

SPECIAL REPORT

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US Assistance to Vietnamese Families Impacted by Agent Orange

By Susan Hammond and Đặng Quang Toàn



Project RENEW works in Quảng Trị, Vietnam, on January 14, 2010. The group supports victims of landmines and Agent Orange as part of its mission. (Photo by Le Quang Nhat/AP)

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Summary

- US-Vietnamese cooperation on the wartime use of Agent Orange took two decades to develop, but since 2007, the US Congress has allocated over \$139 million to support programs that assist Vietnamese people with disabilities in areas where Agent Orange was heavily sprayed.
- Most of this funding has provided rehabilitation services for those with mild to moderate disabilities “regardless of cause.” Yet many people considered to be Agent Orange victims have significant disabilities that require round-the-clock care and cannot be effectively treated by medical interventions alone.
- In Vietnam, households with disabilities are twice as likely to live in poverty than are households without disabilities. However, economic support to Agent Orange victims from the Vietnamese government makes only a small difference in addressing the costs of care.
- Interviews with Vietnamese NGOs that provide nonmedical support highlighted the types of help that victims and their families need and how best to provide it. The US and Vietnamese governments, working with these NGOs, can better help victims by collaborating more closely, devoting more resources to the provision of nonmedical needs, and fully engaging victims and their families in the programs that support them.



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ABOUT THE REPORT

This report examines US-funded assistance for the victims of Agent Orange in Vietnam. It describes models used by multiple organizations, summarizes learning and impacts to date, and makes recommendations for US government and nongovernmental donors. Sources for the report include interviews with 14 nongovernmental organizations that provide direct, nonmedical support to people with disabilities. The report was commissioned by the Southeast Asia program at the United States Institute of Peace.

ABOUT THE AUTHORS

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A worker sprays water over stones to be used in the construction of a silo for storing soil contaminated with dioxin at the site of a former U.S. air base in Danang, Vietnam, on April 24, 2013. (Photo by Hau Dinh/AP)

Introduction

From 1961 until 1971, the US military sprayed about 20 million gallons of herbicides in southern Vietnam in an effort to control the vegetation that was concealing their adversary and to kill crops that were believed to be sustaining them.¹ Two-thirds of the chemicals used were Agent Orange.² Although it was widely believed at the time to be harmless to humans, Agent Orange and other herbicides contained toxic levels of dioxin that have caused health effects and disabilities among both US veterans and Vietnamese who were exposed.³ The US Department of Veterans Affairs now recognizes 19 types of cancers and illnesses associated with direct exposure to Agent Orange, as well as spina bifida in offspring of male veterans.⁴

US-Vietnamese cooperation to address the effects of Agent Orange in Vietnam took two decades to develop. Since 1989, the US government has contributed more than \$155 million to assist people with disabilities in Vietnam.⁵ Beginning in fiscal year (FY) 2007, US-funded disability programs have concentrated on providing services to people with significant disabilities in areas where Agent Orange was heavily used. In addition, the United States has provided over \$300 million to date for environmental remediation at air bases in Danang and Biên Hòa where Agent Orange was stored. During his visit to the United States in May 2022, Vietnamese prime minister Phạm Minh Chính stated that cooperation on war legacy issues has been a highlight in bilateral relations with the United States and has been important for the process of reconciliation

US support for Vietnam to develop and implement its first Law on Persons with Disabilities . . . has begun to show results, with more people learning about their rights and benefiting from social welfare programs that provide disability and health benefits.

and healing between the two nations. It has led to greater understanding and helped enable cooperation in other areas, including peacebuilding.⁶ While appreciative of the support to address war legacies in Vietnam, Prime Minister Chính expressed concern that more needs to be done to assist those in Vietnam believed to be Agent Orange victims, including through the provision of livelihood support.⁷

Estimates of the number of Agent Orange victims vary.

As many as 4.8 million Vietnamese may have been exposed to dioxin, with at least 1 million experiencing health and disability effects.⁸ The largest number were directly affected by spraying during the war (so-called first-generation victims). The Vietnam Red Cross estimates that about 150,000 children have been born with birth defects linked to Agent Orange exposure, while the Vietnam Association of Victims of Agent Orange (VAVA) has given figures of 150,000 second-generation victims, 35,000 third-generation victims, and 2,000 fourth-generation victims.⁹

US disability assistance to date has primarily benefited those with minor to moderate disabilities who are able to benefit from medical intervention and integrate into the workforce and their communities and schools with available assistance and accommodations. US support for Vietnam to develop and implement its first Law on Persons with Disabilities, enacted in 2010, has begun to show results, with more people learning about their rights and benefiting from social welfare programs that provide disability and health benefits.¹⁰

However, the people with the most significant disabilities in Vietnam, including many of those believed to be impacted by Agent Orange, are not fully benefiting from these US-funded programs. For these individuals, rehabilitation is often not effective, and there is little that can be done medically to address their situations. Many are confined to their beds and require at least one family member to provide round-the-clock assistance. Even if only one member of a family is disabled, the entire family is impacted. Many families suffer from multidimensional poverty and are unable to achieve a stable and secure life. Much more effective types of support are needed for individuals with the most significant disabilities and their families. They require primarily *nonmedical interventions* that improve their livelihoods, living situations, and overall quality of life.

This report begins by outlining the background of US-Vietnamese cooperation to support Agent Orange victims and describing the trajectory of congressional appropriations since 2007 to fund the cleanup of dioxin hot spots around former US military facilities and to provide medical services for victims. After outlining the economic support provided by the Vietnamese government to disabled individuals and their families, the report then examines the ways in which American and Vietnamese nongovernmental organizations (NGOs) are providing nonmedical support in the form of social, educational, and livelihood support services for Vietnamese families. The report describes models of nonmedical support programs used by multiple organizations, assesses the effectiveness of the programs, and calculates the cost of extending nonmedical support to all victims with significant disabilities. The report concludes by recommending three priorities that should be adopted by governments and NGOs to address the comprehensive nonmedical needs of Agent Orange victims with significant disabilities.

As the report argues, if nonmedical support programs were scaled up or expanded nationwide to complement existing US and Vietnamese government resources, they could provide more comprehensive support to people with significant disabilities. If targeted toward those who are believed to be impacted by Agent Orange, these programs would help resolve one of the largest remaining legacies from the US war in Vietnam.

US-Vietnamese Cooperation

The US and Vietnamese governments have been cooperating since 1985 on the legacies of the war in Vietnam, starting with recovery of US personnel missing in action and then moving on to address the impacts of unexploded ordnance in 1994. It was not until nearly 10 years after the normalization of diplomatic relations with Vietnam that the two countries began to work together to address the impacts of Agent Orange.¹¹ The path to this cooperation was not smooth.

Doctors began to express concerns about the health impacts of Agent Orange in Vietnam during the war, when staff at the main obstetrics hospital in Saigon began to see an alarming rate of stillbirths with malformations and children born with significant disabilities. Doctors in Hanoi also became concerned about high rates of liver cancer among veterans who served in the south as well as birth defects among the children born after veterans returned from the south.¹²

Before and after the normalization of relations in 1995, Vietnamese government officials frequently raised their concerns about the impacts of Agent Orange with US government officials.¹³ It became a contentious issue between the United States and Vietnam because the two governments could not agree on how to address this war legacy. The United States maintained that there was no scientific evidence that Agent Orange caused birth defects in the offspring of those exposed during the war.¹⁴ The US government accused the Vietnamese of claiming that every person with a disability was a victim of Agent Orange.¹⁵ Although studies of populations in Vietnam have shown an increased rate of birth defects among those whose parents were exposed to Agent Orange, the US government has still not acknowledged that Agent Orange is responsible for these disabilities.¹⁶

US statements questioning the impacts of Agent Orange were difficult for the Vietnamese to accept as they were aware of the support the US government was providing to US veterans exposed to Agent Orange, including veterans' children with spina bifida. The stalemate on the Agent Orange issue hindered efforts to achieve fully normalized postwar relations and to build a stronger relationship.

