

# Country Report

VIETNAM

Independent semi-annual information on politics,  
economy and society of a country in transition

No 4 | 2022

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Overcoming the Legacies of War



## Overcoming the Legacies of War in Vietnam



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### Country Report Vietnam

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## Foreword



**Michael Siegner**

*Resident Representative of the  
Hanns Seidel Foundation in  
Vietnam*

The largely peaceful period during the last decades has been a novelty in Vietnam's modern history. Decades of brutal colonial rule followed by decades of various wars and conflicts have left a deep mark in the national psyche. Given the rapid modernisation and economic development in the recent past, the international view on Vietnam has changed dramatically. From an internationally largely isolated, war-torn, and poor nation in the early 1990s, the country has gradually managed to manifest its reputation as a new Asian Tiger state with robust economic growth and a high degree of political stability.

As a nation however, Vietnam continues to face the legacy of its unique and conflict-laden history. The Government of Vietnam has invested significant efforts into the overcoming of the legacies of war. The society as a whole has shown remarkable solidarity and willingness to move forward. Consisting of articles featuring policy analysis and empirical

research, this Country Report Special Issue does not only provide an overview of these efforts and initiatives but also points out other facets of overcoming the legacies of war that deserve special attention - for example welfare programmes in terms of financial and mental health support, not only war veterans but also war victims.

For over 10 years, the Hanns Seidel Foundation (HSF) has been cooperating with various stakeholders on policy recommendations for enhancing social inclusion and social security in Vietnam. Together with the Institute of Labour Science and Social Affairs (ILSSA), we have conducted several studies and policy dialogues on employment and labour issues in the context of an aging population and increasing domestic migration in Vietnam especially during the COVID-19 pandemic and in the post-pandemic recovery. Our support to this Special Issue of the Country Report series complements these ongoing academic, regulatory and policy discussions by considering war veterans, war victims as well as people who are affected by unexploded ordnance and Agent Orange today as a vulnerable group who can contribute to achieving sustainable and inclusive development when they are given sufficient support.

Furthermore, in a global context with ever increasing tensions and armed conflicts, this report shall also serve as a reminder that conflicts will always incur heavy societal costs for decades and generations to come.

I would like to thank everyone who has been involved in this Country Report. First, I would like to sincerely thank Prof Dr Pham Quang Minh of the USSH and PD Dr Detlef Briesen of the JLU Gießen who have devoted a great deal of time, efforts, and enthusiasm to this project. I would also like to say thanks to all contributors and authors. Finally, I would like to extend a special thanks to Dr Nguyen Thi Thuy Trang of the USSH and Ms Trinh Ngoc Mai of HSF Vietnam for the tireless coordination of this project.



**Michael Siegner**

*Resident Representative of the Hanns Seidel Foundation in Vietnam*

## Editorial



Detlef Briesen



Pham Quang Minh

This is already the fourth volume of our Country Report Vietnam. It differs from the previous ones in that the hitherto very successful cooperation has been supplemented by another partner: Here in this issue, the University of Social Science and Humanities (USSH), Vietnam National University, Hanoi, the German Justus Liebig University, Giessen, and the Hanns Seidel Foundation (as our generous supporter) are working together with HANPRI, the Hanoi Peace Research Institute. Information about HANPRI can be found at the corresponding place. We concentrated on a question that has received far too little attention up to now, namely the problem of how the aftermath of war has been dealt with in a country like Vietnam after a period of almost 50 years of warfare. In doing so, we have found that coping with the consequences of war is a rather neglected topic, even on the international level - at least if one compares this with the large number of academic treatises or popular depictions in novels, memoirs, films, etc. So, our focus in this issue is a socio-political one:

- How was Vietnam rebuilt after all the destruction of war?
- And how did it try to deal with the social consequences of war?

For there have been more than enough socio-political problems to deal with in Vietnam since the outbreak of the Second World War, as the individual articles repeatedly point out. Particularly after 1954 and 1975, large parts of today's Vietnam, and beyond that of former French Indochina, were horribly destroyed, hundreds of thousands of lives were lost, and hundreds of thousands more survived the war widowed, orphaned or with severe damage to body and soul. In addition, the long-term consequences of warfare are still evident today, often many years after the end of hostilities, especially those of the countless undetonated explosives that can still be found everywhere in Vietnam. And even more terrible, the long-term consequences of chemical warfare, which the USA carried out mainly in the south of today's Vietnam using defoliants, particularly dioxin-contaminated Agent Orange.

Fortunately, this is all in the past today and there is a well-functioning cooperation of Vietnam with various international institutions as well as governmental and non-governmental aid organisations from different countries of the world to clear mines, to decontaminate soils and to improve the situation of the affected people. The future belongs to these efforts.

Finally, in the introduction we would like to draw attention to a problem with the content and especially the language, because the Country Report is again published in two parts, one in English and one in Vietnamese. In the English part, which is mainly addressed to an international audience, we use the internationally customary terms for the three wars whose consequences we are mainly concerned with: i.e. the Indochina War (1946 to 1954), the Vietnam War (1954 to 1975) and the Sino-Vietnamese War (1979).

These wars are officially referred to in Vietnam as *Cuộc Kháng chiến chống Pháp* (1946-1954), *Cuộc kháng chiến chống Mỹ* (1954-1975), and *Cuộc chiến đấu bảo vệ biên giới phía Bắc* (1979).

We respect these designations and will use them in the Vietnamese text. Again, we thank all those who made this volume possible. In addition, we can already announce here another volume of the Country Report, which will be published at the end of the year: *Women in the Vietnamese Society* focuses on the status and problems of the female population in contemporary Vietnam.

Detlef Briesen

Pham Quang Minh

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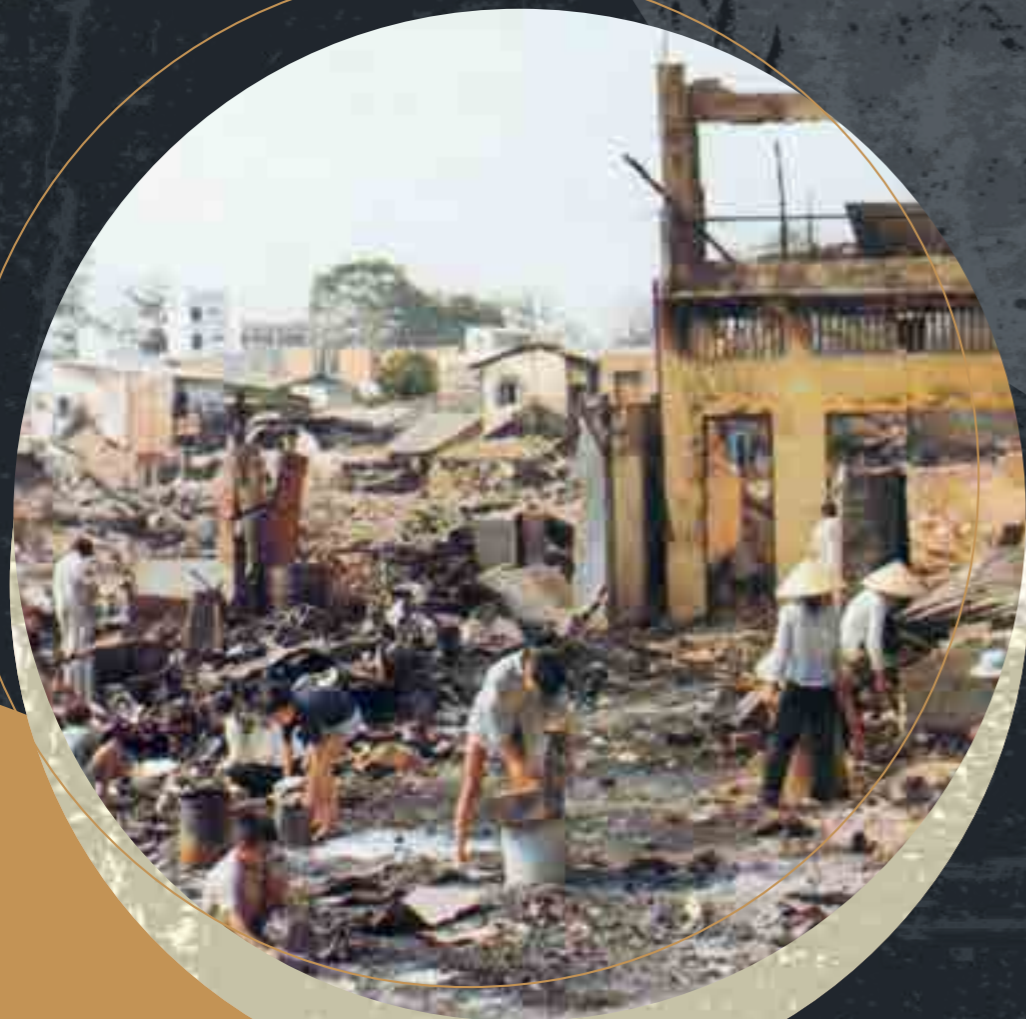
<https://www.ushh.vnu.edu.vn>

<https://www.uni-giessen.de>

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War Destruction in Cho Lon 1968 during Tet Offensive  
Source: CPA Media Pte Ltd/ Alamy Stock Photo

## Overcoming the Legacies of War in Vietnam

● Detlef Briesen and Pham Quang Minh

This Country Report Vietnam is distinct from the previous issues and is also different from the upcoming report about Women in the Vietnamese Society. This is because we have decided to publish a special issue that contains fewer but longer articles than in the usual format and that also includes another partner for the previous cooperation between the USSH, the JLU and the HSS: HANPRI for short (Hanoi Peace Research Institute). This cooperation alone gives a clue to the topic of this special issue, namely the way Vietnam has coped in recent decades with the consequences of the numerous wars that have taken place on its soil or with its participation. For the list of these war or war-like conflicts is only too long, and therefore first a look at history again before briefly introducing the contents of this edition.



Geneva Conference, 21 July 1954. Last plenary session on Indochina in the Palais des Nations. Second left Vyacheslav Molotov, 2 unidentified Russians, Anthony Eden, Sir Harold Caccia and W.D. Allen. In the foreground North Vietnamese delegation.

Source: Unknown author, in George Esper (1983): *The Eyewitness History of the Vietnam War 1961 - 1975*. The Associated Press.

## 1. Historical Overview: 1940 to 1990

In French Indochina, or rather in what is now Vietnam, Cambodia and Laos, a series of wars took place between 1937 and 1991. Vietnam was always the most important regional actor and, apart from the Cambodian War from 1978 to 1991, also the main theatre of war.

### *The Second World War (1937 to 1945)*

It all began with the Second World War, which lasted from 1937 to 1945 in Asia and involved Indochina as part of the French colonial empire (Brocheux and Hémery 2011). Since 1940, more and more parts of Vietnam were occupied by Japanese troops, but for most of that time it was controlled by a French administration that remained on the side of the Vichy government and was ousted by Japan not before March 1945. However, this form of rule over Indochina, or today's Vietnam, became increasingly difficult: because of the direct and indirect effects of the war in the Pacific region and in China, due to increasing Vietnamese resistance, and finally because Japan had been on the losing side since 1942. Today's Vietnam suffered above all from a brutal Japanese occupation policy that probably caused millions of deaths from starvation in the last years of the war. Nevertheless, in its search for allies, the Empire of Japan released the previously occupied colonies of France, the Netherlands, and the USA, and thus also Vietnam, into independence in a unilateral act towards the end of the war and handed over weapons to the core of future liberation movements.

### *The Indochina War (1946 to 1954)*

The Indochinese liberation movement headed by Ho Chi Minh used this opportunity to seize power by proclaiming a Democratic Republic of Vietnam. The situation remained extremely complex, however, because the powers victorious in the Second World War (important for Indochina at the time were Great Britain, France, the USA, the Soviet Union and, initially, National China) had very different ideas about the future of the European colonies in Asia (Goscha 2022). Since the agreements between these governments did not even work for the provisional administration of Indochina, a conflict-ridden situation arose in today's Vietnam between various actors fighting for power: the Viet Minh under Ho Chi Minh, who



9 October 1954. Waving to the city populace, joyous Viet Minh troops enjoy a parade of victory through the streets of Hanoi.

Source: Unknown author, in: Kenneth Conboy (1994): *War in Laos 1954 - 1975*. Squadron/ Signal Publications.

considered themselves the legitimate government of the country since the August Revolution of 1945, their Vietnamese opponents, more bourgeois forces around the Vietnamese imperial house, France, which wanted to continue to govern its colonies in Indochina according to reformed ideas but directly on central points – and all this with the growing partisanship of the increasingly strong communists in China and the USA. This eventually led to the military conflict known in the West as the Indochina War. In this war, France, the State of Vietnam and especially the USA on the one side and the Viet Minh with their allies from mainly communist countries on the other side faced each other. The war ended, before any truly massive US involvement, with the defeat of France at Dien Bien Phu. The war took a terrible toll on Indochina, and in particular on what is now Vietnam as the main combat zone. It is estimated that between 200,000 and 300,000 combatants died on the side of the Viet Minh, and about 140,000 soldiers on that of France and the State of Vietnam. In addition, there were civilian casualties, estimates of which vary widely to this day, between 125,000 and more than 840,000 people. Since the Indochina War was fought as a colonial liberation, national unification, civil and proxy war at the same time, there was enormous war destruction, especially in the rural areas, which were the main combat zones.

### *The Vietnam War (1954-1975)*

The Indochina War, however, was only the first stage of a far greater tragedy for the states that emerged from the French colonial empire in Indochina: North and South Vietnam, as well as Laos and Cambodia. Since 26 April 1954, a comprehensive peace conference on East and Southeast Asia had been meeting in Geneva, Switzerland, the only presentable outcome of which was the *Geneva Accord* on French Indochina. The conference was attended by the main belligerents, France, and the Democratic Republic of Vietnam, as well as the USA, Communist China, Great Britain, the Soviet Union, the State of Vietnam, Laos, and Cambodia. Of central importance to the conference was that the French fortress of Dien Bien Phu was captured by the Viet Minh on 8 May 1954. This weakened the French negotiating position, which originally only wanted to achieve a ceasefire along the main battle lines, internationally and in the mother country itself so considerably that France and China agreed on a partition plan for today's Vietnam along the 17<sup>th</sup> parallel. The representatives of the Democratic Republic of Vietnam in Geneva, who originally wanted to extend their republic to the entire territory of Tonkin, Annam and Cochinchina, were pressured by their Soviet and Chinese allies and finally gave in. In 1954, the decisive great powers had no interest in a further intensification of the war in Indochina: neither the Soviet Union nor China, and especially not the USA, for which one outcome of the Geneva Accord was to become central – free elections were not to be held throughout Vietnam until two years had passed. The US side saw this as crucial to its attempt to establish an anti-communist government in the south of the country (Halberstam 1965).

The US government regarded the results of the Indochina Conference as another serious defeat of its post-1945 Asia policy. It feared that a unified, communist Vietnam would trigger the loss of further Asian states to the Eastern Bloc in the sense of the domino theory. Therefore, the US government decided to build an anti-communist state in southern Vietnam and installed the US-educated Catholic Ngo Dinh Diem as prime minister. Diem's regime was supported by massive economic and military aid and directly controlled by the CIA. In the process,

the Diem regime attempted to build an alternative Vietnamese nation under conservative, Confucian, and Catholic auspices.

Diem acted as a dictator, relying mainly on his family members and the Christian minority in the country. Under his rule, functionaries, and supporters of the Communist Party, but also other real or even perceived opponents of the regime, were brutally persecuted and murdered. In addition, the regime created numerous other social tensions: Between the Catholic minority and the Buddhist majority, the often forcibly resettled ethnic minorities and the refugees streaming in from the North, and between the local peasants and the old landowners and the organs supporting them in the South, now called the Republic of Vietnam – because the Diem regime tried in parts to reverse the land reform in the areas controlled by the Vietminh until 1954. Out of all this, an armed movement against the Diem regime developed from 1956/57, which was organised as the *National Liberation Front (NLF)* from 1960. As early as 1959, the North began to support this insurgency by sending guerrilla fighters; by 1961, the NLF controlled about three quarters of the rural areas of South Vietnam and the Diem regime was on the verge of collapse. Attempts to keep a non-communist state alive in southern Vietnam thus gave rise to another military conflict with increasing US involvement, internationally known as the Vietnam War. It was again fought in what was, like its predecessor, a colonial liberation, national unification, civil and proxy war, and cannot, of course, be described in more detail here. Important events or characteristics of this war were:

- The *US air bombing war against North Vietnam*, especially through Operations Flaming Dart (1965), Rolling Thunder (1965 to 1968) and Linebacker I and II (1972). Waging this war became increasingly difficult for the USA until 1972 because of better positioned Vietnamese air defences.
- *US chemical warfare*, primarily through the use of dioxin-containing herbicides (codenamed *Agent Orange, Agent Blue, Agent Purple and Agent White*) in South Vietnam. Operation Ranch Hand began in January 1962, during which the US Air Force and,

to a much lesser extent, the Army of the Republic of Vietnam (ARVN) sprayed some 80 million litres of dioxin-contaminated herbicides until 1971, when the programme was discontinued (Zierler 2011).

