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Annual Meeting - American Public Health Association
Session 3366.0 “Agent Orange and other Consequences of War”
Philadelphia Convention Center November 9, 2009

“Resolving the Agent Orange Legacy of the Vietnam War”

Charles R. Bailey, Director
Ford Foundation Special Initiative on Agent Orange/Dioxin

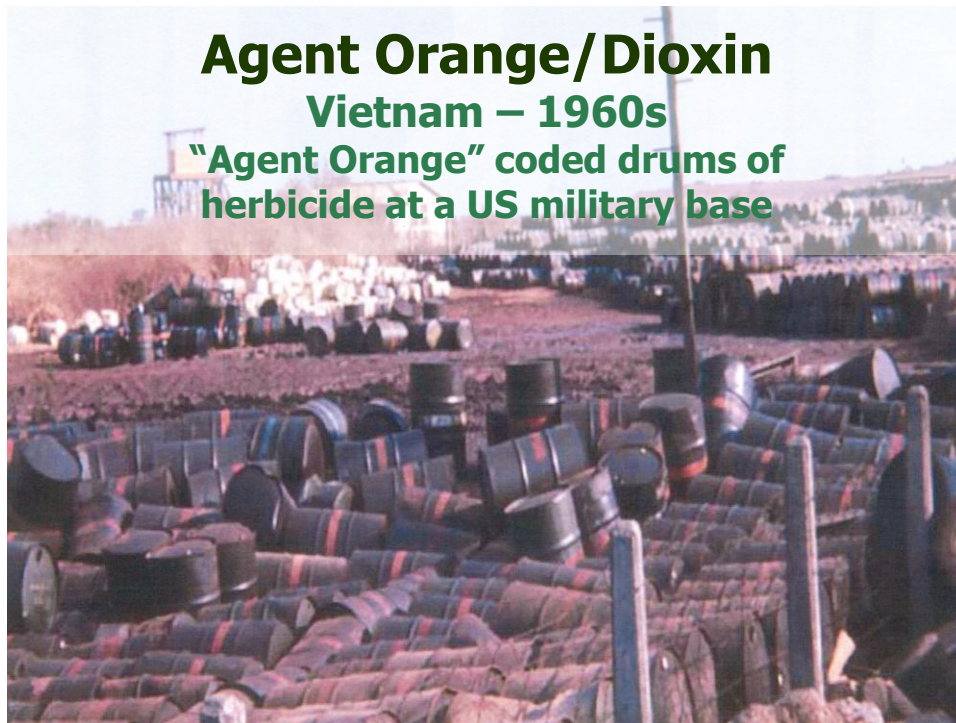
Good afternoon.

Introduction

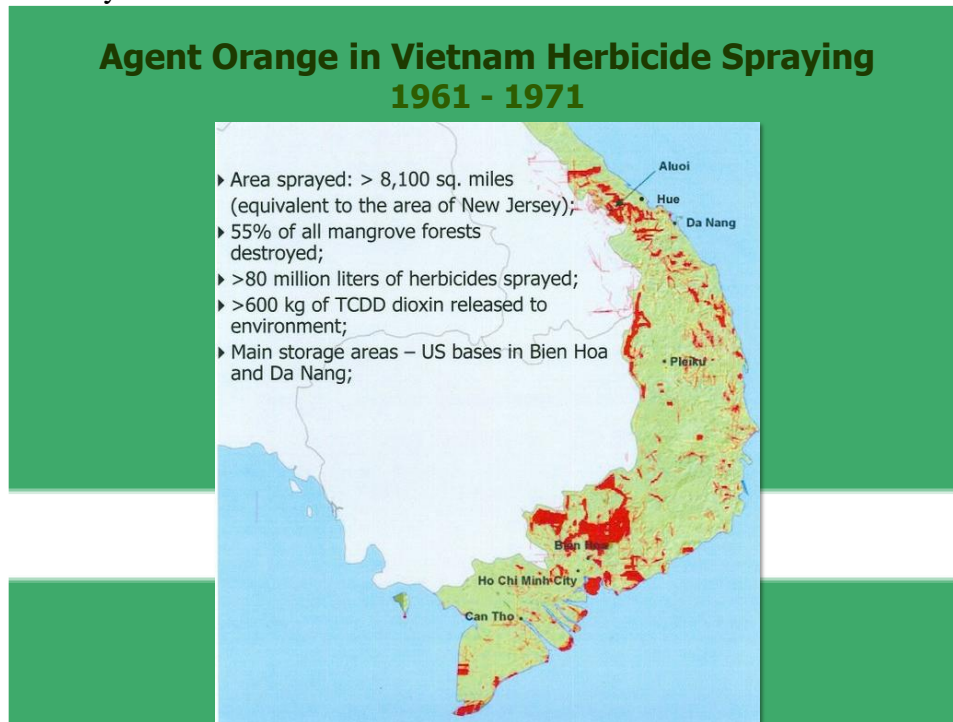
In my presentation this afternoon I’m going to do three things: offer you a brief background on how we came to have an agent orange legacy at all and what that legacy is; describe what is currently being done about it; and propose what a full solution will require.

