

SPECIAL REPORT

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Agent Orange Victims in Vietnam: Their Numbers, Experiences, Needs, and Sources of Support

By Phan Xuân Dũng



A woman with profound physical and mental disabilities attributed to Agent Orange is pictured on October 5, 2009, in Cam Tuyen, Vietnam. (Photo by David Guttenfelder/AP)

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Summary

- US-Vietnam cooperation in addressing the consequences of the use of Agent Orange during the Vietnam War has achieved remarkable progress, but much remains to be done to assist and reconcile with the multiple generations of Vietnamese affected.
- Assistance for Agent Orange victims in Vietnam is provided by multiple international and nongovernmental actors. As of 2023, the US Congress has allocated more than \$139 million for health and disability programs in eight provinces heavily sprayed with Agent Orange. These programs receive mostly positive feedback from participants, despite their limited scope.
- The Vietnamese government supports people affected by Agent Orange through general disability assistance and preferential treatment for those who participated in the war. However, this support does not meet the needs of all families and is not available to some subsets of victims.
- To better address the health and disability effects of Agent Orange, Vietnam should develop a single preferential policy that applies to all cases and better inform international partners and donors. US policymakers should increase funding for and expand the scope of health and disability services, including livelihood and psychological support for affected people.



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**GLOBAL
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ABOUT THE REPORT

This report examines the experiences of Vietnamese people affected by Agent Orange and other herbicides used by the US military during the Vietnam War and the assistance that has been provided to them by Vietnam and the United States. The report is based on the author's document-based research and interviews with Vietnamese people affected by Agent Orange and representatives of agencies and organizations that provide assistance. Research was supported by the Southeast Asia program at the United States Institute of Peace.

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A Vietnamese soldier stands guard at a dioxin-contaminated area at the Biên Hòa Air Base near Ho Chi Minh City during a visit by US Secretary of Defense Jim Mattis on October 17, 2018. (Photo by Kham/Pool Photo/AP)

Introduction

The use of Agent Orange and other herbicides by the US military during the Vietnam War left behind devastating and lingering environmental and health and disability effects, making it the most visible and intractable legacy of the war. Between 1961 and 1971, the United States sprayed approximately 19.5 million gallons of herbicides over Vietnam to deprive enemy forces of forest cover, crops, and food supplies.¹ Among the herbicides deployed were 12 million gallons of Agent Orange, named after the color-coded band on its storage barrels. The manufacture of Agent Orange produced an extremely toxic and persistent substance as an unintended by-product: dioxin. The term “Agent Orange” is now used collectively in both Vietnam and the United States to refer to all wartime herbicides.

Estimates suggest that as many as 4.8 million Vietnamese and 3 million Americans may have been exposed to dioxin in Vietnam.² Decades of epidemiological and epigenetic studies have produced sufficient evidence to link certain diseases and disabilities to dioxin exposure. Vietnam and the United States have lists of health problems related to Agent Orange that are similar but not identical.

Vietnamese leaders have emphasized that cooperation in addressing war legacy issues, including Agent Orange, is a prerequisite for stronger bilateral ties. Thus, doing more to address the health and disability effects of Agent Orange would help to forge closer strategic collaboration in the Indo-Pacific.

For decades, Agent Orange was a contentious topic in US-Vietnam relations, remaining so even after the normalization of bilateral relations in 1995. A diplomatic breakthrough did not occur until 2006, when the two countries issued a joint statement acknowledging the value of US help to ongoing Vietnamese efforts to clean up dioxin sites.³ Since 2007, the United States has provided annual funding to address Agent Orange consequences in Vietnam. Annual funding for health and disability services and for the remediation of dioxin-contaminated sites was

split into two separate appropriations from 2011 onward.

Vietnam and the United States have made significant progress in dealing with the environmental impacts of Agent Orange, through the conclusion of the Danang International Airport dioxin cleanup project in 2018 and the start of decontamination work at the Biên Hòa Air Base in 2019. However, Vietnamese victims and organizations advocating for them believe that the United States has not yet done enough to address the health and disability effects of Agent Orange. Moreover, the pains caused by Agent Orange also take the forms of socioeconomic hardship, psychological suffering, and a sense of injustice. The ongoing suffering of victims and their caregivers constitutes a humanitarian tragedy caused by US wartime action that the United States can help mitigate.

Vietnamese leaders have emphasized that cooperation in addressing war legacy issues, including Agent Orange, is a prerequisite for stronger bilateral ties.⁴ Thus, doing more to address the health and disability effects of Agent Orange would help to forge closer strategic collaboration in the Indo-Pacific.

Based on data from interviews and a review of existing literature, this report provides an overview of the experiences of people affected by Agent Orange and examines the assistance that has been provided to them. In 2022, the author interviewed four families affected by Agent Orange in Tây Ninh province and two in Đồng Nai province. These families received assistance from a health and disability project funded by the US Agency for International Development (USAID) and implemented by Vietnam Assistance to the Handicapped (VNAH), a US-based non-profit organization that focuses on helping war amputees and other people with disabilities in Vietnam. The author conducted a focus group interview with 10 Vietnamese veterans exposed to Agent Orange during the war who are receiving dioxin detoxification treatment at a social protection center in Hanoi. The author also sought opinions from representatives of USAID, the Vietnam Association for Victims of Agent Orange (VAVA), Collectif Vietnam Dioxine, VNAH, and the War Legacies Project.

The report's first section explains that while precise tallies of the number of Agent Orange victims cannot be obtained, the number is clearly substantial. The second section describes the lived experiences of both the victims and their families, who are often poor and reside in rural communities with inadequate health and other services. The third section describes the "struggle for justice"—in the form of acknowledgment, accountability, and compensation from the US manufacturers of Agent Orange—that is being fought by and on behalf of victims. The

following two sections describe the assistance to victims and their families provided by, in turn, the Vietnamese government and Vietnamese nongovernmental organizations (NGOs), and by the US government.⁵ The report concludes by suggesting how the Vietnamese and US governments might better address the health and disability effects of Agent Orange in Vietnam.

Counting the Victims of Agent Orange

The majority of people identified as Agent Orange victims live in the provinces in the central and southern regions of Vietnam that were sprayed with herbicides, but they also include the descendants of soldiers from the north who fought in the south during the war.