- The *ground war* fought on the territory of South Vietnam, Laos and Cambodia. Apart from major operations (especially the Tet Offensive and the battle for Khe Sanh), this was an asymmetrical conflict between a highly technologized US army and units of the NLF and the Vietnamese People's Army. Characteristic of this war were so-called search and destroy missions in which US units attempted to wrest territorial control over South Vietnam (Turse 2013).
- Characteristic of the Vietnam War were the extensive *displacements of the civilian population*, in South Vietnam from the mainly contested rural areas to the cities, in North Vietnam from the target areas of the US bombing raids to the rural areas and mountain regions.



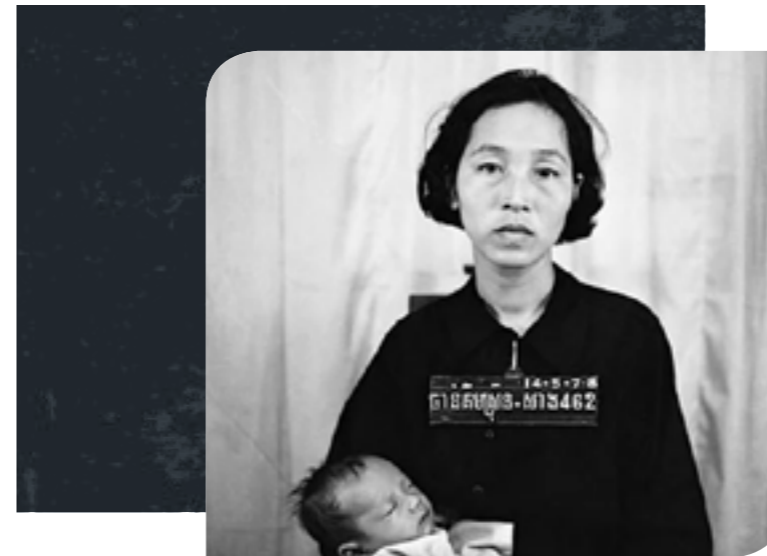
1965/1966 A U.S. Air Force Boeing B-52F-70-BW Stratofortress (s/n 57-0162, nicknamed "Casper The Friendly Ghost") from the 320<sup>th</sup> Bomb Wing dropping M117 750 lb (340 kg) bombs over Vietnam. This aircraft was the first B-52F used to test conventional bombing in 1964, and later dropped the 50,000th bomb of the "Arc Light" campaign. B-52Fs could carry 51 bombs and served in Vietnam from June 1965 to April 1966 when they were replaced by B-52Ds which could carry 108 bombs.

Source: U.S. Air Force photo 020926-O-9999G-001 from the USAF website <https://www.af.mil/News/Photos.aspx?igphoto=2000593144>

The Vietnam War finally ended with a complete victory of the government in Hanoi and the NLF allied with it over the regime in Saigon, after the USA had withdrawn from direct combat operations as a result of the *Paris Agreement of January 1973*, saw its final defeat coming and called this policy of Vietnamisation of the war. The war, however, which the USA had waged to prop up incompetent governments, caused enormous damage to people, the environment and nature. The number of the dead and wounded at that time is still not more precisely determined. For the side of the government in Hanoi, including its allies, between 500,000 and one million dead combatants are given, for the opposite side 300,000 to 400,000. In addition, there are an estimated 400,000 to two million civilian deaths for the area of today's Vietnam alone, so that today the number of war dead for Vietnam is generally estimated at two to three million. In order to correctly assess the dimension of the number of victims, one must bear in mind that North Vietnam had only 22 million inhabitants around 1973, South Vietnam only 20. This makes it much clearer what devastation and victims the Vietnam War brought with it.

### *The Cambodian War and the Sino-Vietnamese War (1978 to 1991)*

The Vietnam War was not limited to Vietnam alone, however, but also affected the neighbouring countries of Cambodia and Laos. The situation in Cambodia in particular was more than dramatic after the withdrawal of the USA and the fall of the Lon Nol government in April 1975. The *Khmer Rouge*, under their leader Pol Pot, established a reign of terror that claimed the lives of 1.7 to 2.2 million Cambodians over a four-year period. They were either killed in death camps or perished in forced labour in the rice fields. At that time, Cambodia had about seven million inhabitants, which means that about a quarter to over 30 percent fell victim to the inhumane regime. The percentage of ethnic Chinese, Cham and Vietnamese was particularly high, which some historians explain with the racism of the Khmer Rouge. By 1978, the situation in Vietnam's neighbouring country had become increasingly intolerable and the violence spread increasingly to Vietnamese territory. In 1977 and 1978, Khmer Rouge massacres took place in the southern border regions of Vietnam and its



Mother and baby at S-21 prison (Tuol Sleng) in Phnom Penh, victims of Khmer Rouge genocide.

<https://commons.wikimedia.org/wiki/File:S21-prison-khmer-rouge-victims-mother-and-baby.png>

government ordered several military operations into Cambodian territory. When Cambodian resistance also began to organise in the south-eastern provinces of the country, Vietnam decided to intervene: On 25 December 1978, 13 Vietnamese divisions with a total of about 150,000 soldiers marched into Cambodia and drove Pol Pot's regime out of Phnom Penh in a few days. However, Cambodia's tale of woe was not over with this, as large parts of the country remained under Khmer Rouge control, especially due to China's support – the war in Cambodia, which was now waged as a civil war and international conflict, was only ended by the *Paris Peace Agreement of October 1991* (Tully 2005).

Finally, there is another armed conflict to mention: On 17 February 1979, *Chinese troops invaded the far north of Vietnam* (Nguyen Minh Quang 2017). The aim of this operation was probably to conquer parts of the border provinces and thus force Vietnam to withdraw from Cambodia again. However, the invasion was already so hampered by resistance from local militias and a few regular troop units that it took China a month to capture the operation's objective, the town of Lang Son. China announced a day later that it would not penetrate deeper into Vietnam, as it had shown how difficult it would be to fight the experienced and well-trained Vietnamese forces. Again, there was enormous destruction on

Vietnamese territory and numerous casualties on both sides. An independent estimate puts the death toll at around 26,000 and 37,000 wounded on the Chinese side and 30,000 dead and 32,000 wounded on the Vietnamese side. However, the conflicts in the difficult-to-access mountain region flared up again and again, especially in 1987. It was not until the end of 1999 that the land border between Vietnam and China was defined in an agreement, and then on 25 December 2000 also the maritime border and fishing rights in the Gulf of Tonkin – in a treaty signed at the time by the then Presidents of the two states, Tran Duc Luong and Jiang Zemin.

## 2. Dealing with the Consequences of War in Vietnam

With the compilation of such a list of the numerous warlike events in Indochina/Vietnam between the time of 1937 and 1991, one question is self-evident: How was the country actually rebuilt after each of these wars or in the now fortunately long period of peace? By reconstruction we mean the effort, expressed by the bureaucratic but accurate German word *Kriegsfolgenbewältigung* (overcoming the consequences of war), to repair as best as possible the material damage left by a war to the survivors, and especially the physical and psychological damage to those left behind. From this perspective, overcoming the consequences of war is thus primarily a target area of economic and social policy after a war, and it is in this sense, as critical contributions to Vietnam's policy of overcoming the consequences of war, that we want to understand our booklet. This also makes it clear that we have not dealt with many areas of post-war reconciliation in a broader sense, such as attempts to reconcile people who were members of different warring parties or their peoples with each other – as is the goal of today's reconciliation conferences after civil wars or of bi- or multilateral dialogue and exchange programmes, which were particularly successful in the reconciliation between Germany and France after the Second World War. International aid programmes or the reconstruction of destroyed economic relations are also only marginally included in this subject area; it is already extensive enough, considering once again the great scale, harshness, and duration of the wars in Indochina and Vietnam.



In dealing with this approach, which focuses on the economic and socio-political management of the consequences of war, we made a discovery that surprised us: coping with war aftermath is generally not a strong point of international or Vietnamese research and literature. There are hundreds, even thousands of academic and popular publications outside and inside Vietnam, and numerous films about the wars since 1937: about the Second World War anyway, but also about the Indochina and Vietnam wars, and to some extent about the Pol Pot regime's genocide of its own people. However, what happened after the wars of the 20th century in general, and especially with regard to Vietnam after the end of hostilities, to mitigate the sometimes-terrible consequences of war, has received considerably less attention. It seems reasonable to assume that there is a tendency in contemporary reporting and retrospective analysis to focus on the horrors or heroic deeds of war. But what happens when the war is over? Or to paraphrase the situation after a war in the words of the great German poet Bertold Brecht from 1949:

„Die Mühen der Berge haben wir hinter uns, vor uns liegen die Mühen der Ebenen (Brecht 1993, 205).

The sentenced can be translated into: The hardships of the mountains are behind us, the hardships of the plains are ahead of us. To stay in the picture: we are dealing here with the travails of the plains, the mitigation of war damage through economic and especially through social policy. In the process, we have come across numerous gaps that future research should urgently undertake to close – in relation to Vietnam, to other countries (even Germany, for example) and with a view to the international comparisons that are so necessary. And this was one of the reasons for conceiving the present volume on coping with the consequences of war in Vietnam as a research issue.

In this respect, the articles collected here attempt to take a first look at issues that have either been insufficiently researched so far, are in urgent need of a solution or where both apply. It is therefore no coincidence that two articles in this issue deal with the follow-up problems of chemical warfare by the USA in the Vietnam War:



Map of Sino-Vietnamese War of 1979

Source: [https://commons.wikimedia.org/wiki/File:Chi%  
gi%E1%BB%9Bi\\_Vi%E1%BB%87t-Trung.png?uselang=de](https://commons.wikimedia.org/wiki/File:Chi%E1%BA%BFn_tranh_bi%C3%AAn_gi%E1%BB%9Bi_Vi%E1%BB%87t-Trung.png?uselang=de)

- The contribution by Hajime Kitamura's group is one of the few empirical reports on the actual situation of Agent Orange victims more than 50 years after the end of the use of this weapon. The situation of the victims is heart-breaking, and the article shows how great the need for action still is. The second article, provided by HANPRI, also makes it clear once again how important it is to make the mitigation of precisely these terrible consequences of war a core area of social policy in Vietnam. Moreover, the USA must take responsibility for this war crime.
- A similar tendency characterises the second contribution, which was prepared by HANPRI too. Here it becomes clear once again how extensive the legacy of the Vietnam War in terms of unexploded ordnance still is and what dangers unexploded bombs, mines, grenades, artillery, and any form of ammunition still pose in the soil and waters of Vietnam today. Their clearance is not only about protecting Vietnam's people and nature from danger, but to this day the removal of the explosive devices is an essential prerequisite for the economic use of the areas. This requires a much more intensive international effort than has already been made.

- Two further contributions deal with the physical and psychological damage of the war participants and war victims: Nguyen Tuan Anh convincingly shows the basic lines of the social policy that Vietnamese society pursues for those who have earned special merits for the revolution and the national liberation struggle. The achievements of the state for this group are traced in detail, and the basic features of a social policy that clearly privileges the war participants on the victorious side over other groups become discernible.
- In particular, the so-called Vietnam War, with significant US participation, destroyed the health of millions of Vietnamese. Nguyen Ba Dat shows, on the one hand, what great efforts Vietnam made, partly with international support, to repair or at least mitigate physical war damage. On the other hand, however, he rightly points out that there is still a considerable gap to be closed, especially in psychological war trauma treatment in Vietnam. It is to be hoped that psychological therapy services will be expanded in the coming years in a manner comparable to the comprehensive programmes to combat physical damage.
- Another important area of post-war management in Vietnam, especially after 1975, was the issue of redistributing its population. As a result of the fighting, millions of people had either fled to the cities (especially in the south of the country) or had been settled in rural areas (in the north). However, under the conditions of reconstruction at that time, it was necessary to distribute the population over the country in such a way that higher agricultural production could be achieved. This was the task of the New Economic Zones, which were created especially in remote areas of South Vietnam after 1975. Pham Quang Minh deals with this topic in his essay and differentiates between the successes and the problems of this redistribution of Vietnam's population.

- Detlef Briesen and Dao Duc Thuan attempt to classify the policy of dealing with the internal consequences of war after 1954 and 1975 respectively. To this end, it was important, on the one hand, to point out international development trends and the existing state of research on this. The latter, i.e., the knowledge gained so far about the ways in which attempts have been made to deal with the consequences of war after 1945 and since the 1990s, have proved rather disappointing.
- Our issue is again rounded off and completed by a careful and excellently selected overview by Nguyen Thi Thuy Trang. Anyone looking for the most important information on the legal and social framework for dealing with the consequences of war in Vietnam will quickly find it here.

To a certain extent, this also applies to Vietnam, although a certain quintessence can be stated: After the end of the war against France and the USA, Vietnam was not only concerned with overcoming the immediate consequences of the war, but also with national reconstruction in general, transcending the aftermath of the colonial era and creating a nation state under socialist auspices. Vietnam, or rather its people and government, set themselves a threefold task in both 1954 and 1975, which were initially strongly influenced by the models of national (re) construction in the other young states of the Third World and by the Eastern bloc.

That is now largely history and has been replaced by more pragmatic approaches since Doi Moi, but people and nature are still suffering from the consequences of the wars in Vietnam. We hope that our publication will provide food for thought or perhaps even help to initiate measures that will improve the situation in the future, because the past cannot be changed anyway: that of the still numerous disabled or traumatised people and of a nature that in some areas, for example in the highly contaminated former American storage sites of chemical weapons such as Agent Orange, is far from being safe in terms of health and ecology.

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# Social Policies for Persons with Meritorious Services in Wartime for Vietnam

● Nguyen Tuan Anh

## 1. Introduction

In thousands of years of building and defending the country, many Vietnamese generations have sacrificed their lives for the independence, freedom, and immortality of the fatherland. In the 20th century, Vietnam fought in many wars, which resulted in tremendous loss of life and wealth. In order to recognize the contributions of those who devoted their lives for the country and the revolution as well as partially improve their living conditions both in terms of material and spiritual aspects, the party and the state have implemented guidelines and policies to provide preferential treatment for people with meritorious services. The guidelines, policies, and preferential regimes for people with meritorious services exhibit the humane attitude of the party, the state, and people towards those who made sacrifice for the fatherland.



*Hue, Vietnam - April 4, 2018: Group of Vietnamese veterans walking along road to the Imperial City with the Purple Forbidden City within the Citadel.*

Source: [iStock.com/efired](https://www.istock.com/efired)



*Prime Minister Nguyen Xuan Phuc meets 300 Heroes Mothers in July 2020.*

Source: [VOVWORLD \(2020\): Premierminister Nguyen Xuan Phuc trifft 300 vietnamesische Heldenmütter.](https://www.vovworld.vn/de-DE/nachrichten/premierminister-nguyen-xuan-phuc-trifft-300-vietnamesische-heldenmutter-884461.vov)  
Available at: <https://www.vovworld.vn/de-DE/nachrichten/premierminister-nguyen-xuan-phuc-trifft-300-vietnamesische-heldenmutter-884461.vov>

To contribute to the understanding of guidelines, policies and preferential treatment for national devotees, this article will present an overview of preferential policies for people with meritorious services in Vietnam.

- First, it will focus on the process of developing and perfecting preferential policies for people with meritorious services through different development stages of the country. Some important documents in the system of documents constituting preferential policies for national devotees will be mentioned as follows: resolutions and directives of the party, ordinances of the Standing Committee of the National Assembly, decrees of the government, decisions of the prime minister, and circulars of ministries.
- Second, the paper will include important results of the process of implementing preferential policies for people with meritorious services as follows: subsidy policies and allowances, healthcare policies, housing support, preferential policies on education and training, finding jobs for people with meritorious services and their relatives, and the socialization of resources to take care of people with meritorious services.

## 2. The Process of Developing and Perfecting Preferential Policies for People with Meritorious Services

Various documents forming a system of preferential policies for national devotees have been forged and revised since 1945. On 16 February 1947, President Ho Chi Minh signed *Decree No. 20/SL promulgating the work injury and death gratuity for fallen heroes' families' benefits* (President of the Government 1947). Numerous documents stipulating preferences for national devotees have been published since 1947. One of the important texts is the *Ordinance on preferential treatment for revolutionary activists, fallen heroes and their families, war invalids, diseased soldiers, resistance war activists, and people with meritorious services to the revolution* approved by the Standing Committee of the National Assembly in 1994 (Standing Committee of the National Assembly 1994b). The beneficiaries of the ordinance are as follows:

- revolutionary activists before the August Revolution in 1945,



Prime Minister Nguyen Xuan Phuc meets 300 Heroic Mothers in July 2020.

Source: <https://vovworld.vn/de-DE/nachrichten/premierminister-nguyen-xuan-phuc-trifft-300-vietnamesische-heldenmutter-884461.vov>

- fallen heroes and their families,
- heroes of the People's Armed Forces, Vietnamese Heroic Mothers, and Heroes of Labour,
- war invalids, diseased soldiers, and policy beneficiaries as wounded soldiers,
- revolutionary or resistance war activists who are captured or imprisoned,
- people who fight in the resistance war for the national liberation, defend the fatherland and perform international duties, and
- people with meritorious services to the revolution (Standing Committee of the National Assembly 1994b).

