (68%) and Vietnam (10%), although the site also hosted many visitors from Australia, the UK, and Canada. During this time frame, an associated website, Make Agent Orange History (www.makeagentorangehistory.org), climbed in Google page rank to the first page of search results. The War Legacy Project, a partner of the Aspen Agent Orange in Vietnam Program, maintains the Agent Orange Record website

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(www.agentorangerecord.org). During this period it received 34,682 visitors; 83% of them were first time visitors and two-thirds were Americans.

September & October 2013. The Vietnamese members of the Dialogue Group visited six heavily impacted provinces—Tay Ninh, Binh Phuoc, Quang Nam, Thua Thien-Hue, Da Nang and Ho Chi Minh City. They conferred with local authorities and people who had been exposed. Concerns were expressed about third generation impacts and the public health risk from as yet unattended smaller dioxin hotspots. Officials noted the shortage of resources to support Agent Orange victims and requested international support to enlarge their own efforts.

APPENDIX IV: Review of the Dialogue Group's 2010 Plan of Action

In 2010 the Dialogue Group released its Declaration and Plan of Action with the goal "...to eliminate the public health threat of dioxin hot spots, improve the lives of people with disabilities, restore the defoliated land, and remove a barrier to fully normal U.S.-Vietnam relations." The Plan called for a set of actions, supported by adequate funding, which would, to the fullest extent possible, resolve the Agent Orange legacy to the satisfaction of both countries. The first phase of the Plan covered the period from 2010 to 2012. A brief review of the activities the Dialogue Group prioritized for this phase is now in order.

During 2010-2012 a number of the clean up activities that the Dialogue Group recommended began to be implemented and are on-going. However none of the actions the Dialogue Group recommended to restore the productivity of damaged ecosystems has yet been taken up. Several of the health and disabilities activities were initiated, but the top priority, a national survey on disability, has yet to be launched. The table below shows the donor funds that became available for each objective.

Phase One 2010-2012			
	Target (mns.)	Achieved (mns.)	Above/below Target
Objective (1) Clean up	\$ 29.7	\$ 49.1 	+65%
Objective (2) Services	\$ 68.3	\$ 13.6 	-80%

During the first three years of the Plan, foreign donor funds for clean up exceeded the target amount by 65%. (This primarily represents a response to the rising costs of the clean up of the Da Nang hotspot.) Funds for health and disability services, however, fell far short of the target. Please see the Phase One portion of the Plan below.

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U.S.-Vietnam Dialogue Group on Agent Orange/Dioxin
Declaration and Plan of Action: 2010-2019

Prioritized Activities for Phase One: 2010-2012

(1) Clean dioxin-contaminated soils to ensure protection of people living near dioxin hotspots and restore the productivity of damaged ecosystems

Highest priority:-

- Immediately contain, remove and remediate dioxin-contaminated soil and sediment to complete clean up at the northern end of the Da Nang airport.
- With conservation specialists and NGOs, complete an overview map of the remaining hot spots and surrounding areas and begin assessing dioxin contamination to determine the acreage (including sediment) that needs treatment and the order of mitigation priority.
- Apply Da Nang experience to make sure that dioxin hot spots at Bien Hoa and Phu Cat are safely contained, with mitigation plans in place.
- Conduct joint U.S.-Vietnam research to evaluate damaged lands, creating a reforestation, diversification or repurposing plan to ensure the optimum future use of such lands.
- Develop three models for restoration of biodiversity and sustainable ecosystems in the defoliated upland forests of A Luoi and Ma Da and the mangrove forest of Ngoc Hien.

Additional priorities:-

- Support training programs in environmental engineering, forestry and conservation at Vietnamese universities and for the staff of provincial environmental agencies.
- Report research findings and exchange remediation ideas and best practices through workshops and conferences.
- Promote safe food habits among people living near known and suspected hot spots so they avoid foodstuffs possibly contaminated by dioxin.

(2) Improve and expand services to people with disabilities linked to dioxin and to people with other forms of disability and their families

Highest priority:-

- Assist the Vietnamese in developing and conducting a nationwide survey of people with disabilities and creating a birth defects registry pilot program, using results to create a road map for provincial authorities to improve medical, educational, and social relief programs for people with disabilities at the provincial, district and commune level.

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- Establish or strengthen professions that serve people with disabilities such as occupational and rehabilitation therapy and speech pathology, developmental specialists and mental health practitioners at medical universities and technical training institutions in Hanoi, Ho Chi Minh City and Hue, and conduct training programs for staff of hospitals and health stations in the heavily affected regions of Vietnam.
- Assist Vietnam to develop a system for maternal surveillance and screening, monitoring of child development and early-childhood intervention in order to improve services to affected people in or near the three major hot spots (Da Nang, Bien Hoa and Phu Cat).
- Use lessons learned from medical, rehabilitation, educational and vocational interventions in Da Nang to establish pilot projects in Bien Hoa and at least one additional province.
- Strengthen training for Vietnamese public health professionals in disability diagnosis and treatment, and engage them in developing educational programs to ensure that the Vietnamese people receive appropriate information and screenings to reduce their risk of dioxin exposure.
- Support the development of a disability community in Vietnam that can partner with local and national authorities to improve the lives of people with disabilities and to support implementation of the UN Convention on the Rights of People with Disabilities.

Additional priorities:-

- Develop or strengthen rehabilitation facilities and respite day care centers in provinces with high rates of people with disabilities.
- Assist Vietnam's healthcare system to improve the quality of diagnosis and treatment of cancers and other medical conditions linked to dioxin exposure.
- Pursue joint U.S.-Vietnam research initiatives on exposure pathways and the long-term health consequences of dioxin exposure.
- Establish Provincial Resource Centers to strengthen inclusive education, specialized education and vocational training programs for children and youths with disabilities to ensure a continuum of educational services addressing each individual's needs and abilities.
- Assist Vietnamese public health professionals in developing educational materials and programs to inform and screen individuals for conditions linked to dioxin exposure.
- Assist the Vietnamese government to expand existing health insurance subsidy plans and scholarship programs so as to cover at least 70 percent of poor households with people with disabilities or family members with illnesses associated with exposure to dioxin.