There are multiple generations of Agent Orange victims in Vietnam. The first generation consists of people who were exposed to Agent Orange by direct contact with the spraying or by living in areas affected by defoliation in the immediate aftermath of the spraying. They later developed dioxin-related chronic illnesses. People were also affected near several military bases where Agent Orange was stored and loaded onto airplanes, and dioxin residue has persisted in and around those areas. The second and following generations of Agent Orange victims are the children, grandchildren, and great-grandchildren of the first generation who have been born with severe and often multiple disabilities. In Vietnam today, health and disability effects of Agent Orange have manifested in a fourth generation.

In 2014, the Aspen Institute found that about 1 in 10 persons with disabilities born between 1965 and 2004 living in four districts of Danang were considered Agent Orange victims.⁶ Members of this group had a greater incidence of significant mobility and mental disabilities than other people with disabilities, who tended to have hearing and vision impairments.

There is no consensus on the number of Agent Orange victims. Vietnamese authorities claim that 4.8 million people might have been exposed to dioxin, with 3 million of them experiencing detrimental health and disability effects. In 2000, Hoàng Đình Cầu, who was then chairman of the National Committee for Investigation of the Consequences of Chemicals Used in the Vietnam War, estimated that there were around 1 million surviving Agent Orange victims, including 150,000 children born with birth defects.⁷ Incomplete estimates published by VAVA suggest that the country has 150,000 second-generation victims, 35,000 third-generation victims, and 2,000 fourth-generation victims.⁸

In reality, enumerating victims throughout the country is logistically impossible, given the complexity and cost of the task and the sheer scale of the impact. But even if it were possible, determining exactly which individuals have been affected by dioxin would still be unfeasible. Barriers to this include unknown direct exposure to dioxin residuals in the environment, a reluctance among victims to reveal dioxin exposure due to fear of social stigma, the late development of some illnesses, the lack of consensus among experts on which conditions are linked to dioxin, and the difficulty of mapping dioxin dispersion. Moreover, it is scientifically challenging to distinguish illnesses and disabilities linked to dioxin from those caused by other factors.⁹ Scientific

studies have not been able to pinpoint the exact processes by which dioxin in the body may cause diseases or birth defects in later generations. Thus, the determination of Agent Orange victims would need to exclude other possible factors that could also be responsible for the same disability or ill health associated with dioxin exposure.

This leaves policymakers with only two criteria they can use to certify if someone is an Agent Orange victim: proof of exposure and evidence of diseases or disabilities typically associated with dioxin. In 2008, Vietnam’s Ministry of Health published a list of 17 diseases, malformations, and disabilities related to dioxin exposure.¹⁰

Experiences of People Affected by Agent Orange

The number of *people affected by* Agent Orange is significantly higher than the number of *victims of* Agent Orange. In most cases, families are inseparable from victims because victims are usually dependent on their families, given their disability or ill health and the consequent significant reduction in their ability to work. Family members endure financial, physical, social, and emotional hardship in caring for the victims. Thus, the term “people affected by Agent Orange” is used in this report to refer to both Agent Orange victims and their families.

The health and disability effects of Agent Orange are intertwined in many ways with the victims’ socioeconomic status. Up to 60 percent of Agent Orange families are classified as poor households by the government, and as many as 70 percent reside in rural communities.¹¹ Despite recent improvements in health care in rural areas, clinics remain ill-equipped to manage the health and disability conditions associated with exposure to Agent Orange.¹²

The kinds of socioeconomic challenges faced by victims and their families are illustrated by three vignettes (which are drawn from interviews conducted in 2022 for this report) in the box on page 7. To improve the well-being of such families, it is crucial to provide them with support and services that not only address their health and disability needs but also help to improve their household economy. Families interviewed for this report expressed a desire for greater support for their livelihoods so that they could better afford to buy items such as medicines, groceries, and milk for their children, and so that they could shore up their own businesses. Similarly, in a study conducted from 2004 to 2007 involving 100 Agent Orange–affected families, nearly all respondents said that a higher income would enable them to better care for their children with disabilities by covering expenses for regular doctor visits, rehabilitation training, or attendance at specialized schools.¹³

The deleterious health and disability effects of Agent Orange not only are correlated with financial adversity but also cause considerable psychological distress to those afflicted. For parents of Agent Orange victims, their pain persists beyond the shock of discovering their children’s birth defects and is frequently compounded by feelings of shame for not having healthy and able-bodied offspring like their neighbors’ children. The result can be social alienation and limited social networks.¹⁴ Some families opt to conceal the fact that they are affected by Agent Orange for as long as possible to avoid communal judgment.¹⁵

Socioeconomic challenges of Agent Orange victims: three vignettes

Nguyễn Thị Hồng Tâm is mother and caregiver to her 30-year-old daughter, Phùng Thị Khánh Trúc, who suffers from hydrocephalus, which in turn has caused developmental delays and muscle weakness. Previously a tailor, Tâm gave up her job after Trúc was born to provide full-time care. Tâm and her family run a small motorbike-washing business in their modest front yard, which can accommodate only one motorbike at a time. On good days, Tâm and her husband earn approximately 100,000 dong (\$4.26), which covers daily necessities. Additionally, they receive government assistance of around 1,400,000 dong (\$61) per month. However, Tâm worries about her family's long-term economic security, admitting that she is "scared to think about tomorrow." She is also concerned that as she grows older, she may not be able to provide as much support for Trúc's needs.

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Võ Thị Kim Tuyến is a second-generation victim suffering from muscle weakness in her legs. She relies on crutches to move around. She lives with her husband and three-year-old son in a dilapidated house. Selling lottery tickets is their only source of income, but it is always a challenging business: they cannot sell lottery tickets when it rains or when the weather is too hot, and the COVID-19 pandemic made it even harder to sell tickets. Even with the monthly stipend of 540,000 dong (\$23.50) from the government as assistance for people with disabilities, their financial situation is dire. This makes it challenging for Tuyến to care for her child and causes her emotional stress. She would like to see her family's financial situation improve and be able to afford her own ticket-selling booth so that she and her husband can sell lottery tickets without worrying about the weather.

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Triệu Xuân Thủy, a veteran from Bình Dương province, has diabetes and blood cancer. He receives medication and treatment from a public hospital, and occasionally from a social protection center operated by the Vietnam Association for Victims of Agent Orange. He reported improvement in his overall health thanks to the care he has received.

The emotional distress experienced by Agent Orange victims is often exacerbated by cultural beliefs and spiritual concepts prevalent in Vietnamese society. Particularly in rural areas and among ethnic minorities, disabilities are often attributed to an individual's "fate" or regarded as a form of divine punishment for past sins.¹⁶ For Agent Orange families, these two interpretations may provide intuitive explanations and means of coping with circumstances beyond their control.