Under the Ordinance, the Vietnam Fatherland is designated to preside over the campaign to build the *Gratitude Fund* and join with the Labour – Invalids and Social Affairs sector in administering this fund (Standing Committee of the National Assembly 1994b). The Ordinance on establishing the state honour title *Vietnamese Heroic Mother* has also served as a solid legal basis for the implementation of policies and preferential regimes for people with meritorious services and their relatives (Standing Committee of the National Assembly 1994b). The ordinance on preferential treatment for revolutionary activists, fallen heroes and their families, war invalids, diseased soldiers, resistance war activists, and people with meritorious services to the revolution was amended in 1998 (Standing Committee of the National Assembly 1998). In 2000, it was revised again to suit new conditions.

In 2005, the Standing Committee of the National Assembly passed the *Ordinance on preferential treatment for people with meritorious services to replace the Ordinance on preferential treatment for revolutionary activists, fallen heroes and their families, war invalids, diseased soldiers, resistance war activists, and people with meritorious services to the revolution*. According to article 2 of the new ordinance, beneficiaries are people with meritorious services and their relatives. People with meritorious services are as follows:

- revolutionary activists before 1 January 1945,
- revolutionary activists from 1 January 1945 to before the general uprising on 19 August 1945,
- martyrs,
- Vietnamese Heroic Mothers,
- Heroes of the People's Armed Forces and Labour heroes,
- war invalids and policy beneficiaries as wounded soldiers,
- diseased soldiers,
- resistance war activists infected with toxic chemicals,
- revolutionary or resistance war activists who are captured or imprisoned,
- people who fight in the resistance war for the national liberation, defend the fatherland and perform international duties, and
- people with meritorious services to the revolution (Standing Committee of the National Assembly 2005).

The ordinance also stipulates that

“Every year, the state spends part of the budget to ensure the implementation of preferential treatment for people with meritorious services to the revolution and their relatives.” (Standing Committee of the National Assembly 2005)

In 2012, the 5<sup>th</sup> Plenum of the 11<sup>th</sup> Central Committee of the Communist Party of Vietnam issued *Resolution No. 15-NQ/TW on some social policy issues for the period 2012–2020*. The resolution stated that

“the preferential policies for people with meritorious services and social security must correspond with the level of socio-economic development and the country's capability to mobilize and balance

resources in each period; and giving priority to people with meritorious services, disadvantaged people, the poor, and ethnic minorities.” (Central Committee of the Communist Party of Vietnam 2012) The resolution also highlights the mission to

“raise the standard level of subsidy and allowances for people with meritorious services in line with the roadmap for minimum wage increase. By the end of 2013, people with meritorious services will get support to cope with housing problems. Appropriate, preferential policies for people with meritorious services and their relatives in terms of production development, employment, and access to basic social services, especially health, education, and training should be adopted. The renovation of cemeteries, searching and collecting the remains of martyrs, and gratitude activities will be promoted. Measures aimed at addressing negative effects in the process of implementing policies for national contributors need to be imposed.” (Central Committee of the Communist Party of Vietnam 2012)

Therefore, in terms of preferential policies for national devotees, Resolution No. 15-NQ/TW pointed out important tasks related to subsidies and allowances, housing, production and employment, and access to basic social services for people with meritorious services and their relatives. Also in 2012, the Standing Committee of the National Assembly passed the Ordinance amending and supplementing a number of articles of the *Ordinance on preferential treatment for people with meritorious services to the revolution enacted in 2005*” (Standing Committee of the National Assembly 2012). In 2013, the government issued the *Decree on detailing and guiding the implementation of a number of articles of the Ordinance on preferential treatment for people with meritorious services to the revolution* (Vietnam Government 2013). In the same year, the Ministry of Labour – Invalids and Social Affairs released the *Circular guidelines on procedures for making dossiers, managing dossiers, implementing preferential regimes for people with meritorious services to the revolution and their relatives* (Ministry of Labour – Invalids and Social Affairs 2013). Another significant document is the *Decision to support people with meritorious services in housing* promulgated by the Prime Minister in 2013. The decision says that:

“Housing support for people with meritorious services to the revolution and martyrs’ relatives who currently have permanent permission” is carried out through “mobilizing sources, support from the state and communities, and households’ contribution and participation in the construction process.” (Prime Minister 2013)

Under the decision, the support level from the state budget will be 40 million Vietnamese dong for the case of demolition to build a new house and 20 million Vietnamese dong when it comes to repairing frames, walls and replacing roofs (Prime Minister 2013).

In 2017, the Secretariat of the Communist Party of Vietnam issued *Directive No. 14-CT/TW on Continuing to strengthen the leadership of the party in the work of people with meritorious services to the revolution*. The directive gives the order to

“analyse and promulgate an Ordinance to replace the current Ordinance on preferential treatment for people with meritorious services to the revolution; and review and perfect the system of laws and policies for people with meritorious services to the revolution in order to deal with local situations. It is necessary to scrutinize and implement regimes and policies Vietnamese people with meritorious services to the revolution, people who fight in the resistance war, defend the fatherland, and perform international duties, and overseas Vietnamese who contribute to the revolution. Additionally, it is important to have policies for people of the third generation exposed to toxic chemicals during the resistance war, and those who participated in the resistance war in the period 1974–1975 but were not eligible to be awarded medals.” (Central Committee of the Communist Party of Vietnam 2017)

In 2020, the Politburo of the Communist Party of Vietnam issued *Conclusion No. 92-KL/TW on Continuing to implement the Resolution of the 5<sup>th</sup> Plenum of the 11<sup>th</sup> Central Committee on some social policy issues for the period 2012–2020*. Under the Conclusion, the Politburo asks to

“especially pay attention to preferential policies for people with meritorious services to the revolution and ensure that they and their families have a standard of living that equals to or higher than the average living standard of the locals.” (Central

Committee of the Communist Party of Vietnam 2020)

At the end of 2020, the Standing Committee of the National Assembly approved the *Ordinance on preferential treatment for people with meritorious services to the revolution*. It took effect from 1 July 2021. As a result, the *Ordinance on preferential treatment for people with meritorious services to the revolution enacted in 2005* and the *Ordinance amending and supplementing a number of articles of the Ordinance on preferential treatment for people with meritorious services to the revolution adopted in 2012* were annulled from 1 July 2021 (Standing Committee of the National Assembly 2020). The new ordinance defines people with meritorious services to the revolution as:

“a) revolutionary activists before 1 January 1945, b) revolutionary activists from 1 January 1945 to the general uprising on 19 August 1945, c) martyrs, d) Vietnam Heroic Mothers, e) Heroes of the People’s Armed Forces, f) Labour Heroes in wartime, g) war invalids, including type B wounded soldiers authorized before 31 December 1993, and policy beneficiaries as wounded soldiers, h) diseased soldiers, i) resistance war activists infected with toxic chemicals, k) revolutionary, resistance war activists, and people perform international duties who are captured or imprisoned, l) people who fight in the resistance war for the national liberation, defend the fatherland and perform international duties, and m) people with meritorious services to the revolution.” (Standing Committee of the National Assembly 2020).

Their relatives are as follows:

“biological fathers, biological mothers, spouses, biological or adopted children, and people having the merits of nurturing martyrs.” (Standing Committee of the National Assembly 2020)

The new ordinance also states that

“taking care of the health, material and spiritual life of people with meritorious services to the revolution and their relatives is the responsibility of the state and the society. The state encourages organizations and individuals to pay attention to implement preferential regimes for national devotees. In addition, preferential policies for people with meritorious services their relatives need to be

formulated and amended to adapt to the country’s socio-economic conditions in different stages and guarantee that these people will have a standard of living that equals to or higher than the average living standard of the locals.” (Standing Committee of the National Assembly 2020)

In order to enforce the new ordinance, on 24 July 2021, the government issued *Decree No. 75/2021/ND-CP on stipulating the level of subsidy, allowances and preferential regimes for people with meritorious services to the revolution and their relatives*. The decree stipulates that the budget for the implementation of the ordinance is allocated from the state budget. The budget is included in the annual state budget estimate of the Ministry of Labour – Invalids and Social Affairs (Vietnam Government 2021b).

On 30 December 2021, the government issued *Decree No. 131/2021/ND-CP on detailing the recognition and implementation of preferential policies for people with meritorious services to the revolution and their relatives*. The decree also provides measures for the implementation of *Ordinance No. 2/2020/UBTVQH dated 9 December 2020 by the Standing Committee of the National Assembly on preferential treatment for people with meritorious services to the revolution* (Vietnam Government 2021a). The decree stipulates dossiers, settlement procedures and the implementation of preferential regimes for national devotees and their relatives. The preferences are as follows:

- health insurance,
- nursing services,
- provision of assistive devices, orthopaedic devices, facilities, and rehabilitation products,
- priority enrolment and job opportunities,
- support to study at university level at institutions of the national education system,
- housing support,
- land use tax exemption or reduction,
- giving prioritizing the allocation or lease of land, surface water, sea areas, and giving contracts for forest protection and development in accordance with the law on land, sea, islands, natural resources, and the protection and development of forests,
- preferential loans for production and business,
- tax exemption or reduction,

- and war invalids and diseased soldiers with the whole person impairment at 81 per cent or higher or having serious injuries or illnesses will be cared in state-owned nursing homes if they live alone (Vietnam Government 2021a).

These specific and up-to-date policies reaffirm the consistent line of party and state in looking after health, material life, and spiritual life of national contributors and their relatives.

In summary, the listed documents above in the system of different documents of preferential policies for people with meritorious services illustrate the process of framing and improving the system of preferential policies for the subjects. There are two remarkable points.

- *First*, the system of preferential policies for people with meritorious services has been shaped and refined for many years in order to suit different phases of the country’s socio-economic development. In reality, the system of preferential policies for national devotees is seen in large quantities of documents, of which the most important ones are the party’s resolutions and directives, ordinances of the Standing Committee of the National Assembly, decrees of the government, decisions of the prime minister, and circulars of ministries.
- *Second*, the documents follow the proverbial tradition of drinking water remembering the source. They demonstrate the gratitude of the country and are at the same time targeting at the provision of better care for the material and spiritual life of people with meritorious services. Along with other documents, they indicate that the whole political system has been part of the detailed implementation of caring for this group of persons. Moreover, the implementation of policies for national contributors is guaranteed at all levels. Notably, the implementation is also demonstrated in nationwide social activities among people from all social classes.

### 3. The Practical Implementation of Preferential Policies for People with Meritorious Services

As of 2021, more than 9.2 million people with meritorious services have been registered (Nguyen Ba Hoan 2021). The results of the implementation of preferential policies for national devotees could be evaluated in many dimensions.

*First*, the practical implementation of policies on subsidies and allowances for people with meritorious services is analysed. Currently, the number of national contributors receiving monthly allowances is nearly 1.4 million people and approximately 300,000 relatives of them are entitled to monthly death gratuities with a total budget of around 30,000 billion Vietnamese dong/year (Ministry of Labour – Invalids and Social Affairs 2020, 4). Each year, the state provides one-off subsidies for 6,000 to 8,000 cases (Nguyen Ba Hoan 2021). The standard levels of subsidies and allowances have been significantly raised in line with the roadmap for increasing minimum wages (Nguyen Ba Hoan 2021). The subsidy and allowance policies have been adjusted ten times, which are suitable to the conditions of the state budget and contribute to gradually improving the living standards of people with meritorious services (Ministry of Labour – Invalids and Social Affairs 2020, 4). In 2018, the standard level measuring the preferential allowance for national devotees was 1,515,000 Vietnamese dong, higher than the minimum wage of cadres and civil servants of 1,390,000. In 2019, the former was pushed up to 1,624,000 Vietnamese dong while the latter was 1,490,000 (Ministry of Labour – Invalids and Social Affairs 2020, 4). Currently, the standard level of the preferential allowance for people with meritorious services to the revolution is 1,624,000 Vietnamese dong, which serves as the basis for calculating subsidies, allowances and preferential regimes for people with meritorious services to the revolution and their relatives. For example, in terms of war invalids and policy beneficiaries as war invalids, if the whole person impairment is 100 per cent, the monthly allowance will be 5,207,000 Vietnamese dong (Vietnam Government 2021b). Every year, the state prioritizes people with meritorious services to the revolution regarding the allocation of resources

to provide subsidies and allowances (Dao Ngoc Loi 2020). Yet, the Vietnamese President also spends yearly more than 900 billion Vietnamese dong for gifts to workers on the occasion of Tet (Lunar New Year) and *War Invalids and Martyrs Day* (Dao Ngoc Loi 2020).

*Second*, the practice of providing national devotees with healthcare is examined. Since 1 January 2013, the nursing rotation program for people with meritorious services has been increased. Before 2013, the program changed every five years. It has been adjusted to every two years since 2013 (Ministry of Labour – Invalids and Social Affairs 2020, 5). The adjustment meets the increasing healthcare needs of national contributors (Ministry of Labour – Invalids and Social Affairs 2020, 5). Every year, more than 580,000 turns of people with meritorious services are entitled to regular health check-ups (Nguyen Ba Hoan 2021). So far, the country has sixty-five nursing homes to accommodate people with meritorious services to the revolution (Ministry of Labour – Invalids and Social Affairs 2020, 5). These establishments basically satisfy the demand of healthcare and nursing services required by people with meritorious services, especially for seriously wounded soldiers (Ministry of Labour – Invalids and Social Affairs 2020, 5). Until the year of 2000, the state purchased over 800,000 health insurance packages for people with meritorious services, and the state also did the same thing for their relatives in accordance with the provisions of the *Law on Health Insurance* (Ministry of Labour – Invalids and Social Affairs 2020, 5). Every year, an amount of roughly 400 million Vietnamese dong is budgeted by the state for buying health insurance plans for people with meritorious services and their relatives (Ministry of Labour – Invalids and Social Affairs 2020, 5). In regard to medical examination and treatment costs, national devotees are fully covered by the health insurance while their relatives enjoy a coverage rate of 95 per cent (Ministry of Labour – Invalids and Social Affairs 2020, 5).

*Third*, the practical implementation of housing support policies for people with meritorious services to the revolution is taken into account. According to data from the Ministry of Construction, during the period 2013–2019, 339,176 households with meritorious services to the revolution received

housing support, accounting for 98.7 per cent of the total number of them (Phong Chau 2022). After getting the support, the housing quality basically fulfils fundamental requirements and has a minimum usable area of 30m<sup>2</sup> (Phong Chau 2022). As of the end of February 2020, 328,325 households with meritorious services to the revolution were supported in housing, of which 155,688 new houses were built and 172,547 houses were refurbished (Ministry of Labour – Invalids and Social Affairs, 3). As of 2021, the implementation of housing support policies for people with meritorious services to the revolution across the country achieved tangible results, of which 393,707 households were supported more than ten trillion Vietnamese dong for housing improvement (Department of National Devotees 2021, 5–6).

The *fourth* point is the practical implementation of preferential policies on education, training, and employment. The total number of national devotees and their relatives benefiting from the preferences was 77,151 people as of June 2020 (Ministry of Labour – Invalids and Social Affairs 2020, 6). As of 2020, approximately 49,000 people with meritorious services and their children were supported in initial vocational training for nearly three months, of which 24,000 ones were instructed to work in agriculture while the other 25,000 people were trained for non-agricultural occupations (Ministry of Labour – Invalids and Social Affairs 2020, 5). The Ministry of National Defence has admitted more than 2,700 people who are the children of war invalids and seriously diseased soldiers to work in military firms, of which 338 people are the children of war invalids and seriously diseased soldiers who are receiving healthcare in nursing homes (Ministry of Labour – Invalids and Social Affairs 2020, 5).

*Fifth*, this paragraph delves into the socialization of resources to take care of people with meritorious services. Along with the preferential policies of the state, Vietnam has promoted gratitude activities to pay tribute to people with meritorious services to the revolution, such as the

- Gratitude Fund,
- building houses,
- planting trees,
- giving savings accounts,

- taking care parents and children of martyrs, and
- and taking care of Vietnamese Heroic Mothers (Dao Ngoc Loi 2021).

In 2019, the Gratitude Fund received more than 496 billion Vietnamese dong, built more than 6,846 new houses worth nearly 350 billion, repaired 4,560 houses worth nearly 140 billion, and gave about 10,132 savings accounts worth over 15.3 billion (Dao Ngoc Loi 2020). All Vietnamese Heroic Mothers were taken care by individuals and organizations (Dao Ngoc Loi 2020). In 2020, the Gratitude Fund received more than 472 billion Vietnamese dong, built more than 6,100 new houses and repaired about 3,000 houses with a total amount of almost 272 billion (Dao Ngoc Loi 2021). 4,183 Vietnamese Heroic Mothers received lifelong care from organizations (Dao Ngoc Loi 2021). In 2021, the Gratitude Fund received more than 100 billion Vietnamese dong, built more than 500 new houses and repaired more than 495 houses with a total amount of over 30 billion, and gave 1,010 savings accounts worth over two billion (Department of National Devotees 2021, 6). 3,830 Vietnamese Heroic Mothers received lifelong care from organizations (Department of National Devotees 2021, 6).