Frustrated with lack of progress on the diplomatic front, the Vietnam Association of Victims of Agent Orange (VAVA) formed in late 2003. The organization filed a lawsuit against the US chemical companies that produced the dioxin-contaminated herbicides. Although it failed in court, the lawsuit raised awareness throughout Vietnam and the world about the long-term health impacts of Agent Orange. This put greater pressure on the Vietnamese and US governments to find a way to confront what the US ambassador described in 2002 as “the one significant ghost remaining” from the war.¹⁷ In the early 2000s, the US and Vietnamese governments found a way to cooperate to address the issue of dioxin contamination on former US bases. Extensive testing



US president George W. Bush and Vietnamese president Nguyễn Minh Triết review an honor guard at the Presidential Palace in Hanoi on November 17, 2006. During the visit, the leaders released a joint statement agreeing to cooperate on remediating dioxin contamination sites in Vietnam. (Photo by Gerald Herbert/AP)

by Vietnamese and international scientists found high levels of dioxin contamination on bases where the herbicides were used, stored, and loaded onto airplanes.¹⁸ These findings were hard for the United States to refute. In a 2006 joint statement issued by President George W. Bush and President Nguyễn Minh Triết of Vietnam, the two countries agreed “that further joint efforts to address the environmental contamination near former dioxin storage sites would make a valuable contribution to the continued development of their bilateral relationship.”¹⁹

This statement opened the door for the US Congress to allocate the first funding in 2007 “for the remediation of dioxin contaminated sites in Vietnam, and to support health programs in communities near those sites.”²⁰ Senator Patrick Leahy, who served for decades on the Senate Appropriations Committee’s State, Foreign Operations, and Related Programs Subcommittee, was instrumental in getting this and subsequent allocations passed. In 2015, Leahy stated that his goal was “to turn Agent Orange from being a symbol of antagonism and resentment into an area where the U.S. and Vietnamese governments can work together.”²¹ He also felt that the United States had a moral obligation to act.

Congressional Funding for Programs

Since 2007, Congress has allocated \$496.3 million to help the Vietnamese address the environmental and health impacts of Agent Orange, with the annual allocations showing an upward trend overall, starting at \$3 million in 2007, rising to \$30 million ten years later, and reaching \$50 million in 2023 (see table 1). Most of this funding, \$336 million, has focused on addressing dioxin contamination at the two largest hot spots, the former US military bases at Danang and Biên Hoà, outside of Ho Chi Minh City (Saigon), where the herbicides were stored and loaded onto airplanes.²²

Of the \$139.3 million allocated for disability programs linked to Agent Orange, the majority has been used to provide rehabilitation support, develop disability policy, and promote disability rights in Vietnam. The US Agency for International Development (USAID) has sought to assist people with disabilities “regardless of cause,” rather than target only those believed by the Vietnamese government and social organizations to be Agent Orange victims. Motivated by both equity and potential liability concerns, the United States was able to sidestep the difficult—and in some cases impossible—task of identifying the cause of a particular individual’s disability and has avoided treating one group of people with a particular disability differently from others with the same disability.²³

From FY 2007 to FY 2010, funds for environmental remediation and health programs were combined. In 2011, the 112th Congress appropriated separate funds for “related health activities,” starting with \$3 million. From FY 2014 until FY 2021, Congress designated funds for “health and disability programs in areas sprayed with Agent Orange or otherwise contaminated by dioxin.” Notably, in 2016, the 114th Congress tightened the beneficiary focus by recommending that funds for health and disability assistance must support “persons with severe upper and lower body mobility impairment and/or cognitive or developmental disabilities.” From 2017 to 2021, annual appropriation bills followed the same language.

The US Consolidated Appropriations Act of 2022 marked another evolution in the language used to describe the purpose of the funds, explicitly mentioning the potential cause of disabilities: “\$15,000,000 shall be made available for health and disability programs to assist persons with severe physical mobility, cognitive, or developmental disabilities that may be related to the use of Agent Orange and exposure to dioxin.”²⁴ This language was preserved in the US Consolidated Appropriations Act of 2023, which allocated \$30 million “to assist persons with severe physical mobility, cognitive, or developmental disabilities: provided, that such funds shall be prioritized to assist persons whose disabilities may be related to the use of Agent Orange and exposure to dioxin, or are the result of unexploded ordnance accidents.”²⁵

Although the US appropriations language was ambiguous until 2022, there has always been an implicit understanding between Hanoi and Washington that the appropriated funds constitute American efforts to mitigate the health and disability effects of Agent Orange in Vietnam. Today, Vietnamese leaders laud American assistance to individuals with disabilities and those affected by dioxin as examples of growing bilateral cooperation in overcoming the consequences of war. Meanwhile, USAID/Vietnam (as USAID refers to its Vietnam office) also recognizes the health and disability programs as “a part of the US government’s efforts to address the legacies of the US-Vietnam War.”²⁶

TABLE 1. CONGRESSIONAL APPROPRIATIONS TO ADDRESS AGENT ORANGE/DIOXIN ISSUES IN VIETNAM, FISCAL YEARS 2007–20

Public law	Fiscal year	Total amount (in US\$ millions)	Environmental remediation (in US\$ millions)	Health-related activities (in US\$ millions)
P.L. 110-28	2007	3.0	—	—
P.L. 111-8	2008	3.0	—	—
P.L. 111-117	2009	3.0	—	—
P.L. 111-212	2010	12.0	—	—
P.L. 112-10	2011	18.5	15.5	3.0
P.L. 112-74	2012	20.0	15.0	5.0
P.L. 113-6	2013	19.3	14.5	4.8
P.L. 113-76	2014	29.0	22.0	7.0
P.L. 113-235	2015	22.5	15.0	7.5
P.L. 114-113	2016	32.0	25.0	7.0
P.L. 115-31	2017	30.0	20.0	10.0
P.L. 115-141	2018	45.0	35.0	10.0
P.L. 115-232	2019	15.0	15.0	—
P.L. 116-6	2019	32.5	20.0	12.5
P.L. 116-92	2020	15.0	15.0	—
P.L. 116-94	2020	33.0	20.0	13.0
P.L. 116-260	2021	33.5	19.0	14.5
P.L. 116-283	2021	15.0	15.0	—
P.L. 117-81	2022	15.0	15.0	—
P.L. 117-103	2022	35.0	20.0	15.0
P.L. 117-263	2023	15.0	15.0	—
P.L. 117-328	2023	50.0	20.0	30.0
Total		496.3	336.0	139.3

Note: For fiscal years 2007–10, funds for environmental remediation and health programs were combined.

Sources: Appropriations for fiscal years 2007–21 are compiled in Michael F. Martin, “U.S. Agent Orange/Dioxin Assistance to Vietnam,” CRS Report No. R44268, version 26-updated, Congressional Research Service, February 10, 2021. Appropriations for fiscal years 2022 and 2023 can be found at www.congress.gov.

Between 2007 and 2019, 14 organizations, including 7 Vietnamese NGOs, received over \$58 million from the funding appropriated by Congress for Agent Orange–related disability and health programs.²⁷ More than three-quarters of this funding, provided via USAID, supported the medical needs of people with disabilities, funding the capacity development of organizations providing medical and rehabilitation services to people with disabilities; improvements in the quality of prosthetic and orthotic services; the provision of physical, occupational, and speech therapy; and the provision of adaptive equipment. Other programs focused on disability rights and inclusion, developing the capacity of Vietnamese organizations working with people with disabilities, and implementation of Vietnamese policies related to people with disabilities.