I am pleased to talk with you—public health researchers and practitioners—about this long neglected but important subject. I particularly thank Dr. Arnold Schecter for his invitation and his continuing commitment.

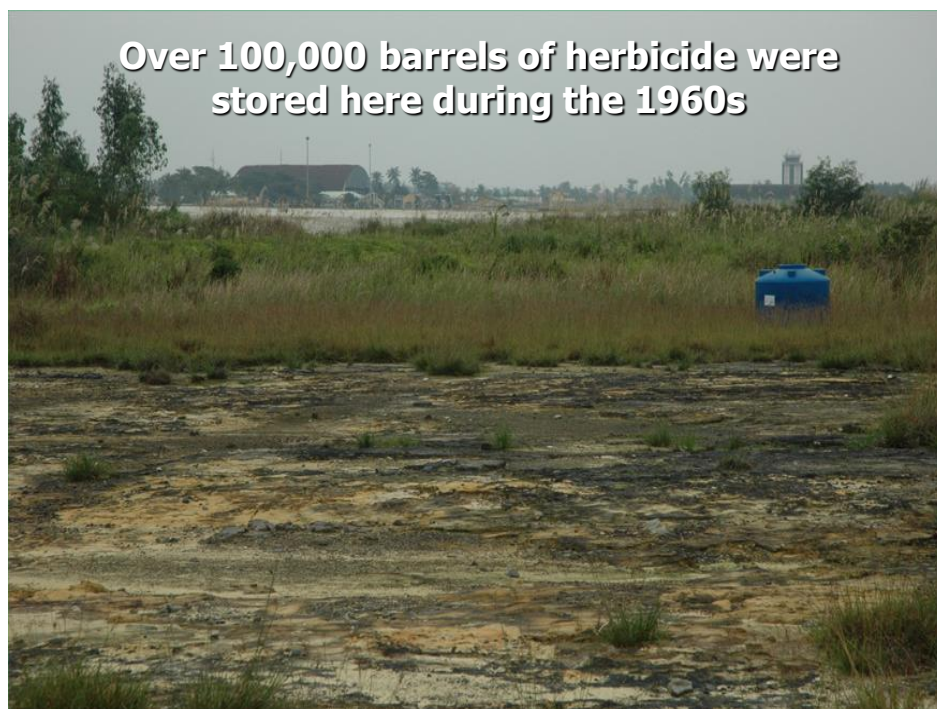
Origins and Legacy



Agent Orange was brought to Vietnam by the US military during the war to destroy enemy food crops and places of concealment. Daily spraying over the course of a decade destroyed forests over an area about the size of Massachusetts.



There are still large areas in the mountains where no useful trees or crops will grow.



I took the above photo two years ago at the area where agent orange drums were stored in the airport serving the city of Da Nang in central Vietnam. During the 1960s over 100,000 drums of agent orange and similar herbicides moved through this storage area enroute to the spray plane loading area, which you can see in the distance.

Agent Orange carried with it dioxin, a persistent and highly poisonous chemical. While the dioxin had its origins in the US conduct of the war, now 40 years ago, it is still a problem today—exposure to dioxin is strongly associated with chronic ill health and even more notably, with increased numbers of children born with severe and often multiple disabilities.



The majority of those affected, estimated by the Government of Vietnam to be 3 million people, appear to be descendents of those originally exposed in the 1960s.

One should never underestimate the destructive power of physical and mental disability, both for the individual and for his or her family. This is especially true for women and children, who are the most vulnerable. Dioxin-associated disability places a heavy and often life-long financial, physical, social and spiritual burden on families who struggle to cope.