Overall, by the end of 2021, the country had 10,467/10,609 communes and wards that delivered good performance in terms of activities related to war invalids and martyrs, reaching 98.66 per cent (Department of National Devotees 2021, 6). Another impressive result was that by the end of the same year, the country had 2,312,906 out of 2,336,543 households with meritorious services to the revolution with a standard of living equal to or higher than that of the locals, registering 98.99 per cent (Department of National Devotees 2021, 6). These figures clearly reflect significant results in the implementation of preferential policies for national devotees.

Evaluating the results from the implementation of preferential policies for people with meritorious services to the revolution, another remarkable point is the management of martyrs' memorials and the work of searching, collecting, and identifying martyrs' remains. So far, the country has had more than 3200 martyrs' cemeteries and more than 3,000



Vietnamese National Assembly Chairwomen Nguyen Thi Kim Ngan greeted and presented gifts to the 300 Vietnamese heroic mothers Vietnam's War Invalids and Martyrs Day in Hà Nội in July 2020. - VNA/VNS Photo Trọng Đức

Source: Vietnamnews.vn (2020): Vietnamese Heroic Mothers Honoured in Hanoi. Available at: <https://vietnamnews.vn/politics-laws/770110/viet-namese-heroic-mothers-honoured-in-ha-noi.html>

monuments (Ministry of Labour – Invalids and Social Affairs 2020, 6). Every year, the state allocates funds for the maintenance of martyrs' graves, cemeteries, and monuments. Along with the funds from socialization sources, local authorities also draw up budgets for the maintenance tasks (Ministry of Labour – Invalids and Social Affairs 2020, 6). Nearly 200,000 remains of martyrs have not been gathered and approximately 300,000 remains of martyrs have been collected but are yet to be identified (Ministry of Labour – Invalids and Social Affairs 2020, 6). As of December 2019, under the project on the identification of martyrs' remains, the data of more than 2,614 martyrs were successfully handled (Ministry of Labour – Invalids and Social Affairs 2020, 6). In general, these important results provide a true reflection of the implementation of preferential policies for people with meritorious services, having special significance not only for fallen soldiers but also for their relatives.

Apart from the achievements above, some difficulties and limitations in the implementation of preferential policies for national devotees in previous periods have been mentioned (Mai Ngoc Cuong 2013, 271–273).

- First, although the dossier processing confirming information of people with meritorious services has achieved many positive results recently, there are still some complicated cases that need to be thoroughly solved. The majority of the backlogs are the papers of revolutionary activists in the resistance wars against France and the United States, including those without information related to sacrifices, injuries, and diseases (Department of National Devotees 2021, 9). This situation affects the application processing times because it takes time for officers to study documents and work with other agencies in the process of certifying information of applicants (Department of National Devotees 2021, 9). In addition, the certification in some cities and provinces is not punctual (Department of National Devotees 2021, 9).
- The second point is housing support for people with meritorious services to the revolution. Nearly 80,000 households, who face housing challenges, have not received any support in some localities. This circumstance is mainly attributed to the limitations of the socialization and mobilization of resources and budget allocation of local authorities, especially due to the impact of the COVID-19 pandemic (Department of National Devotees 2021, 9–10).
- Third, the work of identifying remains of martyrs has not reached set goals. This is because that the remains of martyrs have been buried for a long time, so the quality of samples is poor. Therefore, many samples are unable to be analysed for DNA fingerprinting (Department of National Devotees 2021, 10). Moreover, the facilities, equipment and resources of inspection organizations still have certain limitations, so they cannot accelerate the implementation of the project on identifying martyrs' remains (Department of National Devotees 2021, 10).

In summary, despite considerable accomplishments in the implementation of preferential policies for people with meritorious services, there are still a few challenges and limitations that need to be addressed.

## 4. Conclusion

The aforementioned paragraphs examine two main contents about preferential treatment for people with meritorious services in Vietnam.

First, the paper displays an overview of the process of establishing and realizing preferential policies for people with meritorious services. In general, a quantity of documents creating a system of preferential policies for national devotees has been produced since the victory of the August Revolution in 1945. The promulgation of these different documents reflects the process of pursuing and honing preferential policies for people with meritorious services in accordance with each stage of the country's socio-economic development. The documents also demonstrate the tradition according to the proverb of drinking water, remembering the source, and showing the gratitude of the country as well as the consistent line of party, state and people towards a better care of the material and spiritual life for people with meritorious services.

Second, the article presents key findings reflecting the process of implementing preferential policies for national contributors. The most important measures can be summarised as follows:

- subsidies and allowances,
- healthcare,
- housing support,
- preferential policies on education and training,
- finding jobs for national devotees and their relatives,
- and the socialization of resources to look after people with meritorious services.

Difficulties and limitations in implementing preferential policies for persons with meritorious achievements are also highlighted.

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## Health Care and Therapeutic Programmes - Overcoming Legacies of War in Vietnam

● Nguyen Ba Dat

40 years after the war, its effects on the health and happiness of the Vietnamese people are still very heavy and long-lasting, especially for those who participated in the resistance war, who were born during the war, who were living in war zones and bordering areas, and who are victims of Agent Orange/dioxin and mines and explosives. Being aware of the heavy and persistent consequences of war on human health and life, from the early days after gaining independence, the Vietnamese Government has implemented preferential regimes and policies for wounded soldiers, relatives of martyrs, and people with meritorious services to the revolution. In the process of socio-economic construction and development, the Communist Party and State of Vietnam have always focused on the work of repaying gratitude to those who have contributed to the revolution and supporting Agent Orange/dioxin victims and victims of mines and explosives. Physical and mental health care for these target groups is always prioritized. However, due to the limit of resources and awareness of the community about mental health, difficulties, and challenges in implementing health care for the above target groups are inevitable.

This article is based on secondary documents published by the Communist Party and State of Vietnam, researchers, social organizations working in the field of health care for people affected by war, and qualitative data obtained from interviews with officials and staff of the fostering centres for meritorious people in Ho Chi Minh City. The article focuses on presenting and analysing

1. the effects of war on people's health,
2. the policies of the Communist Party and State of Vietnam for people with meritorious services to the revolution, victims of Agent Orange/dioxin, and landmine victims,
3. providing health care services for the above three groups of subjects,
4. advantages and disadvantages when providing physical and mental health care services for people with meritorious services to the revolution, Agent Orange/dioxin victims, and landmine victims.



*Vietnamese villagers suspected of being Communists by the United States Army and under its detention.*

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## 1. Impact of War on Human Health

Currently published studies and reports show that the aftershocks of war on human health exist until today. In localities such as Hanoi, Bac Ninh, Thanh Hoa, Nghe An, Ha Tinh, Quang Tri, Thua Thien Hue, Gia Lai, Dong Nai, and Khanh Hoa which were war zones or bombed and fired areas with missiles and rockets by the US military during the war from 1965 to 1975, the rate of people with physical, auditory, and visual disabilities, memory disorders and other disabilities among the population increased during and after the war (Groce et al. 2015); infant and child mortality during and after the war did not decrease (Savitz et al. 1993); mental health of those born and raised during war were significantly worsened in their adulthood (Singhal 2019). A study conducted in Ha Nam, Nam Dinh, and Ninh Binh provinces, which were heavily affected by the US military air raids during the war, found that 38 per cent of veterans report negative health status, 14 per cent have functional limitations, 14.46 percent have depressive symptoms (Teerawichitchainan and Korinek 2012). The author's research also shows that war has not only affected the health of veterans – those participated directly in the front – it has also affected ordinary people's health, as evidenced by 52 per cent of the population born and raised in wartime with negative health conditions; 28 per cent of them have functional limitations and 16.17 per cent have depressive symptoms.

Reports on the effects of toxic chemicals used by the US military during the war in Vietnam deeply portray the devastation of the war on human health. It is estimated that about 4.8 million Vietnamese people have been exposed to toxic chemicals, about 3 million people are victims of Agent Orange, including many people of the second and third generations (Ministry of Defence 2012). Hundreds of thousands of victims have died and hundreds of thousands of people are struggling with serious illnesses. Agent Orange/dioxin has the potential to cause multiple lesions on the body such as causing cancer, skin damage, liver, thyroid, diabetes problems; damaging the respiratory, circulatory, digestive, endocrine and nervous systems; and causing mutations in genes and chromosomes, thereby causing birth defects and reproductive complications. In particular, toxic chemicals can be inherited through many generations and in Vietnam, the sequelae of

Agent Orange have been passed on to the fourth generation. According to incomplete statistics, in the whole country, there are currently about 75,000 victims of the second generation and 35,000 victims of the third generation. Surveys in some localities show that the consequences of Agent Orange have spread to the fourth generation (Vietnam Association of Agent Orange/Dioxin Victims 2021).

The Ministries of Health and Labour, War Invalids and Social Affairs have identified a list of diseases, deformities and malformations related to exposure to toxic chemicals used by the US military in the war, including

- cancer, soft tissue sarcoma, non-Hodgkin's lymphoma, prostate cancer, Kahler's disease, Chloracne, Type 2 diabetes, infertility, mental disorders, Porphyria cutanea tarda, malformations, birth defects, Spina Bifida (Ministry of Health and Ministry of Labour, Invalids and Social Affairs 2016).

Researchers found that, compared with the national average incidence, the risk of chemical toxicity-related illness faced by people exposed to this toxin in the areas contaminated with herbicides is 19.75 per cent higher. The most common risks are high blood pressure and mobility disabilities which have negatively affected the health of wartime children, infants, and foetuses in the period 1962–1971 (Le et al. 2022). Women affected by Agent Orange/dioxin are at high risk of miscarriage, premature birth or giving birth to children with birth defects or developmental disabilities in the first years of life. Most of these people are from poor families, of which men have reduced health or the burden of caring for children with disabilities, leading to inferiority complex (Thi and Johansson 2001). In heavily dioxin-contaminated areas such as around Da Nang airport, many infants have been at danger of affected by nervous system disorders due to dioxin poisoning through breast milk (Nishijo et al. 2013). Many people after learning that they are exposed to dioxin have not dared to marry or have children. In families of children with disabilities, besides economic concerns and hard day and night caregiving, parents also worry that if they die before their children, who will take care of their children instead of them (Bui Thi Thanh Hang 2011). Children and youth with disabilities affected by

Agent Orange and their families face many barriers when integrating into the community, education, and health care systems (No. et al. 2013).

Unexploded ordnance (UXO) and explosive ordnance contamination are particularly severe in central Vietnam, with a very high casualty rate due to bombs, mines, and explosives. According to a report of Clear Path International, in 2007 alone, in some central provinces such as Quang Tri, Thua Thien Hue, Gia Lai, etc. there were 74 casualties caused by landmines. Of these, 29 people were killed, 49 injured, 63 (85.1 per cent) were men, 11 (14.9 per cent) were women, average age was 24.5 (Perlstein and Mathee 2008). In Quang Tri alone, over the past thirty years, 10,800 people in the province have been killed by landmines and explosives, including children (PeaceTrees Vietnam 2011). According to a report of the representative of the Department of Social Protection, Ministry of Labour, War Invalids and Social Affairs, since 1975, unexploded ordnance has killed more than 40,000 people, and left 60,000 injured. Most of the victims are the main labourers in the family and children. In some central provinces, including Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien Hue, Quang Ngai and Binh Dinh, there were over 22,800 victims of landmines and mines, of which, 10,540 died and 12,260 injured (Department of Social Protection 2017).

## 2. Policy of the Party and State

After declaring independence, on February 16th, 1947, President Ho Chi Minh signed Decree No. 20 promulgating the pension for disability and death benefits for civil servants, and at the same time approved the proposal to select July 27<sup>th</sup> as *the National Wounded Soldiers Day*, an occasion to honour the merits of heroic martyrs, war invalids, wounded soldiers, and those with meritorious services to the revolution. Since then, a system of legal documents on preferential treatment for people with meritorious services to the revolution, Agent Orange/dioxin victims, and landmine victims has been developed and promulgated in relatively comprehensive and timely manner (Nguyen Ba Hoan 2021). Health care for people with meritorious services to the revolution and those affected by war is associated with three groups of policies:

1. preferential policies for people with meritorious services to the revolution,
2. social assistance policies for social protection beneficiaries,
3. policies to support victims of mines and explosives.

Below are several legal documents directing and guiding the implementation of preferential policies for people with meritorious services to the revolution, social assistance, and support for victims of Agent Orange/dioxin and landmines.

- Resolution No. 15-NQ/TW of the 11<sup>th</sup> Party Central Committee, issued in 2012, *Some issues on social policy for the period 2012–2020*. This resolution emphasizes that preferential policies for people with meritorious services and social security policies must be in accordance with the level of socio-economic development and the country's capability to mobilize and balance resources in each period. Prioritize people with meritorious services, people with extremely difficult circumstances, and the improvement of the health care services for people at grassroots levels, in poor districts, poor communes, remote and isolated areas. Resolution No. 15-NQ/TW is an important milestone, affirming the party's interest in implementing social policies with the aim of fast and sustainable development, focusing on two basic and important groups of policies in the system of social policies which are preferential policies for people with meritorious services and social security policies.

- Conclusion No. 92-KL/TW of the Politburo in 2020 on the continuation of the implementation of the Resolution of the 5<sup>th</sup> Plenum of the 11<sup>th</sup> Central Committee, some social policy issues for the period 2012–2020. After eight years of implementing Resolution No. 15-NQ/TW, the politburo commented that social policy has made progress, achieved many positive results, helped complete many millennium goals ahead of schedule, improve Vietnam's human development index, and contributed to economic development, the improvement of social welfare, material, and spiritual life of the people. The politburo decided to continue implementing Resolution No. 15-NQ/TW, which emphasized the preferential policies for people with meritorious services, health care and universal health insurance, encouraged and

mobilized the participation and contribution of the social community, businesses, and people to implement social policies.

- Ordinance No. 02/2020/UBTVQH14 on preferential policies for people with meritorious services to the revolution. This ordinance stipulates the scope, subjects, conditions, criteria, and preferential regimes for people with meritorious services to the revolution and their relatives, works of martyrs' merit, martyrs' graves and resources for implementation, state management, responsibilities of agencies, organizations and individuals involved in the implementation of policies and preferential regimes for people with meritorious services to the revolution and their relatives (National Assembly of the Socialist Republic of Vietnam 2020).
- Decree No. 75/2021/ND-CP issued by the Government, stipulating the level of allowances and preferential allowances for people with meritorious services to the revolution and their relatives and other preferential regimes for people with meritorious services to the revolution from the central budget, the implementation of the ordinance on incentives for people with meritorious services to the revolution, which is included in the annual state budget estimate of the Ministry of Labour, War Invalids and Social Affairs.
- Decree No. 18/2019/ND-CP issued by the government on the management and implementation of post-war remedial activities. This decree stipulates that
  - (1) mine/UXO victims are those who are dead or disabled due to unexploded ordnance left over from the war;
  - (2) rights of victims of post-war bombs, landmines and explosives (UXO) (article 26): "UXO victims are supported by the state with primary medical care, health care, rehabilitation, and benefits for disability as prescribed by law;"
  - (3) activities to support post-war UXO victims (Article 27): "The state supports the medical care of the victims of landmines and UXO and the purchase of health insurance and victims will enjoy health insurance policies in accordance with regulations on health insurance, orthopaedic and rehabilitation support;"
  - (4) Duties and authority of the health sector and related branches (Article 43): "The health sector performs the state management of health care for

UXO victims on the basis of the legal provisions for disability; assume the prime responsibility for planning, formulating plans, and organizing the upgrading of medical facilities at commune and district levels in localities contaminated with mines and explosives, ensuring adequate capacity for first aid for victims of post-war bombs, mines and explosives with funds for overcoming the consequences of mines and UXO and other sources of capital."

- The Law on People with Disabilities was passed by the 12<sup>th</sup> National Assembly of the Socialist Republic of Vietnam, 7<sup>th</sup> session, on June 17<sup>th</sup>, 2010. This law stipulates the rights and obligations of people with disabilities, and the responsibilities of the state, family, and society for people with disabilities. Health care for people with disabilities is prescribed in chapter III, specifically about primary health care at the place of residence, medical examination and treatment, responsibilities of medical examination and treatment establishments, orthopaedic and functional rehabilitation establishments, community-based rehabilitation, scientific research, and training of specialists and technicians.
- Decision No.1190/QĐ-TTg approving the program to assist people with disabilities for the period of 2021-2030, to promote the implementation of the *United Nations Convention on the Rights of Persons with Disabilities and the Law on Persons with Disabilities* to improve the living standard of people with disabilities, create conditions for people with disabilities to participate equally in social activities, build a barrier-free environment that ensures the legal rights of people with disabilities and supports people with disabilities to develop their capabilities.
- Decree No. 20/2021/ND-CP stipulating social assistance policies for social protection beneficiaries, including those with severe and very severe disabilities. The decree stipulates the policies of regular social assistance in the community, policies of caring and fostering in the community, emergency social assistance and caring and nurturing at social assistance establishments, including health care policy. Social protection groups in general and people with disabilities in particular are granted health insurance cards and supported for medical examination and treatment costs.