Although located for the most part in areas sprayed with Agent Orange, most USAID-funded projects did not specifically target people believed to be impacted by Agent Orange.²⁸ They tended to reach people with less significant disabilities for whom medical intervention was a priority. These factors left out a large percentage of people believed to be Agent Orange victims.

In 2019, USAID and the Vietnamese Ministry of Defense signed a memorandum of intent to “support persons with disabilities in Vietnamese provinces sprayed with Agent Orange.” In his remarks at the signing, the US ambassador, Daniel Kritenbrink, noted, “Our goal, simply put, is to improve the quality of life for persons with disabilities here in Vietnam. We are and will continue to do that by working with our partners to create a comprehensive service system that supports caregivers as well as persons with disabilities.” He went on to state that this new focus “means providing support at the home level to those with severe disabilities, the provision of assistive technology to help with daily living, or connecting them and their families to economic and social support.”²⁹ The Vietnamese and US governments agreed to do the following:

- Cooperate to expand health care and rehabilitation services
- Expand social inclusion and improve the quality of life
- Improve policies and public attitudes, reduce barriers, and increase social inclusion
- Strengthen capacity in the implementation of support activities³⁰

The memorandum reflects the intent of Congress to focus assistance on people in areas “heavily sprayed with Agent Orange.”³¹ In late 2015, USAID/Vietnam implemented the Vietnam Disability Project (VDP), targeting areas sprayed with Agent Orange or otherwise contaminated by dioxin. The first phase of the VDP lasted from 2016 to 2020, with the initial committed funding of \$21 million targeting six heavily sprayed provinces: Tây Ninh, Bình Phước, Thừa Thiên–Huế, Bình Định, Quảng Nam, and Đồng Nai. The second phase of the project (2020–25), with \$65 million in assistance, added Quảng Trị and Kon Tum provinces, for a total of eight. The number of people with “severe” or “very severe” mobility, intellectual, or mental disabilities in these provinces is around 99,000.

Currently, the funding from USAID is implemented by seven main partners: Humanity and Inclusion, Vietnam Assistance for the Handicapped, the Center for Creative Initiative in Health and Population, the Center for Social Initiatives Promotion, the Center for Community Health Research and Development, Action to the Community Development Institute, and the Institute for Population, Health and Development. All but the first two are Vietnamese NGOs. There are also several other Vietnamese organizations—among them VAVA, Project RENEW, and the

Fund for Genetic Counseling and Disabled Children (FGCDC)—that are receiving subgrants from the main implementing partners.

While the scope of USAID-funded programs includes “economic and social support,” current funding is still primarily centered on addressing the rehabilitation needs of persons with disabilities, training caregivers and providing them with peer counseling and psychological support, improving policy implementation and access to public services and transportation for persons with disabilities, and promoting disability rights and social inclusion. There is little focus on economic support for people with disabilities or their families. Currently, USAID is funding a few small pilot projects for income-generation activities. These include a project by Disability Research and Capacity Development Center to provide access to working capital, equipment, and scholarships to support around 100 families in Tây Ninh, Đồng Nai, and Bình Phước provinces; and a project coordinated by the Research Center for Inclusion to provide income-generation support to 30 families in Quảng Trị, Quảng Nam, and Thừa Thiên–Huế provinces.³² USAID also supports a project working with 10 companies in south central Vietnam to promote inclusive employment, as well as a recently announced project to spur job creation for people with disabilities and victims of Agent Orange in the southern province of Bạc Liêu.³³

As the following section describes, modest levels of economic support are provided by the Vietnamese government to those who meet the government’s definitions of an Agent Orange victim or a severely disabled person. Persons with disabilities who qualify for this support do so regardless of their income level. Otherwise, victims who need direct economic support are reliant on Vietnamese and international NGOs.

Vietnamese Government Economic Support

For the purpose of certifying a person as being an Agent Orange victim, the Vietnamese government requires a person to have been directly exposed to Agent Orange during the war and have one of the cancers or illnesses found to be associated with exposure to dioxin. In addition, the descendant of someone directly exposed who has an illness or disability associated with exposure to Agent Orange may also be classified as an Agent Orange victim.³⁴ (The list of illnesses used in this certification process is similar to the list of conditions that the US Department of Veterans Affairs classifies as connected to exposure to Agent Orange.)³⁵ However, the greater focus in Vietnam is on the children, grandchildren, and great-grandchildren of those exposed to Agent Orange who were born with one of the more than 31 types of birth defects believed by the Vietnamese government to be associated with Agent Orange or with a birth defect that has no family history.³⁶ (These include many of the same birth defects that make children of US female veterans eligible for VA benefits due to their mother’s service in Vietnam.)³⁷

In Vietnam, people who are judged to have given “meritorious services to the revolution” (e.g., volunteer soldiers who fought for North Vietnam in the Vietnam War) and their offspring who have been certified as Agent Orange victims qualify for a monthly stipend.³⁸ Currently, more than 350,000 Vietnamese receive this monthly allowance, but it is unknown how many

are war veterans and how many are their descendants born during or after the war.³⁹ This stipend is administered by the Ministry of Labour, War Invalids and Social Affairs (MOLISA). Under the Agent Orange program, children certified as having particularly severe disabilities receive (as of September 2023) a monthly stipend of 2,055,000 dong (\$87.48). A child certified as having a severe disability receives a monthly stipend of 1,233,000 dong (\$52.49).⁴⁰

MOLISA also implements a social benefits program for people with disabilities, including those whose disabilities may have been caused by Agent Orange but whose parent or grandparent did not provide meritorious services to the revolution. The program is limited to those certified as “severely or particularly severely disabled,” a category that encompasses approximately 30 percent of people with disabilities in Vietnam.⁴¹ As of July 2023, the monthly disability payments for a person with a severe or particularly severe disability range from \$23.00 to about \$38.40 per person. A caregiver may qualify for \$15.40 per month.⁴² Nearly 1.1 million people receive these benefits.⁴³ People with disabilities also qualify for free or reduced tuition, scholarships for educational expenses, access to vocational programs, free or reduced public transportation, free legal aid, and low-interest loans to establish businesses.

These payments and benefits, though welcomed by the families, have been shown to make only a small difference in addressing the added costs of caring for a person with a disability.⁴⁴ Even with free national health insurance, there are still extensive costs for medical care, including the need to hire a vehicle for transportation to a medical center at the provincial level or in one of the major metropolitan areas.

NGOs and the Provision of Nonmedical Support

In order to learn more about the types of projects in Vietnam that provide nonmedical assistance, interviews were conducted with representatives of 14 organizations that provide direct support to people with disabilities, including those impacted by Agent Orange. (They are listed, along with a brief description of the kinds and geographic scope of services they provide, in the appendix at the end of the report.) The interviews were conducted in Vietnamese in June 2022.

Ten of the organizations are located in Quảng Trị, Thừa Thiên–Huế, Quảng Nam, Đồng Nai, and Tây Ninh provinces, all of which were heavily sprayed with Agent Orange and are currently the focus of USAID funding. Two are based in Danang. One is located in Hà Nam, a northern province near Hanoi that sent many soldiers to fight in the south during the war. The other organization was the national headquarters of VAVA, which is located in Hanoi.

Several of the 14 organizations are current or past recipients of USAID funding. These include VNAH and Action to the Community Development Institute. In March 2022, VAVA began a project that is funded by USAID in collaboration with the Center for Social Initiatives Promotion with a focus on access to rehabilitation, policy implementation, and capacity building for VAVA. In August 2022, Project RENEW and FG CDC began a USAID-funded program coordinated by the Center for Creative Initiatives in Health and Population to provide physical rehabilitation and

home-based care services in Quảng Trị, Quảng Nam, and Thừa Thiên–Huế provinces. VietHealth received USAID funding for an early detection and intervention program for children with disabilities from 2015 to 2022.