And the fear of disability often prevents the formation of new families—stigma and discrimination can prevent a person considered an agent orange victim from finding a marriage partner. For expectant mothers, the fear of giving birth to a child with disabilities haunts them. According to a recent study by Tine Gammeltoft, a Danish anthropologist, widespread fear of unwanted birth outcomes leads many pregnant

women to seek reassurance by having as many as 20-30 ultrasound exams during their pregnancy.

Agent orange is a growing domestic issue in Vietnam. The Vietnamese people have increased pressure on the government to clean up dioxin where it is still in the soil and especially to provide better healthcare and support for people exposed to Agent Orange. The Government of Vietnam has allocated funds to environmental clean-up and for direct assistance to those with disabilities associated with exposure to dioxin. They are currently paying \$50 million a year in monthly income supplements to people with disabilities from all causes.

A Turning Point

The major pieces of any solution need a further and deeper commitment from the US government with funds and technical assistance. This would demonstrate to the Vietnamese public that the US is at last taking a measure of responsibility. We have seen promising beginnings.

In 2004 the US Environmental Protection Agency began technical discussions with its Vietnamese counterpart and provided some laboratory equipment. EPA and the State Department spent \$2 million on these technical matters, solely focused on identification of dioxin contaminated point sources, or what have come to be known as dioxin “hotspots.”

In November 2006 the US Government took the next step. While on an official visit to Vietnam President Bush committed the US to help Vietnam clean up dioxin contaminated soil at former US military airports.



The Congress took the process a step further in May 2007 by appropriating an initial \$3 million for both clean up and for health programs in surrounding communities. Here is the Congressional mandate:



Another \$3million was appropriated in March 2009. But here's the problem:

First-- The funds are tiny in relation to well-founded estimates of the need.

Second-- There are many good opportunities right now to fund worthwhile projects that meet real needs—as I'll explain further in a moment—but US government funds are slow to disburse. As of the end of September, the US government had obligated only \$4.1 million of the \$6.0 million appropriated in 2007 and 2009.

Third-- Vietnamese agencies have many relevant programs and competent staff who know their subject well. Instead of funding these agencies though, the US government disburses its funds only through US organizations.

And fourth—Programs need to reach everyone—not just people living near today's dioxin hotspots but everyone—specifically, the larger numbers who were exposed to dioxin at some time in the past. This inclusive approach focuses on people in need living with disabilities, not how they came to be that way.

In sum, the US government needs to be more ambitious in its pursuit of a solution.

Ford & the Dialogue Group

The Ford Foundation made our first grants in this area in 2000. Our role is that of a neutral party working with both sides—the government of Vietnam and the government of the US. We bring people together who might not otherwise talk, we fund confidence building projects for which there is no other donor, and we seek to mainstream this issue in the US.

In addition to being a grant maker, in early 2007 we joined with leading Vietnamese and Americans to form the US Vietnam Dialogue Group on Agent Orange/Dioxin.

US-Vietnam Dialogue Group on Agent Orange/ Dioxin
Susan Berresford, Convener and Former President, Ford Foundation

■ Amb. Ngo Quang Xuan, National Assembly of Vietnam	■ Walter Isaacson, Aspen Institute
■ Prof. Vo Quy, Vietnam National University, Hanoi	■ Christine Todd Whitman, Whitman Strategy Group
■ Dr. Nguyen Ngoc Phuong, Medical University of Ho Chi Minh City	■ William Mayer, Park Avenue Equity
■ Do Hoang Long, Party External Relations Commission	■ Mary Dolan-Hogrefe, National Organization on Disability
■ Lt. Gen. Phung Khac Dang, Vietnam Veterans Association	■ Dr. Vaughan Turekian, American Academy for the Advancement of Science

This is a bi-national and non-partisan committee of prominent private citizens, scientists and policy makers working to draw attention to this issue and to mobilize resources. The Dialogue Group is convened by former Ford Foundation President Susan Berresford. Walter Isaacson, president and CEO of the Aspen Institute and Ambassador Ngo Quang Xuan, Vice-chair of the Vietnam National Assembly's Foreign Affairs Committee, are the two co-chairs.