The idea of fate came up during conversations with two interviewees. Trần Thị Ánh, mother and caregiver of Đỗ Trung Thanh, a second-generation victim with a spinal abnormality resulting in stiffness in all limbs, said she did not blame the United States or anyone for her son's disability because it was a "misfortune" that could not have been averted. Võ Thị Kim Tuyến, a second-generation victim suffering from muscle weakness in her legs, was similarly resigned: "It is my fate, so I had to accept this [disability], accepting that God decided this."



A young woman and her uncle sit in their home in Danang, Vietnam, on August 7, 2012. She was born with physical and mental disabilities that a rehabilitation center's director said were caused by her parents' exposure to Agent Orange. (Photo by Maika Elan/AP)

The “past sins” interpretation causes more distress because it implies misdeeds committed by the individual or their ancestors. In a 2017 study conducted in Thanh Hóa province, several participants reported being subjected to comments such as “Your parents did something wrong, and your children incurred karma,” and “It happened because your parents and family are foolish.” Such condemnations can leave parents feeling guilty and being socially isolated.¹⁷

Children with disabilities often experience social stigmatization and bullying from their peers because of their differences, leading to loss of self-confidence and even thoughts of suicide. Võ Thị Kim Tuyến tearfully recounted how she had suicidal thoughts when she was bullied at school: “I think that God is unfair for making me disabled like this. When I was in school, other kids bullied me, and I felt sad and cried alone. I felt ashamed when they made fun of me. I thought about death. I was not thinking clearly but my parents helped me through it.”

Caregivers of disabled family members face the dual burden of providing daily care while grappling with economic hardship. This can result in anxiety about the future prospects of their disabled loved ones, including access to education, employment, and medical care. Concerns about who will care for their children once they, the caregivers, die and how their children will support themselves weigh heavily on their minds. Ngô Thị Cẩm Hồng's only wish is for her 25-year-old daughter,

A single mother's struggles

Phạm Thị Dứt is a single mother who provides care for her 29-year-old daughter, Lê Thị Minh, who lives with cerebral palsy. This condition significantly impairs Minh's ability to communicate, move, and process information. Dứt's husband, who was exposed to Agent Orange, left the family when Minh was only three months old. Initially, Dứt and her mother were the primary caregivers for Minh. However, after Minh's grandmother died a few years ago, Dứt was forced to stop farming to provide full-time care for her daughter. Dứt's only source of monthly income is government assistance, which totals around 1,400,000 dong (\$61). Dứt is dealing with her own degenerative disc disease, which makes taking care of Minh even more difficult. "I wish to have more financial support so that I can buy medicine and become stronger to take care of Minh," Dứt says. "If I die there will be no one to take care of her; she will die with me."

Phạm Thanh Trà, a second-generation victim with upper limb impairment, to have a secure job. "All I need is for Trà to have a secure job so that she could be independent when we [her parents] are no longer around," said Hồng.

For several reasons, women are disproportionately affected by the physical and mental burdens associated with Agent Orange. First, women are often the primary caregivers for those who are ill or disabled from Agent Orange exposure, both within and outside the family, and also shoulder the burden of housework. Second, Vietnamese society emphasizes that one of a woman's most important roles is to bear healthy children, which means that a woman may be unfairly blamed as the source of her children's disabilities, particularly in rural areas where women are still marginalized.¹⁸ Third, many mothers must give up childbearing after experiencing the trauma of stillbirth, premature birth, or abortion following a prenatal diagnosis of fetal conditions linked to Agent Orange.¹⁹ Fourth, the birth defects linked to Agent Orange can cause the father's family to abandon the mother because they believe the mother has failed to fulfill her expected social role. In many cases (such as that profiled in the box above), husbands leave their wives and disabled children to start a new family in hopes of having healthy children.

Despite the psychological pains caused by Agent Orange, the victims and their families are not fully aware of the importance of mental health and its interconnectedness with physical health and social interaction.²⁰ This lack of awareness often leads to symptoms of mental health issues going unrecognized, resulting in a failure to seek out necessary care, such as examination, diagnosis, and counseling. This issue is rooted in a wider lack of awareness about mental health in Vietnamese society, as well as prejudice and social stigma surrounding mental illness and its treatment. Additionally, there is a shortage of mental health service providers across the country.²¹

Struggle for Justice and Acknowledgment

For many victims and families, the tragedy of Agent Orange is not just personal pain but also a collective grievance that demands recognition and redress from its human perpetrators. Many believe that the use of Agent Orange was tantamount to deploying chemical weapons or committing “ecocide”—willful destruction of the environment that ultimately results in human suffering.²² The United States, however, argues that Agent Orange was a tactical herbicide, not a chemical weapon, and has not acknowledged responsibility for the human suffering caused by its use in Vietnam. Nonetheless, there have been ongoing demands from Vietnam and parts of the international community for the US government and the companies that manufactured and sold Agent Orange to assume responsibility for the consequences of their actions.

At the forefront of the demand for accountability has been Vietnam’s “struggle for justice” movement, which holds American chemical companies (and sometimes the US government) accountable for the consequences of Agent Orange. The movement emerged in the early 2000s, when many Vietnamese became disillusioned with the lack of US support for Vietnamese victims. VAVA was established in December 2003 by a group of Vietnamese doctors, scientists, and retired military officers to advocate for the rights and interests of Agent Orange-affected individuals in Vietnam. In 2004, VAVA and a number of victims filed a class-action lawsuit against 37 chemical companies that produced and supplied Agent Orange for the US Air Force. The case was heard in the United States District Court for the Eastern District of New York on March 18, 2004. The judge, however, dismissed the plaintiffs’ claims, stating that the defendants had not violated any domestic or international laws. Subsequent appeals by VAVA were unsuccessful.