DIFFERENT MODELS, SHARED TRAITS

Most of the interviewees stated that their organizations view persons with disabilities primarily through a medical model—that is, disability is an individual condition that requires treatment. In this model, disability is often seen through a “negative” lens and focuses on the individual’s weakness and dependence on others. Most of the organizations interviewed, it should be noted, focus on persons who face many difficulties in their lives and need a great deal of help in self-care.

Other organizations, however, see persons with disabilities through a social model that looks at disability as the inability to participate at home or in the community due to restrictions placed on the individual.⁴⁵ This model sees the environment as disabling and thus focuses on how to change the environment and society around the individual to enhance their ability to function.

Despite reflecting different models of disability, the nonmedical support programs run by these organizations share significant traits:

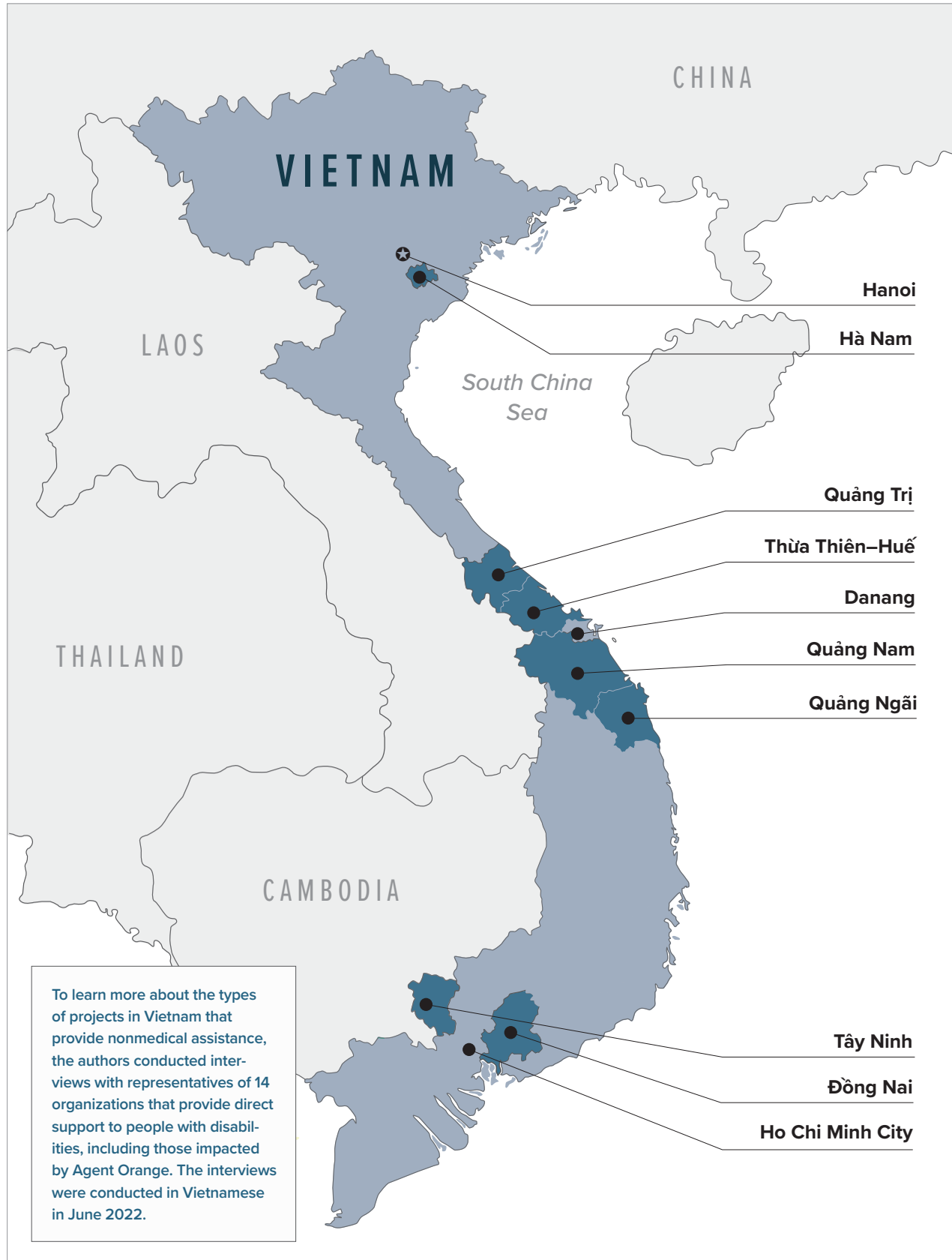
- They focus their efforts on districts in their geographical area that have the highest number of people with disabilities.
- They give priority to those who have significant or multiple disabilities, who are often described as being Agent Orange victims.
- Most participants in their programs have been certified as persons with disabilities by the local authorities or are currently in the process of being certified.
- The majority of participants certified as having a “severe” or “particularly severe” disability are receiving some level of social assistance from the Vietnamese government in the form of monthly stipends, health insurance, and/or educational benefits.
- Many families supported by the organizations have at least one caregiver who must remain at home to provide full-time care for the person with a disability.
- Most of the organizations require families to show a financial need and be considered among the poorest in their community.
- Most participating families are currently not receiving any other support beyond disability benefits from the government, although they may have received some other support in the past.

TYPES OF NONMEDICAL SUPPORT PROGRAMS

Each of the organizations interviewed devotes at least some of its work to the provision of nonmedical support for people with disabilities and their families. This type of support primarily focuses on improving the livelihoods, living situations, or social integration of persons with disabilities and their families. Several of the organizations interviewed stated that they provide nonmedical support because Agent Orange victims and other people with disabilities and their families face many difficulties that are not being addressed.

AREAS IN VIETNAM SERVED BY ORGANIZATIONS INTERVIEWED

Adapted from artwork by Rainer Lesniewski/Shutterstock.



The type of support provided varies from organization to organization. Some organizations provide more than one type of nonmedical assistance in the regions where they work, and even a single family may receive different types of support. The most common types of support fall into the following seven categories.

Livelihood support. These programs aim to improve the economic conditions of people with disabilities and their families. Because most projects are located in rural areas, livelihood support most often takes the form of training families in animal husbandry and helping them purchase pigs, cows, and water buffalo to breed. Other types of livelihood support projects help families set up or expand a small at-home business such as a sundries shop, a café, a tailoring shop, aquaculture ponds, or a repair shop. Some of these projects are implemented by giving the family a low- or no-interest loan. Others provide seed money or grants that may need to be matched by the family.

Improving living conditions. These programs involve building or repairing housing, replacing leaky roofs, constructing accessible bathrooms, digging wells or piping water to the home, building ramps, and making improvements to accessibility. These projects are often conducted in collaboration with other organizations to share the construction costs.

Educational support. Even though people with disabilities who attend school are eligible for free or reduced tuition as well as scholarships for school expenses, they often need additional support to cover all the costs. In some cases, siblings receive scholarships in order to encourage them to stay in school. Other forms of educational support may include the provision of bicycles (to ride to and from school) and internet access.

Financial assistance. Such programs involve the provision of low- or no-interest loans, monthly stipends, or grants to address unexpected costs such as funerals or to enable a family to weather a difficult financial situation created, for instance, by the loss of a job or the death of a wage earner.

Caregiving training and support. These programs teach parents caregiving skills, encourage them to participate in support groups, give them information about disability rights, and provide them with assistance to certify their children as disabled in order to receive benefits.

Social integration. These programs help people with disabilities to integrate into their local communities or to network with others, for example by setting up activities outside the home or establishing peer support groups for people with disabilities.

Comprehensive support. Multiple agencies or organizations may collaborate to provide comprehensive, or “wraparound,” services to address the multiple needs of people with disabilities and their families.