The Dialogue Group set the overall goal of resolving the agent orange/ dioxin legacy within the larger frame of improved US – Vietnam relations. The Group has adopted a forward looking and humanitarian approach to a solution. They have identified these five tasks as priorities.

Five Priority Tasks

- Expanded services to people with disabilities
- Public education in the U.S.
- Dioxin remediation at Da Nang
- Landscape restoration
- High resolution dioxin laboratory

Since the precise causal link between exposure to dioxin and disability is disputed, the Dialogue Group has taken an inclusive approach—aiming to assist all who are disabled.

Donor Support So Far

So far, these efforts have helped to mobilize \$29.3 million from institutional donors, which are being used for three purposes: clean-up, services for people with disabilities and advocacy. To the total of \$29.3 million, the Ford Foundation has contributed \$11.7 million in grants. Other US foundations, foreign governments, and the UN have contributed nearly the same amount, \$11.5 million. The US government has so far disbursed or obligated \$6.1 million, that is, the sum of the \$2.0 million and the \$4.1 million I mentioned a moment ago.

It's natural that people want to know what's the total need, what are you asking for.

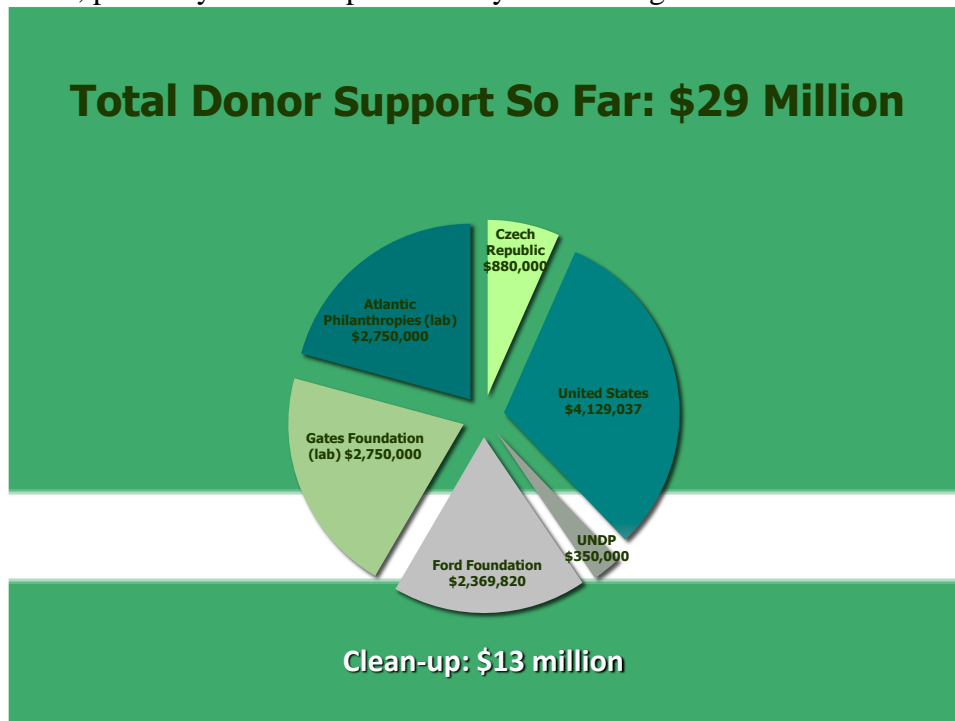
On clean up, according to a recent UN survey, to clean the three principle hotspots will cost about \$60 million. I estimate another \$25 million will be required to test and clean another 25 suspected dioxin hot spots.

As for the affected people, it's impossible to put a dollar amount on human suffering. We can put some estimates on costs for improved healthcare and other social services for people with disabilities. Perhaps we can come back to this in the discussion later.

I'm going to use the remainder of my time to outline some activities and achievements in clean up and in services to people with disabilities.