### 3. Beneficiaries of Health Care Regimes

According to current regulations, three groups of subjects receive primary medical support, health care, and rehabilitation from the state budget and socialization:

- (1) those with meritorious services to the revolution (Ordinance No. 02/2020/UBTVQH14),
- (2) Agent Orange/dioxin victims, this group includes children and grandchildren of resistance participants infected with Agent Orange/dioxin, people infected with Agent Orange/dioxin because they have lived and are living in areas or areas adjacent to areas affected by the Agent Orange/dioxin strip by the United States military during the war (Persons with Disabilities Act 2010),
- (3) landmine victims: those who have been killed, disabled, or otherwise injured. deformities caused by bombs, mines and explosives left over from the war (Decree No. 18/2019/ND/CP).

**Table 1: People with meritorious services to the revolution include the following groups**

<p>(1) People who were active in the revolution before January 1, 1945: Those who joined a revolutionary organization before January 1, 1945, and or were admitted/re-admitted to the Communist Party of Indochina before August 19, 1945.</p> <p>(2) People engaged in revolutionary activities between January 1, 1945, and before the general uprisings of August 19, 1945: Those who have joined the revolutionary organization or the armed forces from the district level or the equivalent or higher in the period from January 1, 1945 to the uprising date of each locality and then continue to join one of the following: two resistance wars, or operated at the grassroots during the period from January 1, 1945 to the date of the uprising in each locality, then continued to participate in one of the two resistance wars and be active at the grassroots during the period from January 1, 1945 to the date of the local uprising as Secretary, President, and Chairman of the Viet Minh, Secretary of the Peasants for National Salvation, Secretary of the Youth for National Salvation, and Secretary of the Women for National Salvation at commune level or equivalent; captain, team leader, group leader of teams, groups, groups of self-defence fighting for liberation, youth for national salvation, farmers for national salvation, women for national salvation, children for national salvation in the locality without revolutionary mass organizations at commune level; who was admitted to the Viet Minh organization and then assigned to stay in locality to develop revolutionary bases; people who participated in revolutionary activities in August 1945 and after the uprising until August 31, 1945 and held one of the leading positions specified at this article or participated in revolutionary organizations, armed forces from district level or equivalent or higher;</p> <p>(3) Martyrs Those who have sacrificed for the revolutionary cause of national liberation, national construction and defence or performed international obligations or obligations for the benefit of the state, or the people shall be considered and recognized by competent authorities as martyrs.</p> <p>(4) Vietnamese Heroic Mothers: Vietnamese heroic mother is a person who is conferred or posthumously conferred the title of Vietnamese Heroic Mother according to the provisions of the Ordinance stipulating the state honorary title Vietnamese Heroic Mother.</p> <p>(5) Heroes of the People's Armed Forces, Labour Heroes in the Resistance War: Hero of the People's Armed Forces means a person who is conferred or posthumously conferred the title <i>Hero of the People's Armed Forces</i> by the state in accordance with law. Labour Hero in the Resistance War is a person who was conferred or posthumously conferred the title of <i>Labour Hero during the Resistance War</i> by the state for his exceptional achievements in serving the resistance.</p> <p>(6) War invalids, including class B war invalids recognized before December 31, 1993, and people who enjoy the same policy as war invalids:</p>
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Officers, professional soldiers, non-commissioned officers and soldiers in the People's Army and injured officers, non-commissioned officers and soldiers in the People's Public Security with an injury rate of 21 per cent or higher shall be considered and recognized by competent agencies and units as war invalids and granted *Certificate of War Invalids*.

(7) Sick soldiers:

Officers, professional soldiers, non-commissioned officers, soldiers in the People's Army and officers, non-commissioned officers and soldiers in the People's Public Security who are infected with a disease with a body injury rate of 61 per cent or higher when performing urgent and dangerous tasks but are not eligible for the retirement regime shall be granted a *Certificate of Sick Soldier* by a competent authority when they stop serving in the People's Army or People's Public Security.

(8) Resistance activists exposed to toxic chemicals:

The person who worked, fought, served in combat during the period from August 1, 1961 to April 30, 1975 in the areas where the US military used toxic chemicals in battlefields B, C, K and a number of places in Vinh Linh district, Quang Tri province and were contaminated with toxic chemicals, leading to one of the following cases will be granted *Certificate of Resistance Activists Infected with Toxic Chemicals* by the competent authority: Having a disease related to exposure to toxic chemicals with an injury rate of 21 per cent or more; Infertility; Giving birth to deformed or malformed children.

(9) People who were active in the revolution, resistance war to defend the fatherland, or performed international obligations and captured or imprisoned by the enemy:

People who were engaged in revolutionary activities, resistance wars to defend the Fatherland, or performed international obligations and were imprisoned or exiled by the enemy without reporting information harmful to the revolution or resistance war during their imprisonment or exile, and did not act as henchmen to the enemy shall be considered and recognized by a competent authority as a person engaged in revolutionary activities, resistance wars, national defence, or international duty and imprisoned or exiled by the enemy.

(10) People who were active in the resistance war for national liberation and defence of the fatherland, or performed international obligations:

People who were active in the resistance wars for national liberation and defence of the fatherland or performed international duty are those who participated in the resistance wars and are commended by the state and granted Order of Resistance, Order of Victory, Medal of the Resistance, and Medal of War.

(11) People with meritorious services to the revolution:

A person with meritorious services to the revolution is a person who made achievements in assisting the revolution in times of difficulty and danger and is commended by the state in one of the following cases:

(a) The person who was awarded the Medal For Merits to the Country or For Meritorious Services to the Country before the August Revolution, 1945 or a member of his/her family; (b) The person who was awarded the Resistance Medal or a member of his/her family; (c) The person who was awarded the Resistance Medal or a member of his/her family.

(12) Relatives of people with meritorious services to the revolution include biological fathers, natural mothers, spouses, children (natural children, adopted children) who have merits to raise martyrs.



Thuong Duc, Vietnam, January 1967  
....A Vietnamese prisoner is interrogated at the A-109 Special Forces Detachment in Thuong Duc, 25 km west of Da Nang.

Source: <https://commons.wikimedia.org/wiki/File:Vietconginterrogation1967.jpg?uselang=de>

## 4. Providing Health Care Services

The provision of health care services for the three groups of subjects mentioned above is under the management of relevant ministries and branches: Ministry of Health, Ministry of Labour, Invalids and Social Affairs, and Ministry of National Defence. Each ministry has a different management model according to each industry, field, function, and task, and has different programs, schemes and models for physical and mental health care. For example, the Ministry of Health manages the health sector, hospitals, health centres, and medical examination and treatment facilities from central to local levels. Hospitals and medical centres make initial diagnosis and treatment conclusions and assess the extent of injuries to people with meritorious services, Agent Orange/dioxin victims and landmine victims. Meanwhile, the Ministry of Labour, Invalids and Social Affairs, through the vertical system, the Department of Labour, Invalids and Social Affairs of the localities, deals with social policy regimes for target groups, including policies on medical care, rehabilitation and convalescence. In particular, those who are seriously injured, disabled, deformed or have no one to take care of, will be put into intensive care in facilities run by the Labour, War Invalids and Social Affairs sector. Those facilities include nursing and care centres for wounded soldiers, centres for nurturing people with meritorious services, and social assistance facilities/social protection centres. The Ministry of National Defence manages military hospitals and military medical facilities that perform the function of examination, treatment and rehabilitation for veterans, soldiers, officers, employees and soldiers, families of officers and people under the health insurance or voluntary scheme.

In addition, the above groups also receive medical support from other institutions:

- Association of Vietnamese Agent Orange/Dioxin Victims, Vietnam Association for the Relief of Disabled Children; NGOs: Peace Trees – Supporting Mine Victims; governments and international organizations: Government of Japan, Korea International Cooperation Agency (KOICA), United States Agency for International Development (USAID).

### 4.1 Facilities of the Ministry of Health

According to Decree No. 36/2012/ND-CP issued by the Government of Vietnam, the Ministry of Health has the function of managing and operating preventive measures, medical examination and treatment, functional rehabilitation, medical assessment, forensic medicine, forensic psychiatry, traditional medicine, reproductive health, medical equipment, medicine, cosmetic, food safety, health insurance, and family planning. The Vietnamese health system is divided into four levels:

- central, provincial, district and commune/ward (Prime Minister 2012).

In the health care work of people with meritorious services to the revolution, the Ministry of Health is responsible for

- (1) promulgating policies on implementation of health care and protection and the health insurance regime for people with meritorious services to the revolution and their relatives according to its competence or submitting to competent agencies for promulgation,
- (2) guide the medical assessment for consideration, recognition, and settlement of preferential regimes for people with meritorious services to the revolution and relatives of people with meritorious services to the revolution (Ordinance 02/2020/UBTVQH 14).

For victims of Agent Orange/dioxin and victims of landmines and UXO who are disabled, the health sector

- (1) performs state management of health care,
- (2) assumes the prime responsibility for and coordinates with the Ministry of Labour, Invalids and Social Affairs detailing rehabilitation activities for people with disabilities, training in rehabilitation, implementing disability prevention programs, and guiding implementation of community-based rehabilitation for people with disabilities (Law on People with Disabilities 2010).

Source: Ordinance No. 02/20/UBTVQH14 on preferential treatment for people with meritorious services to the revolution

Medical examination and treatment establishments provide medical examination and treatment suitable to people with disabilities, giving priority to medical examination and treatment for people with extremely severe disabilities, people with severe disabilities, children with disabilities, and the elderly with disabilities, pregnant women with disabilities in accordance with the law on medical examination.

Agencies responsible for advising the Ministry of Health to perform the state management function on health care for people with meritorious services to the revolution and victims affected by war include the Department of Health Insurance, the Department of Medical Service Administration, Departments of Health, central hospitals, provincial hospitals, district hospitals and commune/ward health stations.

#### A. Central hospitals

Central hospitals include general hospitals, specialized hospitals, specialized hospitals with a general clinic under the management of Ministry of Health, in addition to Friendship Hospital, Da Nang C Hospital and Thong Nhat Hospital, and some hospitals under the management of Ministry of Defence. Currently, there are 34 central hospitals, scattered from the North to the South, from centrally controlled cities to localities. The most typical are Bach Mai Hospital, Viet Duc Hospital, Cho Ray Hospital, Central Psychiatric Hospital 1, Central Psychiatric Hospital 2, and Nursing-Rehabilitation Central Hospital. People with meritorious services to the revolution are allowed to register for initial medical examination at central hospitals and 100 per cent of medical examination and treatment costs are covered by health insurance. When come for medical examination, people with meritorious services to the revolution are always guided and supported by hospital staff in a timely manner. War-affected victims are granted health insurance cards for initial examination at district/district hospitals; during treatment, they are transferred to provincial and central hospitals, and hospital fees are paid according to regulations of the insurance agency.

**Table 2: The Central Nursing-Rehabilitation Hospital**

The hospital is located on Nguyen Du street, Sam Son ward, Sam Son town, Thanh Hoa province. Previously, the hospital had the function of taking care of the health of cadres with meritorious services to the revolution from the central to local levels. Today, the hospital has the mission of providing health care and rehabilitation treatment for people with severe disabilities, implementing community-based rehabilitation programs so that people with disabilities can soon integrate into the community, taking care of the elderly and providing medical examination and treatment for people in the area.

Source: "Ministry of Health, <https://bvphcntw.gov.vn/index.php/vi/about/>"

#### B. Provincial hospitals

Provincial hospitals include general hospitals of provinces and centrally run cities, Level I and Level II general hospitals owned by ministries, sectors and units of ministries and sectors; specialized hospitals, specialized institutes, specialized centres and preventive medical centres in provinces and centrally run cities with polyclinics; Children's Hospital, Obstetrics and Pediatrics Hospitals of provinces and centrally run cities; private general hospital equivalent to Level I and Level II hospitals; traditional medicine hospitals of provinces, centrally run cities, ministries and branches; private traditional medicine hospitals equivalent to Level I and Level II hospitals. Provincial hospitals provide medical examination, treatment, rehabilitation, and medical assessment – according to the degree of injury and disability for people with meritorious services to the revolution, and for victims affected by war under the health insurance regime and current regulations.

In localities such as Thanh Hoa, Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien Hue, Quang Nam, Dong Nai, etc. which have large number of people with meritorious services to the revolution and victims affected by war, provincial hospitals play a particularly important role in the work of repaying gratitude to those with meritorious services to the revolution and overcoming the consequences of war.

**Table 3: Health care for people with meritorious services to the revolution. At Quang Tri Traditional Medicine and Rehabilitation Hospital**

In the second quarter of 2018 alone, the Provincial Rehabilitation Hospital received nearly 300 people with meritorious services to the revolution. The people's health and dietary and sleeping habits were examined and monitored by medical staff. They were consulted and guided with treatment techniques of traditional medicine-rehabilitation. The meals are always full of nutrients and there is a separate diet for those on a specific regimen. In addition, through collective activities, the elderly were also propagated by hospital staff about policies related to the elderly. They were provided with advice and guidance on how to prevent common diseases. In particular, this was also an opportunity for the elderly to exchange and share experiences in health care, raising children and grandchildren, as well as mobilizing family members and villages to well implement strategies, policies and laws of the party and state.

"During a week of nursing here, I am very happy that the staff, doctors and nurses take care of me very enthusiastically and thoughtfully. They often come to visit us. Rooms are clean and fully equipped. Every day, everyone enjoys delicious meals and is guided to use rehabilitation machines, plays sports, chess, reads newspapers, etc. So, though having been here for only a few days, fathers (the elderly), brothers and sisters in the group all feel that their health is getting better. They can eat, sleep and feel very happy,"

Mr. Ho Xuan Hai, Ba Linh village, A Vao commune, Dakrong district excitedly said.

Source: Quang Tri Department of Health 2018b

#### C. District-level hospitals

District-level hospitals include district, town and provincial city-level general hospitals; district health centres that have the function of medical examination and treatment; district health centres that have polyclinics; polyclinics; regional polyclinics; Level III, Level IV and unranked general hospitals belonging to ministries, sectors or affiliated to units of ministries and sectors; private general hospitals equivalent to Level III, Level IV or not yet ranked hospitals; private traditional medicine hospitals equivalent to Level III, Level IV or not yet ranked hospitals; health departments and infirmaries under the management of Ministry of Public Security; Public Security Hospitals in the provinces and centrally-run cities; military-civilian medical centres, military-medical infirmaries, military-civilian medical infirmaries, Level III, Level IV military hospitals or not yet ranked, Level III, Level IV military-civilian hospitals or not yet ranking, other medical examination and treatment establishments as prescribed by the Minister of National Defence. District-level and equivalent hospitals have the function of providing initial examination for people with meritorious services to the revolution and victims affected by the war under the health insurance regime.

#### D. Medical facilities at commune level and equivalent

Health facilities at commune level and equivalent include commune, ward, and town-level health stations; dispensaries, medical stations, medical agencies, units, and organizations; independent private family doctor clinics; military-civilian medical stations, military-civilian medical clinics, battalion-level military medical units and other medical examination and treatment facilities as prescribed by the Minister of National Defence (Ministry of Health 2015). Commune, ward, and town-level health stations have the function of providing and performing primary health care services for people in the commune. Duties of commune/ward, town-level health stations: implementing preventive medical activities, medical examination, treatment, and rehabilitation according to technical classification and scope of professional activities; providing reproductive health care, essential medicine supply, community health management, communication, and health education. Commune/ward, town-level health stations play a key role in taking care of the health of people with meritorious services to the revolution and victims affected by war. Commune/ward health workers make a list of people with meritorious services to the revolution, provide first aid and health care advice, and participate in disability assessment council for victims of landmines and explosives and victims of Agent Orange/dioxin.

### E. Private medical facilities

Carrying out the work of repaying gratitude to people with meritorious services to the revolution and veterans, every year, on July 27 – the War Invalids and Martyrs' Day – or on December 22 – National Defence Day –, private medical facilities regularly organize general health check-ups, provide health consultations, and distribute free medicines to veterans, wounded soldiers, sick soldiers and their families. Activities of private medical facilities show gratitude to veterans who sacrificed their youth for the resistance wars to defend the country, contributing to improving health care for the veterans.

**Table 4: An Phu General Hospital, No. 5, 22 December Street, An Phu Ward, Thuan An City, Binh Duong Province**

The hospital's doctors have conducted general health checks and examinations for veterans, invalids and sick soldiers with a full range of specialized rooms and departments such as ultrasound, electrocardiogram, eye, internal medical treatment, etc. In addition to examining and detecting diseases, the hospital has provided common medicines such as: antibiotics, fever reducers, pain relievers, eye drops, vitamins, etc. and some functional foods to support treatment. The hospital's doctors also guide and explain thoroughly how to prevent and treat diseases according to each individual to improve health.

Source: An Phu General Hospital 2020

### 4.2 Facilities of the Ministry of Labour, Invalids and Social Affairs

According to Decree No. 36/2012/ND-CP issued by the Government of Vietnam, the Ministry of Labour, Invalids and Social Affairs performs the function of state management in the fields of employment, vocational training, labour, salary, wages, social insurance, occupational safety, people with meritorious services, social protection, child protection and care, gender equality, and prevention of social evils, for example drug use and prostitution (Prime Minister 2012). Agencies under the Ministry of Labour, Invalids and Social Affairs in charge of health care for people with meritorious services and victims affected by war include:

- Department of National Devotees – performing the function of state management in the work related to people with meritorious services nationwide according to the provisions of law,
- the Department of Social Assistance – performing the function of state management in the work related to the elderly and disabled people, assisting the beneficiaries of social assistance, poverty reduction nationwide in accordance with the law, and
- the Departments of Labour, War Invalids and Social Affairs of the localities.