In all these types of programs, participants are selected through consultation with district-level and subdistrict (commune)-level authorities, known as People’s Committees, which are responsible for allocating the budget and human resources for disability programs. The subdistrict civil servant in charge of cultural and social issues identifies individuals to be added to the official list of persons with disabilities, certifies the list, and administers disability benefits. (Most organizations, including international NGOs, work closely with People’s Committees to implement their programs.) VAVA may also be consulted about the selection of program participants, because it maintains lists of people considered to be victims of Agent Orange.

Home visits are conducted by the staff of the implementing NGO to determine the specific

needs of a prospective participant and to ensure that the program has the capacity to address those needs. The resulting assessment identifies the level of disability and the constraints that make it harder for that person with a disability to function at home and in the community. Assessments determine the amount of care that is required and how that impacts caregivers' abilities to work or farm their fields. The screening process documents the quality of housing and sanitation, the monthly income of the family, and the amount of support received from other family members and government or nongovernmental programs. Assessments cover not only individuals with disabilities but also their siblings, parents, and other family members.

Over the course of a program, frequent visits are made by staff or local partners (who may be local government officials, local authorities at the district level, or local volunteers) to oversee and monitor the implementation of the specific support being provided. During these visits, families are interviewed and asked how the program is benefiting them and if there are any problems that must be addressed or changes that need to be made to make the project more successful.

How Effective Are Nonmedical Support Programs?

Only a few of the programs conducted by the organizations interviewed have been externally evaluated. However, many organizations conduct internal reviews of their ongoing programs and incorporate lessons learned into their future endeavors.

Organizations determine how a family has benefited from a program by comparing its economic and living situation before the program began with the situation after a year or so. For programs that provide training, equipment, or other support for caregivers, benefits are determined by assessing whether or not these inputs resulted in easier or better care for the persons with disabilities and whether the caregivers continue to use the techniques they learned. Scholarships for children with disabilities and their siblings are considered to be successful if the children remain in school and intend to continue their education.

Organizations state that most livelihood programs result in improvements in family income, although animal husbandry projects are less successful in more urban locations. Organizations also note that there are nonmonetary benefits, including positive changes in family behavior toward the persons with disabilities and an overall improvement in family quality of life. VAVA chapters note that families appreciate being part of a larger community of people impacted by Agent Orange. Organizations also report changes in the attitudes of local government officials and local partners and greater understanding of the needs of people with disabilities and their families.

Organizations report that the most effective programs are those that have active participation from local authorities, volunteers, or staff and open lines of communication between all parties. One of the lessons learned during the implementation of nonmedical support programs is that it is important for the success of the program that the person with a disability or the family as a whole makes the final decision on which type of support the family needs the most and that they

are able to be active participants. Another lesson is that for programs to be successful, families need to be committed to the project and understand what is expected of them. Likewise, local government counterparts need to understand their roles and responsibilities.

Each type of program has its own set of factors that contribute to a successful outcome. For instance, according to interviewees, the most common type of livelihood support program focuses on animal husbandry, and most often this is the raising of cattle. Research shows that cattle production improves farmers' incomes and can contribute to poverty alleviation.⁴⁶ Animal husbandry programs are found to be more successful when

- a capable family member has time to care for the animal;
- families receive training in raising livestock;
- families are required to contribute toward the cost of the animal and/or the construction of the stable or pen;
- families are allowed to select their own animals from those available in the local community;
- veterinarians examine the animals before purchase and remain involved throughout the breeding and pregnancy process;
- the animals purchased are old enough to reproduce or are already pregnant;
- nearby land for grazing is available, along with silage and water; and
- there is communication between families and program staff or local officials to address issues such as outbreaks of disease, a change in family situation, and fair prices when families need to sell the livestock.

Some livestock programs require that the animals' first offspring be given to the project, which then gives it to another family in need. Other programs require that the low- or no-interest loan for the purchase of the animal be paid back over a set period, with the payments being used to help another family.

The interviewees noted that livelihood programs that support a small business are more successful when funds are used to expand or support an existing home-based business rather than to launch a new business. Success also requires that

- families have the time, knowledge, and experience needed to run a small business;
- the business is in a location where there is a steady customer base;
- sufficient infrastructure exists to enable the business to be established or expanded;
- training is provided if the business is a new venture, and training continues as the business develops; and
- families are patient and persistent, as these ventures often take time to build and to show a return on investment.

In addition to furnishing these examples of factors that promote success in general, the interviewees cited specific programs that they considered to be effective. For instance, VAVA and the Red Cross in Quảng Nam province mentioned their livelihood support projects with

extensive outreach at the commune level.⁴⁷ These two organizations also have networks of volunteers that can be tapped to provide mentoring and peer support for people with disabilities and their families. Both already work closely at the local level with sociopolitical and people's organizations—such as the Fatherland Front, the Women's and Youth Unions, the Veterans' Association, and organizations of persons with disabilities—to access additional resources and volunteers.

A good example of a comprehensive support model is the Hope System of Care, which was developed by Children of Vietnam to provide wraparound services to children with disabilities. The project establishes a care management team that includes representatives of the local People's Committee; MOLISA; the Department of Health; the Department of Education; and other relevant agencies responsible for implementing the support children and their families need. The wraparound services comprise health care, rehabilitation and nutrition, education and vocational training, livelihood support and microloans for poor families, housing and accessibility, and integration into the community through community activities and access to local resources. Caregiver support is also a key aspect of the program and is designed to help parents learn caregiving skills as well as to network with and support each other.

With local staff and volunteers down to the hamlet level, the Quảng Nam Red Cross is able to provide nonmedical support to people with disabilities who live in rural areas. The organization prioritizes those with significant disabilities who require at least one family member to provide full-time care. This type of support is customized to address the most pressing needs of persons with disabilities or their families and may include livelihood support, home renovations, scholarships for persons with disabilities or their siblings, or adaptive equipment. Most often, families choose to raise cattle, and the Red Cross does not require families to repay a loan or to contribute the cattle's first offspring. Therefore, families are able to see an improvement in their financial situation within a year if they choose to sell a calf.

Costs of Expanding Nonmedical Support

In 2015, the Vietnamese government began to use national multidimensional poverty (MDP) indices as a way to measure disparities and identify poor households that are eligible for program support, as well as for poverty reduction and social assistance policies. MDP indices measure income as well as deprivations in terms of housing size and quality, access to clean water and hygienic latrines, education of adults (to at least lower secondary level) and school attendance for children between 5 and 15 years of age, access to health care and health insurance, and use of communication services and access to information.⁴⁸ According to the 2016 National Survey on People with Disabilities in Vietnam, households with disabilities are twice as likely to live in multidimensional poverty than are households without disabilities. The greatest deprivations found among persons with disabilities was in access to education, sanitation, and housing quality. These deprivations were greater in rural areas than in urban areas.⁴⁹

Having a family member with a disability has been shown to increase a family's cost of living by as much as 12 percent, due to increased costs of medical care, transportation, food, personal care, and other expenses.⁵⁰ In addition, there is the loss of income from the person with a disability and, in many cases, from the caregivers who are unable to work outside the home or contribute to farm labor. Children who grow up in households in Vietnam with a parent with a disability have lower enrollment rates than their peers with nondisabled parents, with even lower enrollment rates for poor and rural children with a disabled parent.⁵¹

Programs that focus only on the medical side of disability do not address these nonmedical impacts that affect the whole family and make it difficult for families to move out of the ranks of those suffering from financial as well as multidimensional poverty. Nonmedical support programs can help address some of the inequities faced by families with persons with disabilities.

The number and scale of programs conducted by the 14 interviewed organizations are for the most part limited by access to funding and human capacity. Currently, they reach only a small proportion of people with significant disabilities. The average cost per family ranges from a low of several million dong (around \$100–\$250) for scholarships and small loans up to 50 million dong (\$2,150) for home construction. Animal husbandry and other income-generation programs range from 8 to 20 million dong (\$340–\$860) per family. Support projects that provide wrap-around services cost approximately \$1,000 per family, excluding project management costs.