Emerging Results: Environmental Clean up

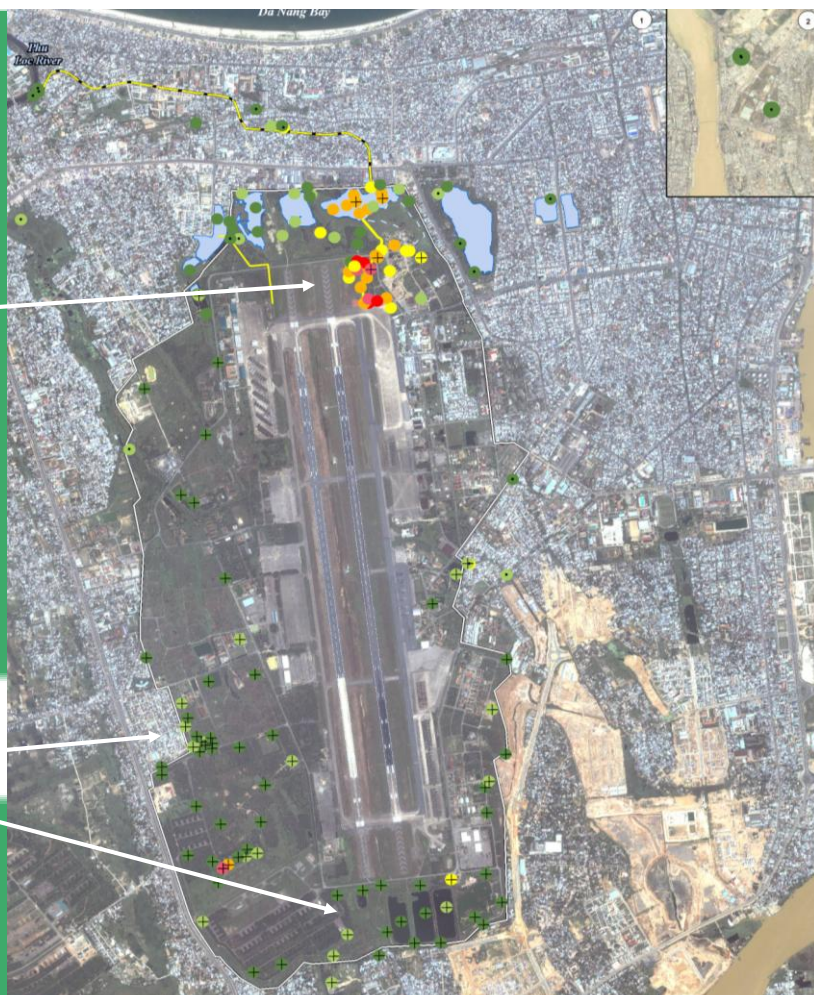
Environmental remediation, or clean up of dioxin has so far attracted \$13 million from donors, primarily for the airport and city of Da Nang.



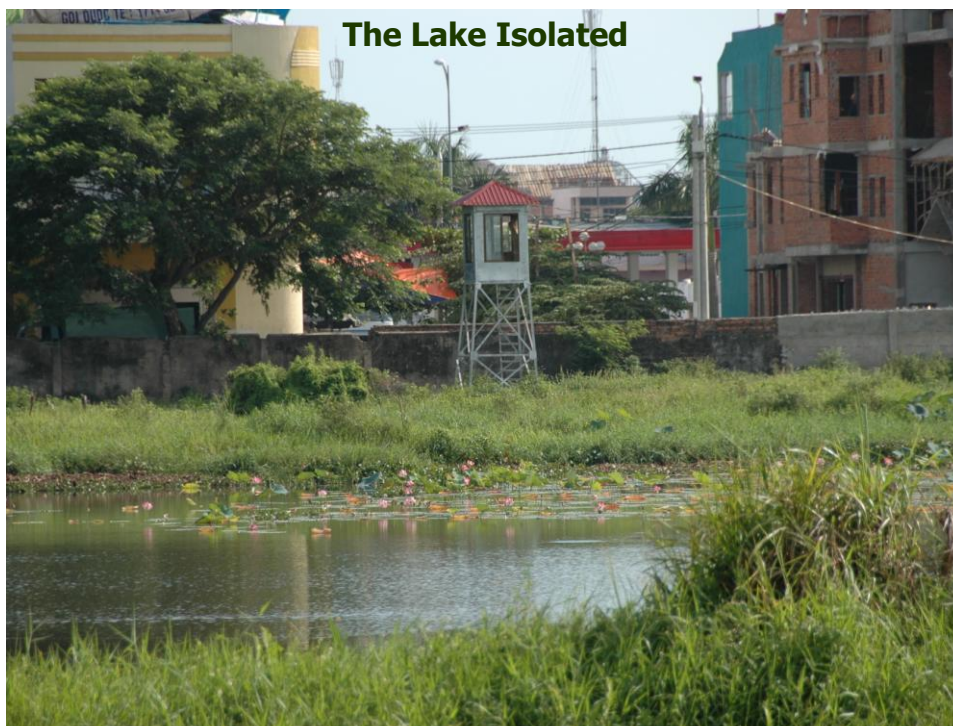
Three studies in 2003-2005, 2006 and 2009 collected a total of 410 samples—198 soils/sediments, 41 fish and vegetation and 171 human blood and breast milk. The first two studies confirmed the northern areas of the Da Nang airport to be a significant dioxin hotspot as shown in the next slide.