In addition, the Ministry of Labour, Invalids and Social Affairs is responsible for coordinating with the Ministry of Health to carry out health and nutrition care activities for people with meritorious services and victims affected by war. Every year, the Ministry of Labour, Invalids and Social Affairs coordinates with the Ministry of Finance to provide funds to provinces and cities with social protection beneficiaries eligible for the policy, including families whose relatives are victims of Agent Orange/dioxin and landmine victims.

The labour, war invalids and social sectors are also divided into four levels: central, provincial, district and commune/ward.

The *central level* includes

- (1) Department of Social Insurance, Department of National Devotees, Department of Social Assistance – performing the function of state management on policies for people with meritorious services and social protection.
- (2) Non-business units – directly providing medical examination, treatment, rehabilitation, care and nurturing services for people with meritorious services to the revolution, social protection beneficiaries, including victims affected by war: Agent Orange/dioxin victims and landmine victims.

At the *provincial level* are the Departments of Labour, Invalids and Social Affairs, Divisions of Social Policies, Divisions of Social Assistance that perform the state management on policies for people with meritorious services and social protection and on social protection centres/or social work centres/or social assistance centres which have the function of nurturing of and fostering people under social protection without help and without caregivers. For example, children with disabilities due to heavy exposure to Agent Orange/dioxin without care will be taken into care at social protection centres. In each of the localities with large number of people

with meritorious services to the revolution such as Hanoi, Ho Chi Minh City, Da Nang, and Nghe An, there is also a centre for nurturing people with meritorious services under the management of the Department of Labour, War Invalids and Social Affairs of a province or a centrally run city. One example is the Ho Chi Minh City nursing centre for the meritorious and lonely elderly.

At the *district level*, there is a Division of Labour, Invalids and Social Affairs that performs the function of state management in the field of labour, war invalids and social affairs of localities, including policies for people with meritorious services and beneficiaries of social assistance regime, including victims affected by war.

At the *commune level*, there are cadres of cultural affairs or cadres of labour, war invalids and social affairs who are responsible for monitoring, making list and completing dossiers of beneficiaries of the state's preferential regimes and policies for people with meritorious services, victims affected by war, coordinating with social health stations to perform primary health care functions for these target groups.

At the district and commune levels, there are no non-business units providing health care services or centrally nurturing people with meritorious services to the revolution and victims affected by war. In the following sections, health care services provided by facilities of the Ministry of Labour, Invalids and Social Affairs will be presented.

#### A. War invalids nursing centres

Across the country, there are currently five nursing centres for war invalids:

- Long Dat Invalids Nursing Centre located in Ba Ria Vung Tau province, Duy Tien Invalids Nursing Centre in Ha Nam province, Kim Bang Invalids Nursing Centre in Nam Dinh province, Lang Giang War Invalids Nursing Centre in Bac Giang province, and Thuan Thanh War Invalids Nursing Centre in Bac Ninh province.

These centres have the function of receiving, managing, treating, nurturing, rehabilitating, and implementing regimes and policies for seriously wounded soldiers with working capacity decline rate of over 81 per cent and more across the country. Every day, medical staff closely monitor the progress of injuries and illnesses, the health of each wounded and sick soldier to classify diseases and health, from which

the *Treatment and Nutrition Council* prescribes specific treatment and nourishing measures. The centres work closely with local health departments and hospitals inside and outside the military to provide periodic medical examination, recovery, emergency treatment, and timely treatment for wounded and sick soldiers. In addition to the function of nurturing and taking care of seriously wounded and sick soldiers, invalids nursing centres also welcome light and moderate wounded soldiers to the centres for convalescence.

**Table 5: Long Dat Nursing Centre for War Invalids and Revolutionary Contributors, Ba Ria-Vung Tau**

The Centre was established in 1977 and managed by the Ministry of Labour, Invalids and Social Affairs with the task of receiving, managing, nurturing, and treating seriously wounded soldiers, wounded soldiers with severe chronic mental illness, and providing alternate nursing care for people with meritorious services in the southern provinces. In addition, the centre regularly receives delegations of wounded and sick soldiers and Vietnamese Heroic Mothers from provinces and cities for term nursing.

Since its establishment, the centre has nurtured and treated over 500 seriously wounded soldiers. Currently, the centre is managing, nurturing and treating 38 wounded soldiers, including 18 wounded soldiers with schizophrenia, 20 wounded soldiers with a combination of paralysis, tuberculosis and multiple wounds. In addition to nurturing, treating, and rehabilitating the above subjects, each year the centre is assigned to organize alternate nursing for from 2,500 to 2,700 turns of people with meritorious services from the southern provinces and cities. It also provides support the treatment for 22 seriously wounded soldiers in Ba Ria-Vung Tau province who have returned to their families to recuperate.

Source: E-newspaper of Communist Party of Vietnam 2021

#### B. Nursing centres for meritorious people

Implementing the policy of taking care of the health of people with meritorious services to the revolution, the Ministry of Labour, Invalids and Social Affairs is responsible for managing and operating two nursing centres for people with meritorious services:

- (1) Nursing Centre for people with meritorious services in the Central region built in Da Nang city and
- (2) Sam Son Rehabilitation Centre for people with meritorious services in Thanh Hoa province.

**Table 6: Nursing Centre for People with Meritorious Services in the Central Region**

The Centre was established on July 19, 2016, under Decision No. 979/QĐ-LĐTBXH of the Ministry of Labour, Invalids and Social Affairs. After a period of preparation and completion, on July 20, 2017, the Centre officially received the first group of patients. The centre has the function of nursing and restoring health to people with meritorious services to the revolution with the following tasks:

- (1) receiving, managing alternate nursing, and restoring health to people with meritorious services to the revolution in the Central region and nationwide according to the annual targets and plans set by the Ministry of Labour, Invalids and Social Affairs, Department of National Devotees,
- (2) carrying out policies and regimes for people with meritorious services during the period of convalescence and health rehabilitation at the Centre.

Source: "Ministry of Labour, Invalids and Social Affairs, <http://dieuduongmienrung.com/>"

### C. Orthopaedic and rehabilitation hospitals

Currently, the Ministry of Labour, Invalids and Social Affairs manages five orthopaedic and rehabilitation hospitals. The hospitals are located in Hanoi, Da Nang, Can Tho, Quy Nhon, and Ho Chi Minh City. The tasks of rehabilitation hospitals are providing medical examination, diagnosis, treatment, orthopaedic surgery, trauma surgery and rehabilitation in the form of inpatient treatment, outpatient treatment, day rehabilitation for people with meritorious services to the revolution, social policy beneficiaries, people with disabilities, people suffering from work accidents, occupational diseases, people with health insurance and other subjects in need. Da Nang Orthopaedic and Rehabilitation Hospital cooperates with Clear Path International (CPI) to provide equipment and funding

for mine victims and with Korea Veterans Association to provide medical examination and treatment, surgery, and equipment.

### D. Facilities for fostering children and people with disabilities

In addition to the above-mentioned facilities, the Ministry of Labour, Invalids and Social Affairs also manages the Thuy An Rehabilitation Centre For People With Disabilities in Ba Vi District, Hanoi, and the Rehabilitation and Support Centre for Disabled Children in District 3, Ho Chi Minh City. In their early days, these two facilities only received concentrated care at the centre for children with disabilities who were eligible for policies, children, and grandchildren of people with meritorious services to the revolution. Currently, in addition to long-term or regular intensive care for children under the policy, these two facilities take care of children with disabilities, deformities, helpless and abandoned children. Health care activities for children and people with disabilities include medical examination, treatment and rehabilitation by medical staff and rehabilitation specialists of the centre.

### E. Nurturing centres for people with meritorious services in centrally run provinces/cities

In each locality, particularly localities with a large number of people with meritorious services to the revolution and children who are victims of Agent Orange/dioxin, and there are centres for nurturing people with meritorious services in centrally run provinces/cities. These centres have the function of nursing, taking care of the health of people with meritorious services, and local families under preferential treatment policies. The mission of the centre is to receive, organize nursing and carry out alternate nursing for people with meritorious services to the revolution, Vietnamese Heroic Mothers, parents of martyrs, wounded soldiers, and resistance activists. The centre organizes medical examination and treatment, cultural and artistic activities, physical training and nursing, extracurricular visits to improve the health of people with meritorious services at the centre.

The centre is a non-business unit under the Department of Labour, War Invalids and Social Affairs of Ho Chi Minh City. It has the task of receiving, managing, nurturing, and rehabilitating for war invalids, seriously ill soldiers of all kinds and seriously

wounded soldiers suffering from chronic mental illness and fully implementing regimes and policies of compensation treatment of the state for seriously wounded soldiers under its management; providing rehabilitation for people exposed to Agent Orange/dioxin in extremely difficult circumstances.

### 4.3 Facilities of the Ministry of Defence

In the military, the physical and mental health care for soldiers, officers and personal life is undertaken by the Army Medical Department. During the resistance war against the US, with the spirit of selfless service and application of science and technology, military medical staff tried every way to bring staff and technology to the frontlines. Mobile surgical teams, specialized intensified groups, emergency medicine to treat malignant malaria, and specialized surgery were deployed at the front, contributing to timely treatment of wounded and sick soldiers, limiting deaths due to having to be transported to the rear (Binh 2011). The first-level hospitals are deeply specialized, combining modern medicine with traditional medicine in diagnosis, treatment, orthopaedics, and rehabilitation. They are characterized by many good remedies, valuable experience in the treatment of chronic diseases and special diseases, treatment of wounds and burns, effective application of acupuncture methods in treatment, and acupuncture in complex surgery contributed to improving treatment outcomes. Military medical staff treated more than 400,000 wounded soldiers and more than one million sick soldiers, of which 57–66 per cent of wounded soldiers and 82–88 per cent of sick soldiers recovered and returned to fight on the battlefield. More than a million wounded and sick soldiers returned to their units, making a great contribution to enhancing combat strength in the battlefield (Binh 2011).

After the war, the Army Medical Branch has closely cooperated with the State Health Sector to implement the program Combining military and civil medicine to build all-people national defence and protect people's health; coordinated with functional agencies of the Ministry of National Defence and the Ministry of Health in building a reserve medical force; participated in overcoming the consequences of natural disasters and have left a deep impression on people's hearts. Models of medical stations combining military-civilian medicine in remote and isolated communes, border areas, islands, and other disadvantaged areas are the bright spots of grass-



Nurturing Centre for People with Meritorious Services in Ho Chi Minh City. The centre's medical room

Source: Nguyen Ba Dat

root healthcare. Military medical veterans have organized many activities to examine, consult and treat veterans living in their local areas.

On April 29, 2022, the government approved the program to combine military and civil medicine to provide healthcare for people until 2030. One of the objectives of the program is to improve the quality of medical examination and treatment of facilities, especially those in remote, border and island areas. Regarding the combination of military-civilian medicine at grassroots medical level, the program sets targets to support investment in renovating and upgrading physical facilities and medical equipment for 30–50 military-civilian medical facilities in the following areas:

- investing in five military medical centres in island districts that have capability to carry out type-2-surgery, emergency treatment and local treatment, limiting cases that have to be transferred to the first level hospitals,
- organizing courses to train and update professional knowledge for 5,000–10,000 turns of officials and employees of military-civilian medical facilities,
- providing medical examination and treatment for more than 200,000 people and policy beneficiaries in safe areas, remote, border and island areas affected by natural and other disasters (Prime Minister 2022).

**Table 7: Veterans of the Quang Tri Military Medical Branch examine and provide medicine for veterans and their families on the 24th anniversary of the establishment of the Vietnam Veterans Association**

On November 30<sup>th</sup> and December 1<sup>st</sup>, the medical team of the Veterans Association of the Quang Tri Department of Health together with nearly 20 medical doctors coordinated with the provincial Veterans Association to organize free medical examination and medicine supply for patients who are family of veterans and people with meritorious services in Thuan commune, Huong Hoa district. On this occasion, more than 100 people who are veterans' families and people with meritorious services in Thuan commune received free health check-ups, consultations, and medicines. The medical examination team said that the majority of members here suffer from diseases such as blood pressure, joints problems, insomnia, etc. Besides, the team carried out health care communication to prevent epidemics, and guide how to use clean water resources, diet for the elderly, etc. in combination with grassroots mass mobilization. Doctor Nguyen Minh Chung, Head of Personnel and Organization Department – Chairman of the Veterans Association, Office of the Department of Health, said:

“This is an activity in the coordination program between the Provincial Veterans Association and the Department of Health to show the interest in charity work following the spirit of the party and state, providing health care for veterans in remote areas.”

On this occasion, the delegation visited Ban Dong relic site (Museum of the 9th road campaign in Southern Laos) which is associated with the Lam Son 719 campaign.

Source: Quang Tri Department of Health 2018a

#### 4.4 Social Organizations

Prominent in health care programmes for victims affected by war are the *Vietnamese Association for Victims of Agent Orange/Dioxin* and the *Vietnam Friendship Village*.

The *Vietnamese Association for Victims of Agent Orange/Dioxin* was established on January 10<sup>th</sup>, 2004, under Decision No. 84/2003/QĐ-BNV dated December 17<sup>th</sup>, 2003 of the Ministry of Home Affairs. The mission of the association is to mobilize resources to care for and help Agent Orange victims and fight for justice for Vietnamese Agent Orange victims. The association is the defender and representative of the legitimate rights and interests of the Agent Orange victims in Vietnam. Up to now, the association has a system of organizations in 63/63 provinces and cities, 615/713 districts, towns, and cities directly under provinces, 6,551/11,161 communes, wards, towns and thousands of branches of villages, hamlets, residential groups, etc. with nearly 400,000 members (Vietnamese Association for Victims of Agent Orange/Dioxin 2022).

The *Vietnam Friendship Village* is under the Central Committee of the Vietnam Veterans Association, established under the decision of the Chairman of

the Council of Ministers (now the Government) of Vietnam. The village is a social service unit (non-profit) performing humanitarian, charitable and friendly social activities with the support of the state, Vietnam Fatherland Front, social organizations, businesses, NGOs, benevolent individuals, and veterans of some countries (Germany, the USA, France, Japan, Canada, the UK, etc.). It provides nurturing, nursing, treatment, and rehabilitation to children of veterans and veterans who were exposed to Agent Orange/dioxin during the resistance war in Vietnam. For the children of veterans, when they come to the village, they receive special education, inclusive education, career guidance, and conditions to integrate into the community. Every year, the village receives hundreds of veterans from provinces and centrally run cities for alternate nursing, helping health recovering and convalescence.

#### 4.5 Support from Governments and International Organizations

Over the past three decades, the US Government has contributed more than 126 million US dollars to activities supporting people with disabilities in Vietnam, with the establishment of the *Patrick Leahy War Victims Fund of the United States Agency*

**Table 8: Veterans Association of Nam Dinh Province is to send veterans to Hanoi Friendship Village for convalescence**

Towards the 46<sup>th</sup> anniversary of the liberation of the South and reunification of the country (April 30<sup>th</sup>, 1975–April 30<sup>th</sup>, 2021), on March 30<sup>th</sup>, the Provincial Veterans Association will send 20 members who are veterans contaminated by Agent Orange/dioxin for nursing and rehabilitation at the Vietnam Friendship Village (Hanoi).

The veterans receiving nursing this time used to participate in the resistance war against the US to defend the country and are currently in poor health due to the influence of the Agent Orange/dioxin; their family life is difficult. They have not benefited by preferential regimes and policies of the state. The nursing period starts from March 30<sup>th</sup> to April 18<sup>th</sup>. During the nursing period at the Vietnam Friendship Village, veterans will receive medical care, nursing, rehabilitation, physical therapy, etc. according to regulations and regimes.

The joint program to send veterans who are contaminated by Agent Orange/dioxin to receive medical care and rehabilitation every year at the Vietnam Friendship Village has been implemented since 2009. This is a regular and essential work implemented by the Central Committee of the Vietnamese Association for Victims of Agent Orange/Dioxin and the Provincial Veterans Association. It demonstrates the principle of drinking water, remembering the source of the nation, in order to improve and enhance the health of policy beneficiaries and people with meritorious services.

Source: Nam Dinh Province Portal 2018

for *International Development (USAID)*. In Vietnam, US Government's support has helped improve the quality of life for people with disabilities by addressing health and social needs, improving disability policy, and reducing social and environmental barriers. The USAID office in Vietnam is currently providing services to people with severe disabilities in Agent Orange sprayed areas. This project is a part of the US Government's efforts in overcoming the aftermaths of the war in Vietnam.

USAID's assistance projects for people with disabilities have evolved over time, from providing direct services to meet humanitarian needs such as prosthetics and orthopaedic devices to building a system providing essential services to people with disabilities, supporting the development of disability policies and regulations, and accelerating advocacy for the rights and inclusion of people with disabilities. These projects have contributed to improving the quality of life for people with disabilities in Vietnam with the following impacts:

- 1) Direct support for more than 46,000 people with disabilities in Vietnam,
- 2) Improve rehabilitation and social services for people with disabilities,
- 3) Policy improvement and advocacy for people with disabilities, and

- 4) Capacity building for partners in terms of management, implementation, and support for people with disabilities.