Despite this setback, the quest for justice for Vietnamese victims continued. In May 2009, the International Association of Democratic Lawyers—an NGO that promotes human rights and the rule of law through legal assistance, research, and advocacy efforts around the world—convened the International People’s Tribunal of Conscience in Support of Vietnamese Victims of Agent Orange in Paris. A number of Vietnamese Agent Orange victims and scientists testified at the tribunal, which found that dioxin was “a poisoned weapon outlawed both in customary international law and the Hague Convention of 1907” and that the US government and chemical companies therefore must provide compensation for the victims and their families.²³ In 2010, Trần Thị Hoan, the first Vietnamese Agent Orange victim to testify before the US House of Representatives, urged the US government and chemical firms to take responsibility:

What do the victims need and want? We want those responsible for the terrible consequences of Agent Orange to hear our pain and then to respond as members of the human family. The chemical manufacturers who made the Agent Orange and the US government who sprayed and dumped it in our country should respond to this human tragedy by doing the right thing. This is a matter of justice and humanity.²⁴

Trần Tố Nga, pictured at her home in Evry, France, on May 10, 2021, sued 14 chemical companies that produced and sold Agent Orange to the US military during the Vietnam War. Although her suit was dismissed by a French court, her campaign raised awareness of Agent Orange victims. (Photo by Michel Euler/AP)



A decade after VAVA's lawsuit, Trần Tố Nga, who is French-Vietnamese, filed a lawsuit in the High Court in Evry, France, seeking compensation from 14 chemical companies, including Dow Chemical and Monsanto (now owned by the German pharmaceutical company Bayer).²⁵ Nga, who was 72 years old at the time she filed suit and is herself an Agent Orange victim, aims to seek recognition for all Agent Orange victims and raise awareness about the ongoing harm caused by the herbicide in Vietnam. Despite the court's rejection of her claim in May 2021, she has appealed the verdict and is committed to continuing to seek justice for victims.

Nga's case has gained significant international attention, reigniting discussions on justice and accountability surrounding the use of Agent Orange by the United States. After the trial commenced, activists organized rallies in Paris and used social media to draw attention to the issue.²⁶ VAVA collected over 400,000 signatures from its members and allies of the victims to show public support for Nga. Vietnam's foreign ministry has expressed support for Nga's legal action, emphasizing the responsibility of American chemical companies and producers and traders of Agent Orange during the Vietnam War.²⁷

The struggle for justice has persisted for two decades, fueled by frustration that the US government has treated Vietnamese victims differently than American victims. Caregivers, supporters of victims, and policymakers in Vietnam have repeatedly highlighted the United States' double standard in recognizing and compensating American veterans impacted by Agent Orange while failing to extend the same acknowledgment and assistance to Vietnamese victims.²⁸ Nga said that she had tried to forgive those responsible but could not accept Agent Orange producers' denial of responsibility and their claim that there is no causal link between Agent Orange and any diseases or birth defects.²⁹ Meanwhile, the US government has compensated American Vietnam War veterans who claimed Agent Orange harmed them.

Vietnamese Assistance

Whatever the eventual outcome of the legal battles to secure acknowledgment and compensation from US chemical companies, the Vietnamese people affected by Agent Orange will continue to depend on support provided by the Vietnamese government and Vietnamese and international NGOs, in many cases with funding from the US government. This section of the report focuses on Vietnamese sources of assistance, which have broad coverage but various shortcomings.

VIETNAMESE GOVERNMENT ASSISTANCE

The Vietnamese government spends around 10 trillion dong (\$433.2 million) annually on assistance for Agent Orange victims, benefiting around 800,000 people.³⁰ The assistance can be categorized into two types: preferential treatment for people with meritorious services to the revolution and general disability assistance. “People with meritorious services to the revolution” (hereafter, “people with meritorious services”) is the term for individuals who, according to the Vietnamese government, have made significant contributions to revolutionary causes and the development of Vietnam, particularly during the country’s wars for liberation, including the Vietnam War. This category includes but is not limited to war veterans and volunteer soldiers who fought for the Democratic Republic of Vietnam (North Vietnam).³¹

In 2000, the Vietnamese government began implementing social protection policies for people with meritorious services and their descendants who were affected by Agent Orange. Ordinance No. 26/2005/PL-UBTVQH11, issued in 2005 and last amended in 2020, stipulates that people with meritorious services exposed to toxic chemicals and their children who have disabilities or difficulty with daily life or work are eligible for benefits as a result of their contributions. A beneficiary must be someone who (1) fought and participated in the Vietnam War at some point between August 1, 1961 (when the United States began its herbicide campaign in Vietnam) and April 30, 1975 (when Vietnam was reunified) in areas sprayed with Agent Orange; and (2) has experienced health issues and disabilities considered by the Ministry of Health to be linked to exposure to dioxin, which reduced their capacity to work by at least 21 percent, which left them infertile, or which led to birth defects in their offspring.³²

Information released by VAVA in 2021 noted that around 320,000 Agent Orange victims receive benefits under the ordinance.³³ Beneficiaries receive a monthly stipend, free health insurance, surgery, rehabilitation, vocational training, and a discount on the use of public transport, among other benefits. Caregivers of these veterans are also eligible for a monthly allowance. The amount of the monthly stipend is regularly adjusted to correspond to increases in the minimum wage. The levels of monthly financial support for veterans and their families as of 2022 are specified in table 1. Some idea of the value of this support can be gauged by comparing the amounts in table 1 with the monthly minimum wage for different regions in Vietnam as listed in table 2.

Agent Orange victims with disabilities who do not qualify for benefits under the ordinance are eligible for general disability assistance. The monthly allowance for this support depends on the severity of the disability, as prescribed by Decree 20/2021/ND-CP on social assistance policies for social protection. Accordingly, starting from July 1, 2021, individuals with “severe” disabilities

TABLE 1. MONTHLY FINANCIAL SUPPORT FOR PERSONS WITH MERITORIOUS SERVICES TO THE REVOLUTION AND THEIR FAMILIES (AS OF 2022)

Beneficiary	Reduction in work capacity of person with meritorious services	Monthly allowance
Person with meritorious services	21–40%	1,234,000 dong (\$53.82)
	41–60%	2,062,000 dong (\$89.63)
	61–80%	2,891,000 dong (\$125.44)
	81% or more	3,703,000 dong (\$161.25)
Live-in caregiver for person with meritorious services	81% or more	1,624,000 dong (\$70.63)
Child of person with meritorious services	61–80%	974,000 dong (\$42.87)
	81% or more	1,624,000 dong (\$70.63)
Family of a deceased person with meritorious services	61% or more	911,000 dong (\$39.96)
Birth father, birth mother, spouse, child over 18 years of age who lives alone with no support, or orphan under 18 years of age whose parents both died		1,299,000 dong (\$57.06)

Note: The benefit to the birth father, birth mother, spouse, child over 18 years of age who lives alone with no support, or orphan under 18 years of age whose parents both died is paid in addition to any family death grant.