Dioxin Measurement: 2005, 2006 and 2009

Areas of greatest
contamination



Following the 2006 study, interim mitigation measures were implemented in 2007. These included halting all fishing and agricultural activities on Sen Lake, capping of soils at the Former Mixing and Loading Area; and construction of structures to filter water runoff and contain transported sediments. The fourth element in this system was construction of a permanent fence between the highly contaminated Sen Lake and surrounding neighborhoods.



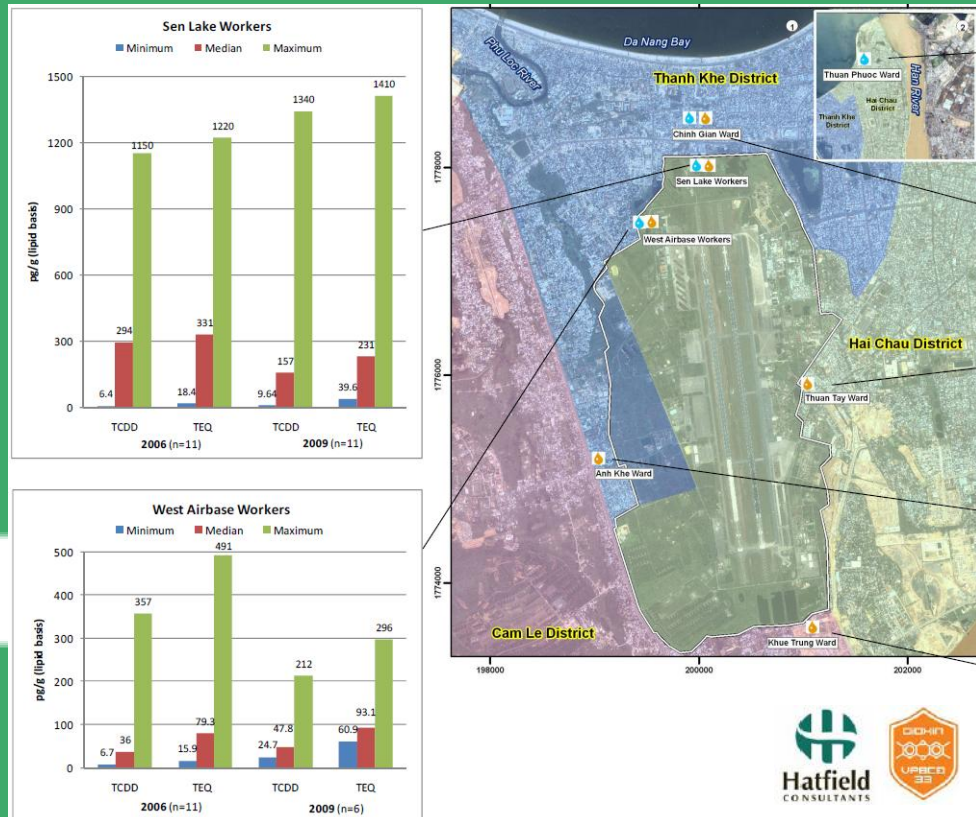
The 2009 environmental and human population studies at Da Nang have now provided a more complete picture of dioxin contaminated areas, exposure pathways and affected populations. Here are several highlights from the study:

--Significant quantities of TCDD, the dioxin contaminant in Agent Orange, were detected in soil samples analyzed from the north end of the Da Nang Airport in December 2006 and again in January 2009. TCDD concentrations ranged from 858 to 361,000 pg/g dry weight in samples from the former Mixing and Loading and Storage areas. These values exceed all international standards and guidelines.