USAID has a diversified portfolio of projects in eight provinces heavily sprayed with Agent Orange (Quang Tri, Thua Thien-Hue, Quang Nam, Binh Dinh, Dong Nai, Binh Phuoc, Tay Ninh and Kon Tum) led by ten national and international partners to cover a wide range of services for people with disabilities such as early intervention for children, direct support in hospitals and at home, and development of national guidelines and educational programs. The latest program with a budget of 65 million US dollars (implementation period: 2020–2024) under the Memorandum of Intent signed in April 2019 between USAID and the Office of the Standing Body of the National Steering Committee on the Settlement of Post-war Unexploded Ordnance and Toxic Chemical Consequences (Office 701) in the presence of nine US Senators as well as the Limited Scope Grant Agreement (LSGA) signed between USAID and the National Action Centre for Toxic Chemicals and Environmental Treatment (NACCET) in December 2019. This marks the opening of a new chapter in the cooperative partnership between USAID Vietnam and the Vietnamese Ministry of National Defence which manages Office 701 and NACCET.



**Table 9: Some projects of USAID in Vietnam**

<p>Advancing Medical Care and Rehabilitation Education aims to improve the quality of care and service delivery for persons with brain function impairments, build capacity for rehabilitation professionals, and strengthen rehabilitation training at the national level and in three provinces: Quang Tri, Hue and Dong Nai. [2015–2023, 10.3 million US dollars]</p> <p>Disability Rights Enforcement, Coordination and Therapies enhance disability rights and policies enforcement; improve occupational therapy services and training in three provinces: Tay Ninh, Binh Phuoc and Dong Nai. [2015–2023, 10.7 million US dollars]</p> <p>Disabilities Integration of Services and Therapies Network for Capacity and Treatment aims to provide early detection and early intervention services for children with disabilities under the age of 6 years in Tay Ninh, Binh Phuoc, and Dong Nai provinces. [2015–2022, 5.6 million US dollars]</p> <p>Moving Without Limits provides quality, appropriate assistive devices for persons with disabilities; improve capacity for health practitioners; promote assistive device services information and policy advocacy in three provinces: Hue, Quang Nam and Binh Dinh. [2015–2021, 7.9 million US dollars]</p> <p>Hold My Hand II builds on the success of the Hold My Hand I activity to continue improving the quality of life of persons with disabilities through strengthening care and support for persons with significant disabilities in Binh Dinh, Kon Tum and Quang Nam provinces. [2021–2023, 1.9 million US dollars]</p> <p>I-Thrive aims to provide rehabilitation services to children and adults with intellectual and developmental disabilities (IDDs) in Thua Thien–Hue and Quang Nam provinces. [2018–2022, 1.9 million US dollars]</p> <p>Raising Voices, Creating Opportunities II builds on the success of the Raising Voices, Creating Opportunities I to continue generating positive changes in awareness, attitudes, institutions and policies with the objective of removing barriers to inclusion of persons with disabilities in Quang Tri, Thua Thien Hue and Quang Nam provinces. [2021–2024, 2 million US dollars]</p> <p>Inclusion aims to improve the quality of life of persons with disabilities in eight provinces heavily sprayed with Agent Orange (Quang Tri, Hue, Quang Nam, Binh Dinh, Kon Tum, Binh Phuoc, Tay Ninh and Dong Nai), by expanding and improving rehabilitation and social services, enhancing policy implementation, and building capacity for counterparts. [Phase I: 2020–2022, 19 million US dollars]</p>
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Source: USAID 2022

The Korea International Cooperation Agency (KOICA), together with the Korea-Vietnam Peace Village Project (KVPVP), the People's Committees of the provinces of Thua Thien-Hue, Quang Ngai and Binh Dinh implement a project to remediate post-war bombs, mines and develop rural areas in Vietnam. Some of the objectives of the project are

- to provide specialized medical services for mine victims based on data from the victim information registration system that was developed in the early stages of the project,
- carry out mine/UXO risk education communication and raise awareness of disasters,
- 50 commune health stations will be built or upgraded to serve local people in these three provinces.

PeaceTrees Vietnam is an international non-governmental organization working in the field of supporting landmine victims. The organization provides health care services, including emergency and long-term medical treatment, improving the nutritional status of children who are landmine victims or whose parents are landmine victims. As results of its support, 215 landmine victims received emergency medical assistance, 62 families received long-term support, 250 families received credit loans and participated in 14 training courses and 2,314 individuals received scholarships (PeaceTrees Vietnam 2011).

## 5. Advantages

Health care for people with meritorious services to the revolution and victims affected by war in Vietnam has many advantages.

*First*, this work has received deep attention of the party and state and the authorities at all levels, thus, the system of preferential policies for people with meritorious services to the revolution, supporting victims affected by war have been issued and guided in a timely manner and adjustments have been made to adapt to the country's socio-economic development.

*Second*, this work receives the consensus and support of the whole society. In the minds of the Vietnamese people, taking care of and supporting people with meritorious services to the revolution and victims affected by war is not the responsibility of the party and the state alone but the responsibility of the whole society and all people, social organizations, and mass organizations. This is a result of the history of four thousand years of building the country, going through many resistance wars against foreign invaders of the Vietnamese nation. Soldiers who died or sacrificed a part of their bodies in the resistance wars are always honoured, remembered and grateful by the state and people. Since then, the activities of caring and supporting people with meritorious services to the country and victims affected by war show gratitude to those who sacrificed for the country. Such sentiments create compassion and altruism in cadres and employees working in centres for nurturing people with meritorious services, centres for nurturing, caring for wounded and sick soldiers, and social protection centres, and among the medical staff at the grassroots level, helping them overcome difficulties in their daily lives and dedicate to their work.

*Thirdly*, the number of people with meritorious services to the revolution and victims affected by war is updated regularly and stored on the health and social insurance system. This helps to facilitate the regular medical examination, treatment, rehabilitation, and administrative procedures related to medical care.

*Fourthly*, people with meritorious services to the revolution and victims affected by wars (victims of Agent Orange/dioxin and victims of landmines) are granted health insurance cards. This policy creates favourable conditions for people with meritorious services to the revolution to access the best medical services during medical examination, treatment, and rehabilitation.

*Fifth*, the health sector and military medicine, during and after the war, have always applied modern medicine and traditional medicine in first aid, diagnosis, treatment, orthopaedics, and rehabilitation for wounded and sick soldiers, contributing to reducing the rate of casualties and serious injuries, and swift recovery.

*Sixth*, there is a connectivity in the health care activities for people with meritorious services to the revolution between the health sector, the labour, invalids and social affairs sector and the military medicine sector, from which, patients who are people with meritorious services to the revolution or war-affected victims can be transferred from facilities of the labour, invalids and social affairs sector to medical facilities for timely examination and treatment. In addition, periodic health checks and alternate nursing for veterans, Agent Orange/dioxin victims and landmine victims are held quarterly, contributing to the early prevention and detection of incurable diseases.

*Seventh*, over the years, Vietnam has received support from the government, international organizations, and friends around the world in overcoming the consequences of war in general and taking care of the health of the victims affected by war. Support packages of the US government through USAID have contributed to improving the quality of health care, orthopaedics, and rehabilitation for people with disabilities and Agent Orange/dioxin victims in the central provinces in particular. Support packages from the governments of Korea, Japan, or international organizations from Germany and Norway have contributed to improving the health care and rehabilitation of victims affected by post-war landmine accidents in Quang Tri, Thua Thien Hue, Gia Lai, and Kom Tum provinces.

## 6. Challenges

The biggest challenge in healthcare for revolutionaries and war-affected victims is the approach to health and disability. The documents guiding the classification of wounded and sick soldiers and the degree of disability issued by the Ministry of Health and the Ministry of Labour, Invalids and Social Affairs only emphasizes the degree of physical and sensory disability but not mental health and social aspects. We know that health is a state of complete physical, mental, and social well-being, and not simply the absence of disease or infirmity. Mental health is a state of well-being where an individual realizes his or her own abilities, can cope with life's challenges and work effectively, making contributions to his or her family and community (WHO 1978). Such an approach to health leads to limitations in health care for those with meritorious services to the revolution and victims affected by war. We only focus on physical health care and treatment and motor rehabilitation since mental health care programs, counselling and psychotherapy are not available.

Another challenge is the lack of reliable scientific studies on the effects of war on people's physical and mental health, especially for veterans, militiamen, and ex-youth volunteers, communities of people in war zones and areas bordering war zones, localities bombed by the US military, second- and third-generation victims of Agent Orange/dioxin and landmine victims. Some research results of domestic and foreign authors introduced in the first section are exploratory studies which partly, not fully, reflect the severe impacts of war on human health. In taking care of physical and mental health for people with meritorious services to the revolution and victims affected by war, there are no applied scientific studies effectively evaluate models and methods of recovery, rehabilitation, physiotherapy, and alternate nursing for people with meritorious services to the revolution. It is the absence of such applied scientific research which can solve practical problems that leads to the fact that health care programs for people with meritorious services, Agent Orange/dioxin victims, and landmine victims mainly based on experience, spontaneously and asynchronously.



*Vietnamese soldiers, Vietnam, May 1968*

*Original caption: With fear and apprehension showing on their faces, and at the urging of South Vietnamese troops, women and children loaded down with salvaged possessions scurry past the bodies of three Vietnamese soldiers killed in the fighting. (The stall in the background is an ice cream stand.)*

*Source: <https://commons.wikimedia.org/wiki/File:Vietcong.jpg>*

A significant challenge in the health care of people with meritorious services to the revolution and victims of Agent Orange/dioxin and landmines who are fostered at establishments under the management of the labour, invalids and social affairs sectors is the lack of facilities and equipment to support rehabilitation activities and meet the special needs of the patients. In the visits to social assistance centres and fostering centres for people with meritorious services in some localities such as An Giang, Ho Chi Minh City, Kom Tum, Dong Nai, Da Nang, Hanoi, and Quang Ninh, with the participation of experts from the International Social Service (ISS) based in Switzerland during the period 2015–2017, we found that in the room of children with disabilities, there are only beds, mats, blankets, some toys and equipment such as wheelchairs or crutches for children with mobility impairments. The facilities are very simple like those of children without disabilities. Specialized facilities such as special pillows for children with cerebral palsy, muscle atrophy, rehabilitation toys for each type of disability or rehabilitation facilities are rare.

Another challenge hindering health care for people with meritorious services to the revolution and victims affected by war is the overload and work

pressure of grassroots health workers and medical staff concentrated fostering facilities managed by the labour, war invalids and social affairs sector. This tension comes from downsizing and restricting the recruitment of new employees to work in agencies, organizations, and administrative and non-business units receiving salaries from the state budget, leading to work overload. For example, at commune and ward health stations, there are about ten to twelve people, taking on nine different tasks, ranging from professional work such as preventive medicine, medical examination and treatment, application of traditional medicine in disease prevention and treatment, reproductive health care, essential medicine supply, community health management, health education and communication, population and family planning, to administrative work such as supervision of private medical and pharmaceutical practice, participation in the standing committee to protect and improve people's health care in the community, statistics and medical records preparation, etc. Therefore, they have almost no time to carry out work of health monitoring, periodical visits to groups with special health care needs living in the locality. Commune health workers come only when they are ill, and their family contact the health stations. Overload at work also occurs in concentrated facilities managed by the labour, invalids, and social affairs sector. A health care worker working in an intensive facility must take on a variety of tasks ranging from professional to administrative work and direct care of the patient. Especially for those in old age who are weak or children with severe disabilities who cannot take care of themselves, the workload increases and the worker do all the work: feeding, personal hygiene, walking, massage, talking, and daily health monitoring. The work stress of healthcare workers is also caused by low wages and benefits. Their income from the main job is not enough for personal and family expenses, which force them to work overtime to have enough income. Another cause leading to stress in the work of health care workers is that they do not have professional nursing expertise. They graduated from different training disciplines but due to their family relations or love for the job of supporting the disadvantaged, they accepted jobs with low wages. That leads to pressure and limitations in work.

The challenge comes from people with meritorious services to the revolution and Agent Orange/dioxin victims and landmine victims: They do not have full awareness of mental health and of the connection between mental and physical health and social activities. Symptoms such as flashbacks to the war, remembering the scenes of comrades dying on the battlefield or sleepless nights, trouble sleeping, restless sleep, delirium, easily stressed when changing times, body pain, anxiety, stress in life are not recognized as clinical symptoms signalling unstable mental health and are not considered consequences of years of participating in the resistance war or being caused by trauma or disability. Therefore, mental health care activities such as examination, diagnosis, counselling-psychotherapy are not carried out, leading to more serious condition. This challenge stems from



*At the Ho Chi Minh City's Centre for Nurturing People with Meritorious Services  
Source: Nguyen Ba Dat*

PTSD. Post traumatic stress disorder vector illustration. Mental health concept with soldier in stress. PTSD card with vector military flat icons - parachute, tank, weapon, airplane, bomb

Source: iStock-1054663212.jpg



- (1) Inadequate awareness of mental health among Vietnamese people in general, people with meritorious services to the revolution and Agent Orange/dioxin victims, landmine victims and their relatives in particular.
- (2) Prejudice about mental illness and mental illness examination and treatment in the community is too big. An individual going to see a mental health professional such as a psychiatrist, clinical psychologist, or counselling-psychotherapist is always discriminated against by others and stigmatizes himself as a person with mental problems which implies a weak person who is unable to adapt to social life. Social stigma and self-stigmatization about mental illness and mental illness treatment increased among people with meritorious services to the revolution, especially veterans, because they were socially recognized as strong people, winners, so they cannot be weak or have mental health problems.
- (3) From the lack of mental health service providers, which has been recognized in reports and studies (Minas et al. 2017; UNICEF Vietnam 2018).

## 7. Conclusions and recommendations

Research results show that, in the process of national construction and development, the party and state have always attached great importance to improving the quality of health protection and care for people with meritorious services to the revolution, the elderly, children, people with disabilities and those in need of social assistance. Over the past years, health care for people with meritorious services to the revolution, Agent Orange/dioxin victims, and mine/UXO victims has achieved a number of outstanding achievements:

- (1) completion and timely adjustment of preferential policies for people with meritorious services, landmine victims, and Agent Orange/dioxin victims, in which, special attention is paid to health care and improvement of living conditions for these target groups,
- (2) build a national database on people with meritorious services to the revolution and Agent Orange/dioxin victims, landmine victims and store it on the national data system, creating favourable conditions for management and macro policy making,
- (3) create consensus among people to do the work of repaying those who have contributed to the revolution, sacrificing a part of their blood and bones for the country, and those affected by the war such as victims of Agent Orange/dioxin, landmine victims,

- (4) grant health insurance cards to the above-mentioned groups and send people with meritorious services to the revolution to nursing centres every year or every two years,
- (5) create a connection between the health sector, labour, invalids, social affairs sector and military medicine in medical examination, treatment, rehabilitation, and settlement of other policy regimes for people with meritorious services to the revolution and victims of Agent Orange/dioxin, victims of landmines and UXO as soon as possible.

Based on the research results, the article proposes the following recommendations:

- (1) Studying the impacts of war on veterans participating in the resistance war, wounded soldiers, sick soldiers, people living in war zones, border areas and areas bombed by the US military, and second- and third-generation victims of Agent Orange/dioxin and landmines in order to raise awareness among managers and people about the fierceness and long-term effects of war on human's health. Based on research results, the state has identified the target groups and localities that need prioritizing in the implementation of preferential policies for people with meritorious services to the revolution, Agent Orange/dioxin victims and landmine victims. It is necessary to evaluate the effectiveness of physical and mental health care models being implemented in care facilities to draw lessons from experience and provide a scientific basis to replicate effective health care models.
- (2) Supplementing and completing policies that refer to mental health care through mental health examination, medical treatment, counselling, and psychotherapy for people with meritorious services to the revolution and Agent Orange/dioxin victims in the community and in concentrated nursing/nursery facilities managed by the labour, invalids and social affairs sectors.

- (3) Improving and raising the quality of health care services for people with meritorious services to the revolution, Agent Orange/dioxin victims, landmine/UXO victims in the community or in concentrated nursing/nursery facilities. In addition to medical care such as periodic medical examination, medical examination, and treatment when patients are sick, health counselling and monitoring programs for target groups should be carried out regularly in the community. In nursing/nursery centres, rehabilitation programs and counselling-psychotherapy should be increasingly focused.

- (4) Improving the quality of human resources in charge of health care for the target groups in the community or in concentrated nursing/nursery facilities through training activities and measures to increase their income. Forming a human resource who work professionally to provide physical and mental health care services to meritorious people in the community and in intensive care facilities.
- (5) Raising awareness of the need for mental health care for people with meritorious services to the revolution, Agent Orange/dioxin victims, and landmines victims through communication and counselling activities of medical staff, commune/ward health workers, and health workers at the upper level during the initial examination for the above target groups.
- (6) Developing and implementing mental health care services for the community in general, the above target groups at the commune/ward health stations and in nursing/nurturing centres for war invalids and sick soldiers, fostering centres, and social assistance establishments that take care of Agent Orange/dioxin victims, landmine victims in particular. Helping the community and the above target groups to easily access mental health care services through activities such as examination, diagnosis, drug therapy, and social counselling-psychotherapy.