Source: “Decree 75/2021/ND-CP on Allowances and Preferential Treatment for People with Meritorious Services to the Revolution” [in Vietnamese], July 24, 2021, Thư viện pháp luật [Law Library], www.thuvienphapluat.vn/van-ban/Tai-chinh-nha-nuoc/Nghi-dinh-75-2021-ND-CP-muc-huong-tro-cap-phu-cap-che-do-uu-dai-nguoi-co-cong-voi-cach-mang-478188.aspx.

are eligible for a stipend of 540,000 dong (\$23.50), while those with “very severe” disabilities, as well as children and the elderly with severe disabilities, are entitled to receive 720,000 dong (\$31). Children and the elderly with very severe disabilities are eligible for a monthly stipend of 900,000 dong (\$39).³⁴ In addition to this support, individuals with disabilities are also entitled to free health insurance, complimentary medical checkups, vocational and educational assistance, preferential access to loans, and discounts on public transportation. Furthermore, there is an additional monthly caregiver support allowance of 540,000 dong (\$23.50) for cases of severe disabilities and 720,000 dong (\$31) for cases of very severe disabilities. The standard subsidy level is regularly adjusted to correspond to increases in the minimum wage.

VALUE AND SHORTCOMINGS OF VIETNAMESE GOVERNMENT ASSISTANCE

Vietnamese governmental assistance helps people affected by Agent Orange, particularly people with meritorious services, and their family members by alleviating some of their financial burden and day-to-day hardship. According to the Ministry of Labor, Invalids, and Social Affairs, 98.6 percent of families of people with meritorious services have a standard of living equal to or higher than the national average, with none classified as poor households.³⁵ However, there

TABLE 2. VIETNAM’S MONTHLY MINIMUM WAGE (AS OF JULY 1, 2022)

Region	Monthly minimum wage
Region I: Urban Hanoi and Ho Chi Minh City	4,680,000 dong (\$204)
Region II: Rural Hanoi and Ho Chi Minh City, along with Danang	4,160,000 dong (\$181)
Region III: Provincial cities and districts of Bắc Ninh, Bắc Giang, Hải Dương, Phú Thọ, Bình Phước, and other provinces not listed in regions I or II	3,640,000 dong (\$158)
Region IV: All remaining localities	3,250,000 dong (\$142)

Source: “04 Categories of Monthly Minimum Wage Applied in 2022,” [in Vietnamese], Thư viện pháp luật [Law Library], August 10, 2022, www.thuvienphapluat.vn/phap-luat-doanh-nghiep/bai-viet/04-muc-luong-toi-thieu-ap-dung-trong-nam-2022-2159.html.

are severe shortcomings with the Ordinance on Preferential Policies for People with Meritorious Services to the Revolution, and its implementation also has some major limitations.

First, some veterans find that the monthly payment is insufficient, even though the standard allowance amount is higher than the basic income for civil servants. Six veterans interviewed in a focus group for this report expressed their concern that the monthly payment for people with meritorious services is inadequate. Triệu Xuân Thủy, a veteran from Bình Dương province, said, “I think the assistance is too low. The lowest amount is 1.2 million [dong] and the highest is 4.3 million [dong]. So this assistance is too low.” Hoàng Sỹ Quỳnh, another veteran, added:

If we were not beneficiaries of any other policies, then in practice, the assistance would be too low. But actually, here, a few of us have high salaries. For example, I receive a pension for being a colonel in the army. My monthly income is already 15 to 16 million dong. On top of that, I have 2 million dong of Agent Orange assistance and 2 million dong for being a war invalid. But cases like mine are only a few.

Thủy agreed: “Very few. The majority of us are not colonels, like me. So the assistance is too low.” Quỳnh added: “The assistance . . . is not commensurate with the needs . . . not enough to cover living expenses.” Other veterans in the focus group agreed and suggested that the government create a more equitable program to ensure that Agent Orange victims with no or low pensions receive enough assistance to cover their basic needs.

A second shortcoming of the ordinance is that it covers only first- and second-generation victims. Despite repeated appeals from families and VAVA, bureaucratic hurdles and delays have hindered policymakers from expanding the preferential treatment to support third- and fourth-generation victims.³⁶

A third problem is that several issues complicate the identification of eligible beneficiaries of government assistance for Agent Orange victims. Some victims lack the documents needed to prove their exposure to dioxin, while others might choose not to be identified as victims due to fear of social stigma. Additionally, there are cases of individuals falsifying documents or providing false information to claim Agent Orange benefits. Such fraudulent practices have caused

dissatisfaction among Vietnamese veterans.³⁷ Như Ngọc Thắng, a veteran who was directly exposed to Agent Orange in Quảng Trị province, expressed his disappointment:

We have a paradox in our society that is very funny. People who participated in the war are reluctant to report that their children or themselves are exposed to toxic chemicals, yet many in the society [falsely] report to claim the money. . . . There are many faked profiles, not only a few. Like in Bắc Ninh province, there are more than 1,000 cases.

Most Agent Orange victims who are not veterans (those who benefit from general disability assistance) still belong to poor households. Social protection programs for persons with disabilities of any kind are widely deemed to be insufficient.³⁸ The current monthly payment under the disability law is insufficient to cover basic expenses for many families, let alone support a decent standard of living. As noted above, the standard amount of general disability allowance is 540,000 dong, which is significantly below the official poverty line in rural Vietnam for the period 2021–25 (1,500,000 dong, or \$65).³⁹ Many families rely on disability assistance as their primary source of income and yet struggle to meet their basic needs.

Three out of six families interviewed for this report said that the financial support provided by the Vietnamese government is inadequate to cover their basic expenses. Võ Thị Kim Tuyền, who is entitled to a monthly disability allowance of 540,000 dong, can only afford to purchase milk for her three-year-old son with this amount of money. Trần Thị Ánh and her son receive a combined disability and caregiver allowance of 1,420,000 dong (\$62), which, according to Ánh, is insufficient to cover their food expenses. Phạm Thị Dứt, the caregiver for Minh, receives a monthly caregiver allowance of 320,000 dong (\$14), while her daughter receives 720,000 dong (\$32) in disability assistance. Even with this aid, Dứt claims that she and her daughter sometimes struggle to pay for the food they need.