Scaling up these projects would be possible if more cooperation occurred between the implementing organizations and local government officials. A framework for greater coordination is outlined in the Vietnamese government's Action Plan on Disabilities for 2021 to 2030, which was issued in 2020. The plan defines the role of each government ministry in supporting persons with disabilities and sets concrete goals to be reached by 2030 to improve services and support to people with disabilities. The plan also requests that individual ministries include in their budgets funds to implement programs to support people with disabilities and encourage local and international organizations to contribute to and support the action plan.⁵²

Yet despite the framework established by the Action Plan on Disabilities, NGO programs and government projects still tend to operate independently of each other. Legally registered NGOs in compliance with Vietnamese laws sometimes face difficulties and delays in receiving project approval from national and provincial government agencies. In addition, out of a misplaced concern for equity, local authorities often limit families to receiving only one type of support from one organization at a time even if they have multiple needs. People with severe disabilities in Vietnam have been found to have higher rates of multidimensional poverty than those with moderate disabilities. These rates are particularly high among those who have disabilities that impact self-care, cognition, and communication.⁵³ Due to potential funding constraints, the first priority for nonmedical assistance, therefore, should be people with severe and particularly severe physical and cognitive disabilities. This group includes some people believed to be Agent Orange victims. As shown in table 2, a national program providing nonmedical services to presumed Agent Orange victims with severe disabilities living below the poverty line would cost approximately \$73.6 million, plus project management costs. This figure is attainable if the current annual US congressional appropriation of \$30 million remains the same over the next three years and if the majority of this funding is programmed to focus on nonmedical support programs. In order to

TABLE 2. ESTIMATED NATIONWIDE FUNDING NEEDED FOR NONMEDICAL SUPPORT THROUGHOUT VIETNAM

Beneficiaries	Estimated population	Benefit rate	
		\$500 per person	\$1,000 per person
All people with severe disabilities	1,798,000	\$899,000,000	\$1,798,000,000
People with severe disabilities living in poverty	348,812	\$174,406,000	\$348,812,000
People who may be Agent Orange victims with severe disabilities	379,440	\$189,720,000	\$379,440,000
People who may be Agent Orange victims with severe disabilities living in poverty	73,611	\$36,805,500	\$73,611,000

Note: Population estimates are calculated using the 2016 Household Survey estimate of 6.2 million people with disabilities in Vietnam, of whom 29 percent have “severe” or “particularly severe” disabilities and 80 percent live in rural areas. Of people with disabilities, 19.4 percent were living below the official poverty line; among rural households, this figure was 22.4 percent. Potential Agent Orange victims are calculated using the Aspen Institute’s estimate, based on its Danang research, which found that 10.2 percent of people with disabilities are Agent Orange victims and 60 percent of identified victims have severe disabilities. The resulting estimate is close to the number of Vietnam Association of Victims of Agent Orange members and the number of people receiving Agent Orange subsidies from the Vietnamese government.

ensure that presumed Agent Orange victims receive wraparound services, this additional non-medical support could be combined with the medical support programs currently funded by USAID in eight provinces and through other NGO programs. Both the nonmedical and the medical assistance programs for people with severe disabilities, including those who are not classified by the Vietnamese government as poor, can be expanded over time by reallocating some of the \$20 million the US Congress has been allocating each year for the Biên Hòa dioxin remediation program as that program winds down over the next five years. Priority for future funding should be given to people living in rural areas, where fewer services and resources exist.

Conclusion and Recommendations

For more than 15 years, the US government has funded disability programs that primarily focus on improving the capacity of rehabilitation services and promoting disability rights. However, the funding has only reached a small number of those with significant disabilities who are believed to be Agent Orange victims.

Addressing war legacies, including the impacts of Agent Orange, is a top priority for both the US and Vietnamese governments. As USAID Administrator Samantha Power remarked at a ceremony at the Biên Hòa remediation project in March 2023, “Even after we destroy all the remaining dioxin at this site, that will not remediate the pain that still persists for so many families—those who have severe disabilities.” She went on to say that “the love, compassion, and resilience of these families is extraordinary. But the care they provide should not force them to live in poverty, or keep them

from participating in their communities.” She then noted that the United States has committed to a doubling of US assistance to “help care for persons with disabilities” and to “support those advocating for disability rights and the inclusion of those who have disabilities.”⁵⁴

People with the most significant disabilities need more than individual medical interventions. They need a comprehensive service system that also provides nonmedical support. These services should target not just individuals with disabilities but also their families.

This type of support is already being provided by many NGOs in Vietnam, and their programs offer lessons for USAID and other donors about how to more effectively improve the quality of life of people with disabilities and their families.

The Vietnamese government and Vietnamese citizens and businesses have demonstrated their willingness to provide significant financial and in-kind resources for people with disabilities, especially Agent Orange victims. According to an article published in April 2022 in *Lao Động* newspaper, four Vietnamese organizations raised more than \$40,500,000 in 2021 for programs to support people with disabilities in Vietnam.⁵⁵ Coupled with the funds budgeted to Vietnamese agencies by the Vietnamese government and the funds appropriated each year by the US Congress and other donors (e.g., corporations and individuals who donate to VAVA and other Vietnamese NGOs), these efforts to provide direct nonmedical support would make a significant impact in a short period of time on the lives of those with significant disabilities.

In October 2022, US ambassador to Vietnam Marc Knapper stated at the “Dialogue on War Legacies and Peace in Vietnam, Laos, and Cambodia,” an annual event hosted by the United States Institute of Peace, that the United States and Vietnam have been able to “set aside their differences, acknowledge a shared painful history and confront war legacies” by “taking concrete and meaningful actions over decades to demonstrate good will and build trust.”⁵⁶ If concrete actions are taken to address the comprehensive nonmedical needs of people with significant disabilities, particularly those believed to be Agent Orange victims, this will help the United States and Vietnam to further develop the trust and mutual respect that can serve as the foundation for a close and enduring relationship.

Concrete progress toward this goal requires both governments and NGOs to set and act upon the following three priorities in their work with victims of Agent Orange in Vietnam.

One priority is to devote more resources, time, and attention to providing nonmedical support for persons with significant disabilities. With the unobligated funding already allocated by the US Congress, as well as future appropriations, USAID could fund more programs that seek to improve the ability of families to provide the long-term care required by many people with significant disabilities. By focusing on livelihood support, NGOs can help poor families to increase their income and thus escape multidimensional poverty, build financial security, and have more resources available to care for their loved ones with severe disabilities. In addition, programs should be developed that support housing construction and renovation projects to make homes more accessible for people with disabilities, ensure access to clean water and sanitation, and improve resilience to disasters and climate risks. With these basic needs addressed, families would be better able to attend to the complex needs of family members with disabilities.

A second priority is to foster more and closer collaboration between Vietnamese government agencies and Vietnamese and international NGOs to provide wraparound services for

people with disabilities. Programs that provide support to people with disabilities often work in isolation from one another, each focusing on just one aspect of beneficiaries' needs. More collaboration is needed between governmental and nongovernmental organizations to help them meet the medical, educational, nutritional, social, psychological, livelihood, and housing needs of people with disabilities. Closer collaboration will multiply the effects of each entity's contributions and prevent duplication of efforts.

The Vietnamese government should commit sufficient human and financial resources to ensure that all eligible persons with disabilities have been certified and receive the appropriate social support to which they are entitled. The Vietnamese government should also streamline approval processes for nongovernmental projects that receive foreign funding for their work with people with disabilities.

International and local NGOs can develop the focus for each project, determine criteria for eligibility, and provide the project managers and oversight required so that the comprehensive needs of people with disabilities and their families can be met. Organizations such as VAVA and the Vietnam Red Cross are in a good position to tap into their volunteer networks, as well as local communities, to help address many of the nonmedical needs of people with disabilities. Government agencies and NGOs can work together to contribute the financial resources needed to implement their parts of the projects, such as in the Hope System of Care developed by Children of Vietnam, which is designed to transition over time from providing NGO-funded services to services funded primarily by the provincial and district budgets of the involved government agencies.