--Dioxin congener profiles confirmed that the main source of dioxin contamination at the north end of Da Nang Airport was Agent Orange and other dioxin containing herbicides. TCDD contributed over 90% of the TEQ in soil and sediment samples.

---Tilapia, the most common fish harvested from ponds at the Da Nang Airport, exhibited TCDD concentrations ranging from 3.70 to 7,920 pg/g wet weight in fat tissues; the median TCDD value was 57.1 pg/g. Health Canada consumption guidelines for edible fish tissue is 20 pg/g wet weight.

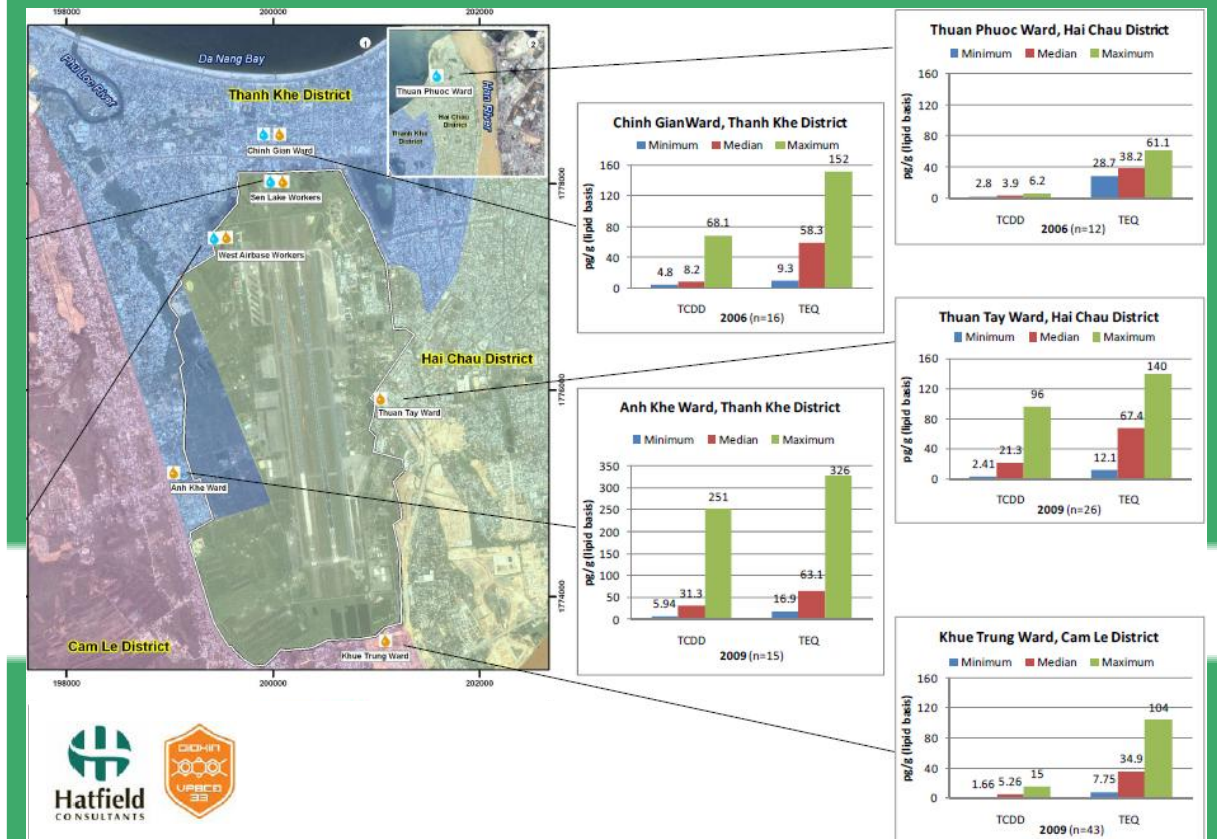
Summary of TCDD and TEQ values (pg/g lipid basis) for human blood samples - 1



--Analysis of 2009 blood dioxin/ furan levels from communities surrounding the airport confirmed elevated concentrations in people living north, east and west of the airport.

--This slide shows dioxin levels for people working or making a living in the north end of the airport: “Sen Lake Workers” and “West Airbase Workers.” Working on the airport increases blood TCDD and TEQ above the background level generated from other sources. The Sen Lake Workers, who were earning a living from fishing for Tilapia, have the highest median concentrations. The maximum TCDD concentration of 1,150 pg/g lipid basis in 2006 was recorded in a 42 year old male who regularly harvested fish and plants from Sen Lake. In 2009, TCDD in the same individual’s blood was 1,340 pg/g lipid basis.