Victims who are ethnic minorities may face challenges in applying for assistance due to limited Vietnamese language proficiency, complicated paperwork, and inconsistent administrative procedures.⁴⁰ In cases where government assistance is unavailable, they may seek support from NGOs and charities, with VAVA being a particularly prominent source. However, in impoverished areas, where ethnic minorities often live, inadequate infrastructure and social services leave many victims without any support.⁴¹

VIETNAMESE NONGOVERNMENTAL ASSISTANCE

Vietnam has a large number of associations that provide direct support to people with disabilities, including the Vietnam Red Cross (VNRC), the Vietnam Union of Friendship Organizations, and the Vietnamese Union of Science and Technology Associations (VUSTA). Many disabled people's organizations and other Vietnamese NGOs are registered under the umbrella of VUSTA. These organizations implement programs for people with disabilities at the national, provincial, district, and commune level. Most organizations, including international NGOs, work closely with the people's committee of the local district or commune to implement their programs.

Prominent among the organizations that offer medical assistance to people with conditions associated with Agent Orange exposure and that advocate for their rights are VAVA and VNRC.



A woman adjusts curtains at a rehabilitation center in Danang, Vietnam, on August 8, 2021, where children with mental and physical disabilities are cared for. The center's director says the children's disabilities were caused by their parents' exposure to dioxin in Agent Orange. (Photo by Maika Elan/AP)

As noted above, VAVA's mission when founded was to seek justice and compensation for Vietnamese nationals affected by Agent Orange. However, the organization's mission has since expanded to include social services and assistance. VAVA affiliates are now present in all of the country's 63 provinces and claim over 400,000 members. VAVA prioritizes meeting the basic needs of victims, such as housing, food, medicine, and wheelchairs. Additionally, it provides physical therapy, rehabilitation, education, and vocational training. To this end, VAVA frequently organizes charitable and philanthropic activities to mobilize assistance for Agent Orange victims and their families at the local and national levels. As of 2020, VAVA chapters at all levels have raised a total of 2.6 trillion dong (nearly \$113.7 million) in funds for victims.⁴² VAVA also partners with various international organizations, donors, philanthropists, and individuals seeking to contribute to improving the lives of those affected by Agent Orange in Vietnam.

VAVA operates 26 social protection centers that provide rehabilitation, vocational training, and medical treatment for children with disabilities and veterans exposed to Agent Orange. These facilities have become a second home for many Agent Orange victims. The number of victims in each center is not fixed, but generally each center houses from 30 to 120 victims at any given time. Thousands of Agent Orange victims, particularly of the later generations, have been raised

and cared for in these facilities, which also serve as boarding schools for children. In 2022, there were around 1,000 children with disabilities being fostered at VAVA's social protection centers.⁴³ VAVA also operates dioxin detoxification centers across the country for war veterans and victims who were exposed to dioxin during the war. As of 2021, these centers have organized saunas, detoxification, and health rehabilitation for more than 10,000 Agent Orange victims.⁴⁴

VNRC provides medical treatment, rehabilitation, literacy and vocational training, and financial aid for people affected by Agent Orange. In 1998, the prime minister established the National Fund for Victims of Agent Orange under VNRC, which has been replicated on a smaller scale in all Vietnamese provinces and cities. The fund is utilized for various purposes such as building and repairing houses, buying cows, providing seed capital, funding medical examinations, and covering the cost of medicines. In 1999, VNRC initiated the fundraising campaign “Tet [New Year] for the Poor and Victims of Agent Orange,” which has become a flagship annual event nationwide.⁴⁵ Beneficiaries receive money, New Year gifts, or support in forms similar to those provided under the National Fund for Victims of Agent Orange. Over the past 23 years, the program has distributed over 28.9 million gift packages to poor households and households affected by Agent Orange, with a total value of 9.991 billion dong (\$425,600).⁴⁶

US Government Assistance

While the US government has not acknowledged responsibility for the human suffering caused by Agent Orange in Vietnam, it has provided funds for dioxin remediation and health and disability programs in heavily sprayed or contaminated areas. From fiscal year 2007 to 2023, the United States provided approximately \$496.3 million for Agent Orange assistance to Vietnam, with \$336 million of that allocated for environmental cleanup and \$139.3 million for health and disability programs. Yearly appropriations have climbed significantly, albeit inconsistently, in the past 15 years, soaring from \$3 million in 2008 to \$29 million in 2014, falling to \$15 million in 2021, and then climbing sharply to \$35 million in 2022 and \$50 million in 2023.⁴⁷ USAID's office in Vietnam (USAID/Vietnam) is tasked with implementing the programs Congress has funded.

Until 2022, the US appropriations language was ambiguous about the relationship between the funding and Agent Orange. However, the US Consolidated Appropriations Act of 2022 explicitly mentioned the potential cause of disabilities.⁴⁸ Similar 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.”⁴⁹ USAID/Vietnam recognizes the health and disability programs as “a part of the US government's efforts to address the legacies of the US-Vietnam War.”⁵⁰

In line with the language of US appropriation bills since 2014, USAID/Vietnam implemented in late 2015 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. The second phase of the project (2020–25), with \$65 million in assistance, added two more provinces. USAID-funded

projects entail three types of activities: direct humanitarian support to affected individuals and their caregivers; capacity building, which involves training for health workers and social service providers; and policy development, which supports disability legislation and rights. The USAID programs currently focus on eight provinces, all of which are located in the center and south of Vietnam (see map on page 19).

USAID-supported health and disability programs are seen in a positive light in Vietnam and are regarded as beneficial to Agent Orange victims of later generations, as reflected in beneficiary survey results. For example, in 2018, USAID/Vietnam released a midterm report on the VDP.⁵¹ The report includes a survey of 1,031 beneficiaries, including people with disabilities and caregivers, who receive direct assistance from USAID-funded health and disability programs in Tây Ninh and Thừa Thiên–Huế provinces. The survey found that the majority of beneficiaries are satisfied with the services provided, with over half expressing satisfaction with home-based or facility-based rehabilitation. Moreover, more than 50 percent of the respondents reported an improvement in both their overall health and their quality of life following project interventions, and 32 percent said that the assistance provided has helped to reduce their dependence on family members for daily activities.