The third priority is to fully engage people with disabilities and their families in the programs that support them. Government agencies and NGOs should engage people with disabilities and their families in the program planning processes so that families are able to communicate their most pressing needs, understand their responsibilities to the projects, and have realistic expectations of success. Projects need to be tailored to each family's specific circumstances and take changing family circumstances into consideration. One way to increase involvement of people with disabilities is through cooperation with organizations of persons with disabilities or local chapters of VAVA. People with disabilities should continue to assume more leadership roles in NGOs, as well as in government agencies. Such inclusion is consistent with USAID's best practices for participation of people with disabilities in peacebuilding.⁵⁷

Appendix: Organizations Interviewed

To learn more about the types of projects in Vietnam that provide nonmedical assistance, the authors conducted interviews with representatives of 14 organizations that provide direct support to people with disabilities, including those impacted by Agent Orange. The interviews were conducted in Vietnamese in June 2022.

Organization	Description
Vietnam Association of Victims of Agent Orange (VAVA) <i>active nationwide</i>	<p>A membership organization with chapters throughout Vietnam down to the commune level. VAVA advocates for the rights of those impacted by Agent Orange and mobilizes resources to support them. Types of support include monthly stipends, low- or no-interest loans, livelihood support, home renovations, scholarships, and specialized schools or care centers for children with disabilities.</p>
Hà Nam Association of Victims of Agent Orange <i>active in Hà Nam</i>	<p>Provincial chapter of VAVA that provides support to soldiers who fought in the south of Vietnam and their families that have been impacted by Agent Orange. Support is in the form of income generation, home construction and renovations, scholarships, and nursing care.</p>
Project RENEW <i>active in Quảng Trị</i>	<p>A Vietnamese organization supporting disabled victims of landmines and Agent Orange in addition to conducting its primary mission of removing unexploded ordnance and conducting mine risk education. It provides direct nonmedical support through home renovations, income generation, revolving loans for animal husbandry, scholarships, and vocational training. It also provides some medical support, including rehabilitation services and assistive devices.</p>
Quảng Trị Agent Orange and Disabled People's Association <i>active in Quảng Trị</i>	<p>Since 2007, this organization has supported those believed to be Agent Orange victims. It provides income generation through animal husbandry, scholarships, and bicycles; coordinates support groups and caregiver training; and educates people with disabilities about their rights.</p>
Action to the Community Development Institute (ACDC) <i>active in Quảng Trị</i>	<p>A Vietnamese NGO established in 2011 for and run by persons with disabilities to support their quality of life. ACDC's work includes improving the legal framework and policies impacting people with disabilities, removing social and physical barriers, removing stigma, and raising the local capacity of government agencies and organizations of disabled persons to support the needs of people with disabilities.</p>
Center for Sustainable Development <i>active in Quảng Trị and Thừa Thiên–Huế</i>	<p>A Vietnamese NGO that works with disadvantaged communities to improve their quality of life. It conducts livelihood programs for people with disabilities and builds disaster resilience.</p>
Fund for Genetic Counseling and Disabled Children <i>active in Thừa Thiên–Huế</i>	<p>A Vietnamese NGO that provides a variety of support for people with disabilities and their families, including medical care and rehabilitation, early detection and early intervention, assistive devices, specialized education, scholarships, and income generation.</p>
Children of Vietnam <i>active in Danang, Quảng Nam, and Quảng Ngãi</i>	<p>An American NGO with an office in Danang that provides comprehensive services to children with disabilities. Children of Vietnam works closely with local government counterparts and families to support the provision of health care and rehabilitation, education, nutrition, livelihood support, home renovations, and social integration for children, including those impacted by Agent Orange.</p>
Danang Association of Victims of Agent Orange (DAVA) <i>active in Danang</i>	<p>Local chapter of VAVA that raises funds to support and advocate for victims of Agent Orange in Danang. DAVA operates a day care center and vocational training program for children and youths with disabilities.</p>

Organization	Description
<p>Quảng Nam Red Cross <i>active in Quảng Nam</i></p>	<p>In 1999, the Vietnam Red Cross was the first organization to start a fund to support victims of Agent Orange. The Quảng Nam Red Cross supports people with disabilities and their families, depending on their specific needs. Although primarily providing livelihood support through animal husbandry or by assisting small businesses, it also supports home renovations, scholarships, caregiver training, and adaptive equipment, and it funds travel to access specialized surgery.</p>
<p>VietHealth <i>active in Tây Ninh</i></p>	<p>A Vietnamese NGO that has received funding from USAID to provide early detection and early intervention for children with disabilities under the age of six. This includes conducting screenings and assessments to detect barriers to learning and mobility; training health professionals, educators, and social service staff in early identification and intervention; promoting social inclusion; providing support for rehabilitation services specialized education; and teaching parents to provide home-based education and rehabilitation.</p>
<p>Vietnam Assistance for the Handicapped (VNAH) <i>active in Tây Ninh</i></p>	<p>A US-based NGO that is a long-time recipient of Leahy War Victims Fund and USAID funding to support persons with disabilities. VNAH has provided technical assistance to help the Vietnamese develop their Law on Disabilities and the policies needed to support the law. It supports vocational training and helps persons with disabilities obtain employment and improve their livelihoods. VNAH also builds and equips rehabilitation centers and provides capacity building and training for the staff of rehabilitation and health centers providing services to persons with disabilities. Other direct support has included funding home improvements and sanitation for people with disabilities.</p>
<p>Tây Ninh Association of Victims of Agent Orange <i>active in Tây Ninh</i></p>	<p>Provincial chapter of VAVA that provides livelihood support, monthly stipends, home improvements, and physical rehabilitation to those impacted by Agent Orange in Tây Ninh.</p>
<p>Đồng Nai Association of Victims of Agent Orange <i>active in Đồng Nai</i></p>	<p>Provincial chapter of VAVA that provides home improvements, scholarships, low-interest loans, monthly stipends, and emergency funding for certified victims of Agent Orange in Đồng Nai.</p>