Summary of TCDD and TEQ values (pg/g lipid basis) for human blood samples - 2



--This next slide summarizes results from analyzing blood samples of people in five other neighborhoods in Da Nang, four of them within 1 kilometer of the airport perimeter. Some, but not all, individuals sampled in these four wards exhibited TCDD concentrations greater than 10 pg/g.

The Vietnam Public Health Association in 2006 surveyed the food handling and eating habits of people living near the Bien Hoa airport, a second highly contaminated dioxin hotspot in southern Vietnam. From these data they prepared targeted messages and extension materials to increase people's attention to food safety. The Public Health Association is currently carrying out a similar project for Da Nang City.



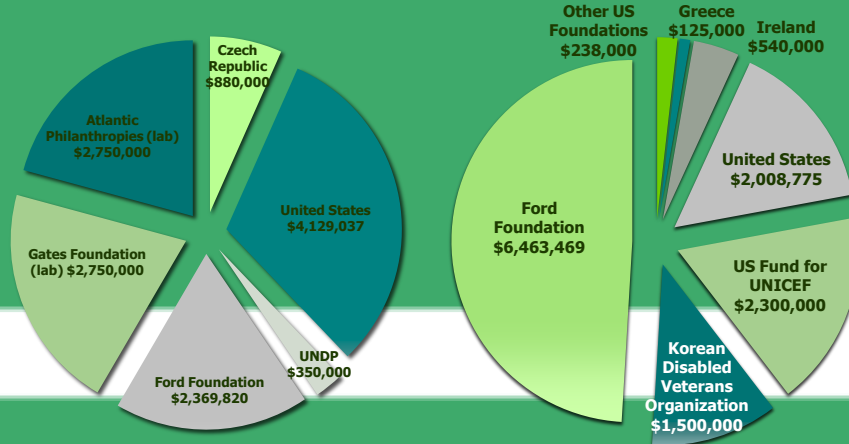
The final stage of environmental remediation is of course the actual clean-up, or neutralization of dioxin. Dr. Dang Thi Cam Ha of Vietnam's Institute of Biotechnology has demonstrated in her laboratory microbes that digest dioxin. The Vietnam Academy of Science and Technology, the Ministry of Defense and the US Environmental Protection Agency are now conducting a joint study, shown here, to measure whether this biotechnology can neutralize dioxin in larger volumes of soil. The study is being conducted at the Da Nang airport hotspot. Results so far show great promise for a clean-up technology that is effective, safe and low-cost.



Emerging Results: Health care and other services to people with disabilities

This second pie-chart shows the sources of funding for health care and other services to people with disabilities, again through the end of September.

Total Donor Support So Far: \$29 Million



Clean-up: \$13 million

Services to People with Disabilities
\$13 million

And here is a boy receiving physical therapy at a community rehabilitation center in Phu Cat district, near the third major hotspot in Binh Dinh province.



The needs of the person with a disability change as they grow and develop into young adults; and these needs vary from person to person and family to family. As a consequence, programs of assistance need to be flexible, responding to each family's situation, comprehensive, offering a range of high quality services, and inclusive, reaching everyone in need.

So, the challenge of the Agent Orange legacy of the Vietnam War is to focus resources—funds and expertise—to ensure healthy families, and more particularly, to ensure that people with disabilities in Vietnam can live with self-confidence and self-respect, and to the extent possible, maximize their capabilities.



This challenge is also an opportunity to transform systems, not only through new facilities, equipment and new training curricula but also through concepts such as early detection and intervention, the case management system and inclusive education.

Conclusion

In conclusion, we need a multi-year legislated commitment to reducing and removing, to the extent possible, the agent orange legacy of the Vietnam war. This would mean a significant increase in US funding for healthcare and other social services for people with disabilities and for environmental clean up. Most importantly, these efforts should be directed specifically to those areas of Vietnam which are agent orange high impact areas.

**“Congress must increase the
U.S. commitment to do justice
to this continuing environmental
and health disaster.”**

Boston Globe editorial, September 3, 2009

I think the *Boston Globe* has got it right.

Thank you.