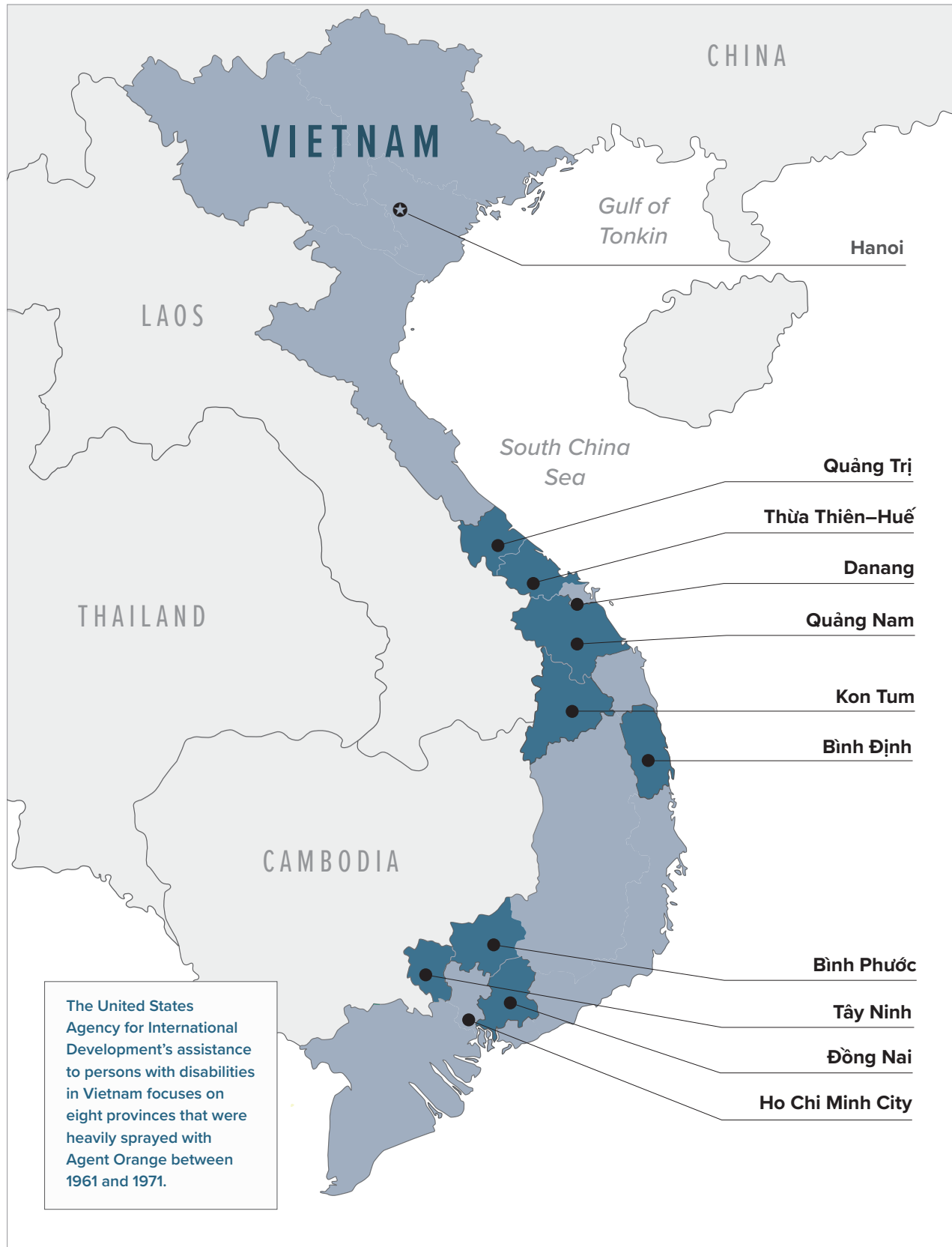
In October 2022, USAID Learns released an evaluation report on the Inclusion project, a program under VDP that provided rehabilitation services from 2020 to 2022 to persons with disabilities and home-based care and training to family members. A survey of 781 beneficiaries and several key informants in Quảng Trị and Bình Định provinces found that interventions designed to improve the social participation of people with disabilities, caregiver capacity, and access to disability benefits were perceived by most beneficiaries as moderately or highly successful.⁵²

The presidents of VAVA's province offices in Tây Ninh and Đồng Nai affirm that USAID-funded health and disability programs are effective in addressing the immediate needs of victims and improving the skills of the local health-care workers who assist them.⁵³ Families receive guidance on how to care for disabled members and improvements to household accessibility, such as the construction of wells and toilets. Caregivers in Tây Ninh and Đồng Nai interviewed for this report said that the assistance provided by the USAID-funded Disability Rights Enforcement, Coordination and Therapies (DIRECT) project, which is implemented by Vietnam Assistance to the Handicapped, effectively aids them in taking care of the victims. For example, Trần Thị Ánh was satisfied with the multifunctional wheelchair her son received, which allowed her to move, bathe, and feed him with ease. Phùng Thị Khánh Trúc, the mother of 30-year-old Nguyễn Thị Hồng Tâm, who lives with hydrocephalus, was pleased with VNAH's assistance in building an accessible toilet and home-based rehabilitation: "They built a toilet with frames so that she could support herself to stand up. To be honest, I was really happy to have the toilet built. . . . They instructed me how to help her with physical therapy and massage. They were very attentive, the health-care workers, and I was very pleased. . . . I couldn't do it myself."

USAID-funded projects have encountered several obstacles, however. First, according to the evaluation of the Inclusion project, home care services and psychological support are frequently identified as less successful than rehabilitation interventions. According to one informant, "The program focuses on health too much . . . [at the expense of] other important issues such as livelihood, vocational training, job creation."⁵⁴ VAVA president Nguyễn Văn Rinh expressed the same

VIETNAMESE PROVINCES HEAVILY SPRAYED WITH AGENT ORANGE AND RECEIVING USAID ASSISTANCE

Adapted from artwork by Rainer Lesniewski/Shutterstock.



USAID programs benefit many people with disabilities who could potentially be Agent Orange victims, even if they are not officially identified as such due to various reasons, including social stigma, lack of evidence, or former association with South Vietnamese forces.

concern, noting that USAID prioritized training and capacity building and gave less emphasis to direct assistance to victims.⁵⁵ Moreover, psychological support is largely unavailable within the Inclusion project.

USAID-funded health and disability programs have so far reached relatively few people identified as affected by Agent Orange. VDP currently covers only 8 provinces, while Agent Orange victims are found in all 63 provinces.