Notes

1. The herbicides were also used in southern Laos and parts of Cambodia.
2. Following standard usage in both the United States and Vietnam, this report uses “Agent Orange” as shorthand for all of the “rainbow herbicides” used by the United States during the Vietnam War.
3. Agent Orange was contaminated with 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) during the manufacturing process. TCDD is a known human carcinogen shown by research to cause reproductive abnormalities and birth defects in animal studies. See Linda S. Birnbaum, “Developmental Effects of Dioxins,” *Environmental Health Perspectives* 103 (1995): 89–94.
4. US Department of Veterans Affairs (VA), “Agent Orange Exposure and VA Disability Compensation,” accessed August 10, 2023, www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange. Although the VA recognizes numerous birth defects in the children of female veterans, the VA states that these are connected to service in Vietnam generally, not specifically to exposure to Agent Orange; see VA, “Birth Defects in Children of Women Vietnam Veterans,” accessed August 10, 2023, www.publichealth.va.gov/exposures/agentorange/birth-defects/children-women-vietnam-vets.asp.
5. United States Agency for International Development (USAID), “Improving the Quality of Life of Persons with Disabilities,” July 11, 2023, www.usaid.gov/vietnam/persons-with-disabilities. The figure of \$155 million includes funding given prior to 2007 as part of the Leahy War Victims Fund. All dollar amounts given in this report are US dollars.
6. “Prime Minister Pham Minh Chinh Ahead of U.S.-ASEAN Summit,” transcript, Center for Strategic and International Studies, May 11, 2022, www.csis.org/analysis/prime-minister-pham-minh-chinh-ahead-us-asean-summit.
7. “PM Has Meetings with Friends of Vietnam,” *Vietnam Plus*, May 16, 2022, <https://en.vietnamplus.vn/pm-has-meetings-with-friends-of-vietnam-in-us/228605.vnp>. One of the authors (Hammond) was at the meeting.
8. Jeanne Mager Stellman et al., “The Extent and Pattern of Usage of Agent Orange and Other Herbicides in Vietnam,” *Nature* 422 (2003): 681–687; and Le Ke Son and Charles R. Bailey, *From Enemies to Partners: Vietnam, the U.S. and Agent Orange* (Chicago: G. Anton Publishing, 2017), 52.
9. Sơn Bách and Thành Đạt, “The Journey to Find Justice for Agent Orange/Dioxin Victims” [in Vietnamese], *Nhân Dân*, August 10, 2022, www.nhandan.vn/hanh-trinh-tim-cong-ly-cho-cac-nan-nhan-chat-doc-da-camdioxin-post709715.html; and Hannah Nguyen, “Vietnam, US Overcome the Consequences of War Together,” *Vietnam Times*, October 31, 2022, <https://vietnamtimes.org.vn/vietnam-us-overcome-the-consequences-of-war-together-49460.html>; and “Information Dissemination Outline for the 60th Anniversary of the Agent Orange Tragedy in Vietnam (August 10, 1961—August 10, 2021),” Vietnam Association of Victims of Agent Orange (VAVA), accessed February 24, 2023, www.vava.org.vn/tin-tuc-su-kien/de-cuong-tuyen-truyen-60-nam-tham-hoa-da-cam-o-viet-nam-10-8-1961-10-8-2021-205.html. For a more detailed discussion of estimates of victims, see the companion report to this Special Report, Phan Xuân Dũng, “Agent Orange Victims in Vietnam: Their Numbers, Experiences, Needs, and Sources of Support,” Special Report no. 522, United States Institute of Peace, September 2023, 5–6, www.usip.org/publications/2023/09/agent-orange-victims-vietnam-their-numbers-experiences-needs-and-sources.
10. Hạnh Quỳnh, “Changing Attitudes about People with Disabilities,” [in Vietnamese], *Tin Tuc*, April 17, 2022, www.baotintuc.vn/xa-hoi/thay-doi-nhan-thuc-ve-nguoi-khuyet-tat-20220417084519373.htm.
11. For more information see United States Institute of Peace, “Learning from U.S.-Vietnam Cooperation on Wartime Remains Recovery,” December 2, 2021, www.usip.org/events/learning-us-vietnam-cooperation-wartime-remains-recovery. On US assistance to address war legacies, see Michael F. Martin et al., “War Legacy Issues in Southeast Asia: Unexploded Ordnance (UXO),” CRS Report no. R45749, version 2 - new, Congressional Research Service, June 3, 2019, <https://crsreports.congress.gov/product/pdf/R/R45749>. Also see Michael F. Martin, “US Agent Orange/Dioxin Assistance to Vietnam,” CRS Report no. R44268, Congressional Research Service, 2021, <https://crsreports.congress.gov/product/details?prodcode=R44268>.
12. Arthur H. Westing, ed., *Herbicides in War: The Long-term Ecological and Human Consequences* (Stockholm: Stockholm International Peace Research Institute, 1984).
13. Senator Patrick Leahy, “Remarks at the Inauguration of Bien Hoa Airbase Dioxin Remediation Project, April 20, 2019,” transcript supplied to the authors by Sen. Leahy’s staff.
14. The US National Academy of Sciences was charged by the US Congress to review the science on the impacts of Agent Orange and other chemicals used in Vietnam as part of the Agent Orange Act of 1991. The review committee determined that there was “inadequate or insufficient evidence to determine association” between Agent Orange and other herbicides and birth defects in the offspring of exposed populations. They concluded that it is not yet possible to make a definitive conclusion that TCDD can cause birth defects in humans. However, they determined there is a biological plausibility that TCDD can cause adverse reproductive outcomes based on animal studies, particularly through maternal exposure, and recommended that more studies

be conducted. National Academies of Sciences, Engineering, and Medicine, *Veterans and Agent Orange: Update 11 (2018)* (Washington, DC: National Academies Press, 2018), <https://nap.nationalacademies.org/catalog/25137/veterans-and-agent-orange-update-11-2018>.

15. US Embassy Hanoi, “Joint Research on Health/Environmental Effects of Agent Orange/Dioxin—An Assessment of Vietnamese Attitudes,” memorandum, February 16, 2003, www.agentorangerecord.com/us-embassy-memo-joint-research-on.
16. Amy D. Ngo et al., “Association between Agent Orange and Birth Defects: Systemic Review and Meta-analysis,” *International Journal of Epidemiology* 35, no. 5 (2006): 1220–1230.
17. Ambassador Ray Burghardt referred to Agent Orange as “the one significant ghost remaining” that the United States needed to confront in a speech at the joint US-Vietnam scientific conference on Agent Orange in Hanoi in March 2002. “Scientists to Discuss Agent Orange Fallout,” CBC News, March 3, 2002, www.cbc.ca/news/world/scientists-to-discuss-agent-orange-fallout-1.307836.
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19. Michael F. Martin, “Vietnamese Victims of Agent Orange and U.S. Vietnam Relations,” CRS Report no. RL34761, Congressional Research Service, November 21, 2008, <https://apps.dtic.mil/sti/pdfs/ADA490443.pdf>.
20. US Senate Committee on Appropriations, *Making Emergency Supplemental Appropriations for the Fiscal Year Ending September 30, 2007, and for Other Purposes*, S. Rep. No. 110-37 (2007).
21. Patrick Leahy, “The Banyan Tree Leadership Forum with Senator Patrick Leahy,” audio, Center for Strategic and International Studies, June 23, 2015, www.csis.org/node/29895.
22. For appropriations through fiscal year 2021, totaling \$381.4 million, see Martin, “U.S. Agent Orange/Dioxin Assistance to Vietnam.” The 2022 Consolidated Appropriations Act appropriated \$35 million, and the 2023 Consolidated Appropriations Act appropriated \$50 million for environmental remediation and health and disability programs. An additional \$30 million was authorized to be transferred from the Department of Defense budget in 2022 and 2023 for cleanup at the Biên Hoà Air Base.
23. USAID, “USAID/Vietnam: Disabilities and Health Assessment,” December 2010, https://pdf.usaid.gov/pdf_docs/PDACS572.pdf.
24. “Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49 (2022), www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf.
25. “Consolidated Appropriations Act, 2023, Pub. L. 117-328,” 136 Stat. 4459 (2022), www.congress.gov/117/plaws/publ328/PLAW-117publ328.pdf.
26. USAID/Vietnam, “Support to Persons with Disabilities,” fact sheet, US Agency for International Development, December 2, 2022, www.usaid.gov/vietnam/fact-sheets/sector-support-persons-disabilities.
27. Martin, “U.S. Agent Orange/Dioxin Assistance to Vietnam.”
28. Martin, “U.S. Agent Orange/Dioxin Assistance to Vietnam.”
29. “Speech by Ambassador Daniel J. Kritenbrink, Disabilities Memorandum of Intent Signing between USAID and Office 701,” April 19, 2019, www.aspeninstitute.org/wp-content/uploads/2019/06/Amb.Kritenbrink-CODEL-USAID-Event.pdf.
30. “Memorandum of Intent between the United States Agency for International Development (USAID) and the Office of the Standing Board for the National Steering Committee on Overcoming the Post-War Unexploded Ordnance and Toxic Chemical Consequences in Vietnam (Office 701) on Support to Persons with Disabilities in Vietnamese Provinces Sprayed with Agent Orange,” April 20, 2019, www.aspeninstitute.org/wp-content/uploads/2019/06/US-Vietnam-Mol-DisabilitiesEN.pdf.
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