Only later-generation victims who suffer from severe disabilities are eligible for US Agent Orange assistance, leaving out first-generation victims who suffer from chronic diseases. While capacity building and training are beneficial, they do not necessarily translate into actual support for Agent Orange victims. Many of these victims see little or no benefit from the rehabilitation centers that receive funds from USAID, because they live far away or their disabilities cannot be improved through rehabilitation.⁵⁶

VNAH's DIRECT project provided direct assistance (rehabilitation therapy, assistive devices, home care, and other social supports) to over 5,700 persons with disabilities in Tây Ninh, Bình Phước, and Đồng Nai provinces from 2017 to 2022.⁵⁷ However, of these beneficiaries, only 500 are certified Agent Orange victims receiving Vietnamese government assistance. That is only one-tenth of the number of certified victims in these three provinces, according to VNAH's data.

The low number of certified Agent Orange victim beneficiaries does not necessarily mean that USAID assistance is missing the mark. USAID takes a humanitarian approach to addressing the health and disability effects of Agent Orange that prioritizes inclusivity. USAID programs focus on people with disabilities who more likely than not are Agent Orange victims, even if they are not officially identified as such due to various reasons, including social stigma, lack of evidence, or former association with South Vietnamese forces.⁵⁸ This approach prevents discrimination and ensures that beneficiaries are not excluded based on a narrow definition of who qualifies as an Agent Orange victim. Toàn Bùi, VNAH country director, suggested that the DIRECT program may have assisted many people who were exposed to or affected by Agent Orange but are not certified as victims.⁵⁹

Starting in 2020, with the beginning of the second phase of VDP, USAID has increased its provision of direct assistance to those impacted by Agent Orange. While policy development and capacity building remain the focus of the majority of USAID's project activities, the number of direct service activities has increased, accounting for 10 out of 39 projects and 55 percent of the program budget.⁶⁰ In this phase, USAID has been working more closely with VAVA and Vietnamese authorities to identify beneficiaries, study their needs, and explore the possibility of expanding assistance.

Conclusion and Recommendations

The number of people in Vietnam still affected by Agent Orange, almost 50 years after the Vietnam War came to a close, may be as many as several million, and their needs are both diverse and pressing. Despite the scale of the challenge, the Vietnamese government, Vietnamese and international NGOs, and—increasingly—the US government have sought to provide assistance to Agent Orange victims and their families. That assistance takes various forms, from monthly stipends to medical treatment to capacity building of Vietnam’s health and social services.

Seen in one light, the progress made in providing support—especially support that involves cooperation between the United States and Vietnam—is remarkable, and many victims’ lives have been improved as a result. But seen in another light, the picture is less rosy, with many victims and their families still mired in poverty, overlooked by assistance programs, or reluctant to apply for support because of the social stigma attached to disability. Meanwhile, the United States has displayed an ambivalent attitude—on the one hand, continuing to refuse to explicitly acknowledge the health and disability effects of Agent Orange but, on the other hand, substantially increasing its funding for programs to help the victims of Agent Orange.

The Vietnamese and US governments can take a number of steps in the short term to better address the legacy of Agent Orange and to provide support to individuals and families who continue to suffer health and disability effects:

The Vietnamese government should establish a single preferential policy that applies to all subsets of people affected by Agent Orange. In addition, the government should publish annual reports on the situation of people affected by Agent Orange and the effectiveness of domestic sources of assistance in order to increase transparency and effective collaboration with international partners and donors. These reports would inform international stakeholders, including the United States, how they can best complement Vietnam’s efforts in addressing the health and disability effects of Agent Orange.

For the United States, in order to further the process of reconciliation with the Vietnamese government, people, and victims of Agent Orange, it is necessary to maintain and expand the current practical cooperation between the two countries.

First, the US government should increase funding for and expand the scope of health and disability services in Vietnam. Expanding the coverage of the USAID-funded VDP to more provinces and increasing the number of beneficiaries should be the first priority and must be done in consultation with Vietnamese stakeholders.

USAID should continue to increase direct home-based assistance, which is highly regarded by beneficiaries and is especially important given the limited accessibility of health-care facilities for many affected individuals. Additionally, assistance should be extended to first-generation victims suffering from chronic illnesses, not just those with severe disabilities. This could be achieved through financial support and capacity building for local social protection centers that provide care and treatment to Vietnamese veterans.

Furthermore, it is of utmost importance to improve the livelihoods of affected families outside of the people with meritorious services category, because most of them live in poverty. If these

families can become more financially stable, they will be able to provide better care for the victims and will have fewer concerns about the victims' future. Support measures should be tailored to individual and family needs; they should focus on building the skills that will allow victims to live more independently and on empowering families to participate in the local economy. Such measures might include funding the repair of houses, providing loans and capital for family businesses, assisting with the raising of livestock (e.g., by providing vaccines and feed as well as the animals themselves), and awarding scholarships to able siblings of victims (who may well become the next caregivers). Implementing these small measures can significantly enhance the quality of life for impoverished households.

USAID should also support programs that empower women living in rural Vietnam economically and socially, specifically targeting those with disabilities and those who care for disabled adults and children.

Second, the US government should acknowledge the health and disability effects of Agent Orange in Vietnam. Although Vietnamese victims are unlikely to prevail in their legal battles in US courts—given obstacles such as legal immunity for the US government, pushback by Agent Orange producers, limited scientific understanding of dioxin-related illnesses, and the challenge of defining Agent Orange victims—the struggle for justice has achieved a symbolic victory by rekindling discussions around accountability for the damage caused by Agent Orange. Vietnamese plaintiffs have been losing in courts, but international public opinion is on their side, as illustrated by the support from across the world for Trần Tố Nga's movement.⁶¹

The positive perception that the Vietnamese people have of the United States will grow only stronger if the United States acknowledges the suffering of both American and Vietnamese Agent Orange victims.⁶² Doing so will also dent criticism of the United States for having double standards and make Vietnamese leaders readier to cultivate ties with Washington. In 2022 and 2023, US congressional appropriation bills explicitly designated funds to “assist persons whose disabilities may be related to the use of Agent Orange and exposure to dioxin.” Such language is a laudable step toward acknowledgment and should be replicated in US official statements and joint statements with Vietnam on Agent Orange.

Finally, engaging in direct dialogue with Vietnamese victims and their families is also a crucial step toward reconciliation. The only congressional hearings that included Vietnamese Agent Orange victims were held in 2010; the time for more such hearings is long overdue. No US president has visited Agent Orange victims during an official trip to Vietnam; activists urged President Obama to do so during his Vietnam trip in 2016, but he did not.⁶³ Congressional hearings on the health and disability effects of Agent Orange featuring Vietnamese Agent Orange victims and US official visits to the homes of persons with disabilities and to meet people living in the social protection centers can improve understanding of their needs and experiences and build trust between the two countries.

Notes

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