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# The New Economic Zones in Vietnam after 1975: Goals and Results

● Pham Quang Minh and Tran Bach Hieu

Building new economic zones under the direction of the state represents a typical form of planned migration in Vietnam with the migration movement since 1961 in the North and since 1975 in the whole country. During the planned migration and resettlement process, millions of people had been resettled from densely populated areas to remote, sparsely populated and unexplored areas. After 1975, the state organized many large-scale waves of planned migration from the North to the Southern provinces and rural areas.

## 1. Historical Background

In the spring of 1975, after more than 20 years of a long and arduous resistance war, Vietnam finally achieved its goal of peace, independence, and reunification. From the Nam Quan Pass to the Cape of Ca Mau, the nation became one whole entity. Vietnam has completed the people's democratic national revolution to transition to the socialist revolution on a national scale, with the focus on building a new society: a socialist society (Truong Chinh 1975).

In 1976, after completing the liberation of the South and reunifying the country, Vietnam held a general election to elect the first unified National Assembly for the whole country. This was the basic premise for the construction of socialism in the future. However, the country still had many difficulties, especially due to serious consequences of the war.

The situation in the South after 1975 was truly tragic. Thousands of hectares of land were contaminated with Agent Orange. Millions of hectares of forests were deciduous and abandoned. Even in the so-called free regions, farmers had no land to cultivate (Marr and White 1988, 2). According to various figures, about three million people were unemployed, nearly four million were illiterate, and there were many social evils. Half a million hectares of land was fallow, millions of hectares of forests were destroyed, and some residential areas were severely damaged. The nature of complete dependence of the South's economy on the US empire in the past had left great difficulties for the restoration of production and the stabilization of people's lives. However, the workload and problems that the leaders needed to continue solving was still heavy and required a lot of time (Document of the National Assembly: The current situation in 1976).



Young people departed for building new economic zones in 1976.

Source: [www.hinhanhlichsu.org.jpg](http://www.hinhanhlichsu.org.jpg)

The situation in the North was much more difficult. According to the *Outline of the situation in the North* dated September 23, 1975, detailed data showed the big picture of the socio-economic landscape of the North after the war. In the North, the total six cities at that time were attacked, of which three cities were completely destroyed: Vinh, Viet Tri and Thai Nguyen. Similarly, the ratio of attack was 28 out of 30 (with twelve completely destroyed); 96/116 lower-level towns (with 51 completely destroyed); 4,000/5,788 communes (with up to 300 communes completely destroyed). In terms of damage to the infrastructure, 350 hospitals were razed, of which ten were flattened; nearly 3,000 schools at all levels from primary to tertiary were destroyed; 491 seminary churches were demolished; 530 temples were destroyed, including 100 famous historical sites; 66/70 state-owned farms were razed, of which ten farms were completely destroyed; 1,600 irrigation works were destroyed; more than 1,000 vital dikes were bombed and destroyed. In addition, bombs and bullets killed 40,000 cattle. All six railway lines and all railway and road bridges were destroyed to the point of being unusable. The entire system of seaports, rivers and storage places were razed or flattened. All power plants were severely damaged; all industrial zones were razed; the sea area and all estuaries were blocked. Tens of thousands of civilians were killed; there were about 70,000 orphans caused by American bombs; tens of thousands of people were left disabled. Also, 5 million square meters of brick and tile houses were destroyed, not to mention tens of thousands of thatched houses being razed and tens of thousands of hectares of fields and gardens being destroyed (Archives Department of the Party Central Committee Office, *Outline presenting the situation in the North*).



Young people departed for building new economic zones in 1976.

Source: [www.hinhanhlichsu.org.jpg](http://www.hinhanhlichsu.org.jpg)

Given the above historical circumstances, the Central Committee of the Communist Party of Vietnam issued the *State Plan of 1976*, which thoroughly grasped the guideline of socialist construction in Vietnam and set out the tasks of the new period. Some issues of focus included

- building new economic zones, redistributing the social labour force along with creating jobs for the unemployed,
- exerting efforts to boost exports, doing well in external economic work,
- stabilizing and improving people's lives step by step after the war, actively addressing urgent needs for food, accommodation, medical treatment, education, transportation, renovating economic management, consolidating socialist production relations in the North, actively researching and firmly preparing for socialist reform in the South,
- preparing the conditions for further promoting socialist industrialization in a practical and planned manner in the following years,
- closely combining economic development and defence consolidation (Document of the National Assembly: *The current situation in 1976*).

## 2. Causes of the Policy of Building New Economic Zones

### 2.1 Economic Reasons

In 1976, the National Assembly of reunified Vietnam approved the decision to unify the North and South, changing the country's name to the Socialist Republic of Vietnam with Hanoi as the capital. Then, at the 4th National Congress of the Communist Party of Vietnam, the Political Report of the Central Committee on the main directions, tasks, and objectives of the five-year Plan 1976–1980 emphasized:

“Using all social labour force; organizing and managing labour well, redistributing labour among regions and sectors in order to significantly increase social labour productivity.”

During the same period, in Vietnam, there were different migration flows, including labour and residential migration from the Northern Delta provinces to the Central Highlands (especially Dak Lak and Lam Dong), Southwestern provinces (especially Ba Ria-Vung Tau and Dong Nai), and migration from Ho Chi Minh City to rural areas in the East and Southwest.

The organization of migration was assigned to the local authorities and the *General Department of Reclamation for New Economic Construction and later the Central Steering Committee for Distribution of Labour and Population* for implementation.

The government encouraged all workers and their families to move to new economic zones, first of all to workers in rural areas with a low level of area of land and no favourable conditions for professional development, as well as unemployed residents or those with no favourable conditions for personal development. In terms of age, new economic regions recruited workers according to the maximum age of 40 for men and 35 for women. In special cases, for example, workers with professional skills, ethnic minorities, or both husband and wife, it was possible to recruit men up to 45 years old, and women up to 40 years old.

New economic zones were mainly concentrated in islands, remote or mountainous areas and areas with severe labour shortage such as the Central Highlands

and the Mekong River Delta. The movement also depended on the characteristics of each region. For example, people in the North used to travel by trains across Vietnam, while people in the South used to travel by bus or coach. They were all provided with travel fare, and each worker was equipped with two appropriate production tools. The government also considered providing additional subsidies for families facing many difficulties. Their health was protected, and supplies were provided to them before they went to the new economic zone.

### 2.2 Political Reasons

After 1975, in addition to economic reasons, the migration to the new economic zone also had another important political reason, which was to reduce the concentration of people who had worked for the government of the Republic of Vietnam in urban areas, especially in the Saigon area for ease of control and management. In the period from 1975–1980, 832,000 people were brought from Ho Chi Minh City to the countryside. Despite advocacy, explanations, and propaganda, many displaced people still did not feel completely comfortable. Sometimes the government had to use coercive administrative measures including revoking household registration, withdrawing cards to buy rice and other necessities, and disallowing children from attending school, forcing them to comply with their travel requests by the government (Desbarats 1987).

According to the government's regulations issued on May 19, 1976, the following subjects had to leave urban areas to build new economic zones:

- Those who were unemployed or without jobs,
- second, those who were illegal temporary residents,
- third, those who were residents in areas reserved for civil servants and military personnel,
- fourth, those who were the families of small traders, merchants and landlords,
- fifth, those who were people of Chinese descent or Catholics.

The target was to move 1,200,000 people in the city of Saigon out of the place. The number of big merchants remaining in Ho Chi Minh City should not be more than 10 per cent of the original total.

### 3. The Process of Building the Country's Economic Zones after the War

#### From 1976 to 1985

After the country was unified, the situation of Vietnam continued to face many difficulties. The centralized management mechanism of bureaucracy and subsidies still existed, so agricultural production was slow to develop and could not meet the needs of the people in the country. In addition, due to the influence of wars and natural disasters, some provinces in the North and North Central region lost their crops, whereas in the South, the large area of unexploited wasteland still had a lot of potential for development. Therefore, there was a large need for a workforce here.

When looking at this issue from both economic and political perspectives, the migration to build new economic zones was considered as one of the important tasks and was carried out on a large scale. Migration flows to build a new economy in this period mainly concentrated in the Mekong River Delta, the Central Highlands, and the Southeast region.

At this time, the government also mobilized and encouraged a part of Northern officials and people from central-affiliated cities such as Hanoi, Hai Phong, and Ho Chi Minh City to move to the Central Highlands provinces and the Southeast region to settle down and make a living there in order to fulfil the task of developing the country right after liberation.

Regarding the side of the state apparatus, to ensure that migration activities in the construction of new economic zones would be closely followed and go according to plan, the state established the *General Department of Reclamation* to help the Government Council in the management of the new economic zones. In 1981, according to Decision No.226-CP dated June 1, 1981, the government established a *Central Steering Committee* for the allocation of residential labour directly under the Government Council. Simultaneously, the task of organizing labour mobilization in the whole country was also assumed by the Ministry of Labour and implemented according to Decision No. 217/CP dated May 29, 1981. Thus, regarding the issue of migration to

build new economic zones, the government had established a system of agencies and organizations to manage, allocate and mobilize labour from the central to local levels. In particular, during this period, the state issued three major decisions:

- Decision of the Government Council No. 95-CP dated March 27, 1980, on the Policy of building a new economic zone.
- Decision of the Council of Government No.254-CP dated June 16, 1981, on Encouraging reclamation and restoration.
- Resolution of the Government Council No. 82-CP, dated 12/03/1980 on Mobilization and recruitment of laborers to work at state-owned farms and forestry farms in new economic zones (Dang Nguyen Anh 2010).

According to the Resolution of the Government Council No. 82-CP, on March 12, 1980, migrant workers who went to build new economic zones enjoyed the following benefits:

- a) Enjoy the same level of main salary, if one goes to a new place of work and is assigned a higher task or position, one will be ranked with a higher salary until one returns to his/her old job. One is entitled to salary allowances according to new jobs and new areas (if any).
- b) Receive an initial subsidy of 150 Vietnamese dong (if moving to mountainous areas, border areas, islands), 100 Vietnamese dong (if going to midlands and plains) to buy necessary items. The workplace needs to shop necessary items for the workers when they leave: one mosquito net, one mat, one blanket, one piece of knitwear (if one goes to the northern mountainous areas, one will be provided with a cotton shirt, a cotton blanket, and if one goes to other areas, one will be provided with a sanitary shirt, and light blanket). Workers in saltwater areas are provided with an extra set of underwear each year, this money will be subtracted from the initial allowance at the provision price, and one is not required to submit cloth vouchers. In addition, the workplace needs to provide one set of clothes in advance (additional provision outside of the existing regime), one pair of shoes or sandals, 1.50 meters of rain cloth, and one hat or cone hat for working.

- c) Upon arrival at a new place of work, an additional monthly incentive allowance shall be paid at the following rates based on the main salary: 20 per cent (if one goes to a highland area, border or remote island with a regional allowance level from 40 per cent or more), 10 per cent (if one goes to mountainous areas with a regional allowance of less than 40 per cent), 6 per cent (if one goes to other regions).
- d) To take a few days off from work (in addition to annual leave) to arrange family business: five days for those who do not bring their families, ten days for those with their families. Enjoy travel allowance including train fare, baggage fee according to the current regime.
- e) Housing, bed, catering in canteens, water for daily life, entertainment, study, medical treatment, etc. shall be settled according to the current regime.
- f) To get food and rationing standards according to the general regime.
- g) During annual leave, transportation and travel expenses are paid for according to the general regime. Female workers and public employees are entitled to two and a half months of maternity leave (if in the plains and midlands), three months (if in mountainous areas with a regional allowance of 25 per cent or more).
- h) Workers are allowed to bring their families and if they bring their families or get married in a new place, they will be provided with residential land and land for family business from 300 to 1,000 square meters depending on the number of extra workers in the family and on the land capacity of each region. Family members, if meeting certain criteria, will be given priority to be considered for recruitment into the farm or forestry enterprise; others will be arranged to work with a seasonal contract, exchange contract or do family business.
- i) Collectives of agricultural and forestry units are given a loan by the state with the average level being 50 Vietnamese dong/person to use as capital for the production of vegetables, short-term fruit trees, and livestock to improve the overall living conditions of the unit. The unit is allocated about 5 per cent of the working days to focus on self-sufficient production.

- j) Workers and public employees who are temporarily assigned for one year or less are entitled to the above-said benefits, except for points b, c, h.

For students graduating from state schools who are permanently assigned to work in new economic regions, they will get 100 per cent of starting salary and a third (1/3) reduction of the probationary period. During the probationary period, they are entitled to initial and incentive allowances, granting in kind. They are also provided with capital for production to ensure material needs and spiritual activities, as well as work clothes. There will be annual leave, maternity leave and they are allowed to bring along their families. All of these will be the same as long-term employees and civil servants.

For employees outside the state sector who are newly recruited for a long-term job, they will receive an initial allowance of 100 Vietnamese dong (if going outside the province or moving from the plains to the mountains in the province), or 50 Vietnamese dong (if going to the plain and midlands in the province) to buy necessary supplies.

Those who go outside the province or from the plains to the mountains in the province are granted in-kind items by the workplace, this money is deducted from the initial allowance, and workers do not have to pay cloth vouchers like long-term employees and employees (including provision of protective equipment in advance).

People migrating inside a province (going to the plains and midlands) are provided with one blanket and one mat according to the provision price, this money is subtracted from the initial allowance. They do not have to submit cloth vouchers. They are entitled to initial allowances and incentive allowances. They are also provided with capital for production to ensure material needs and spiritual activities, as well as work clothes. There will be annual leave, maternity leave and they are allowed to bring along their families. All of these will be the same as long-term employees and civil servants.

For young volunteers: For young people reaching military service age who are not eligible to join the army, they are encouraged to join youth volunteer teams to build new economic zones. Regarding the

organization of mobilization, use and remuneration, Directive No. 460-TTg dated September 23, 1978, of the Prime Minister would be applied. Particularly, the initial subsidy for buying clothes was raised to 100 Vietnamese dong/person (Resolution No. 82-HDCP).

In general, the migration work in this period had achieved remarkable results, namely: having mobilized and moved over 1,365,000 laborers and 2,760,000 people, of which 768,770 workers and 1,387,820 people moving outside their province. During this period, the work of sending of people to the wasteland to explore and build new state-owned agro-forestry enterprises or to supplement the labour force for agro-forestry enterprises has been promoted. As a result, 796,590 hectares of land have been reclaimed and put into production, mainly in new economic zones in the South with 606,792 hectares (accounting for more than 70 per cent of the whole country). Besides cooperatives and new production groups, many agro-forestry enterprises were formed through organized migration during this period (Dang Nguyen Anh 2010). It can be said that these are the years of strong migration activities to build new economic zones nationwide. Typical for the new economic zones in this period is the new economic zone in Lam Ha district (Lam Dong province). Currently, Lam Ha has developed and become a rich and potential place in the Central Highlands.

#### From 1986 to 1995

Entering the early 1980s, the situation of the country in particular and the world in general saw many changes. This had a direct impact on economic and social policies in Vietnam, especially on the migration to build new economic zones.

According to the Government Council's Resolution No.82-CP, the form of migration to build state-owned farms faced many obstacles because agroforestry enterprises still applied the old management methods. They could not attract labourers and their yield and productivity was not significant. Migration to unexplored areas had many limitations due to lack of investment capital and productive land. As mentioned above, at the time of the end of the war, the country still faced many difficulties, due to both overcoming the consequences of the war and fighting against natural disasters. Until the

1970s and 1980s, the country had not yet met the domestic demand for food. Viewing from that reality, the issue of migration to newly reclaimed lands and building economic zones became more urgent and important than ever. Migration to gain human strength to expand agricultural production, increase the proportion and output of rice, and renovate operation and management methods were the top economic tasks of the country in the 1986–1995 period.

At this stage, the government offered a subsidy approved by the competent authority for households who moved to new economic zones or islands. In addition, the government also made many decisions and regulations on concentrated investment for localities that received migrants. However, there was a problem: although the land fund was abundant, it was mainly wasteland, with poor quality and it was located in remote areas without basic physical conditions such as irrigation or roads. Therefore, it was difficult to ensure good service for the people's life. In order to improve the land and environment in these areas, the state must make a significant investment in human and material resources and ensure the concentration and maintain it continuously for a long time. This was indeed a big challenge for the state and people because the economic conditions at that time made it difficult to meet these requirements. On the people's side, after moving to a new land, each household is contracted with a certain area of land. This plan also met with difficulties when the support funding was limited while the amount of land allocated to households was increasing. Therefore, the allocation of land and funding at the same time for people to do economic work also became a difficult problem for the state. Due to the lack of response to the actual situation, in the late 1980s and early 1990s, a trend to free migration began to appear.

In terms of results, a summary of the situation of this period showed that the state could only emigrate 1,123,000 workers/2,264,000 persons. Among these, there were 181,000 workers and 361,200 people who emigrated to other provinces. The work of reclaiming land for production only reached 253,876 hectares. More notably, the issue of free migration during this period became a trend and appeared on an

increasingly large scale. According to statistics of the Ministry of Agriculture and Rural Development, from 1991 to June 2003 there were 294,651 households (1,352,445 people), of which the main immigration area was the Central Highlands with 41 per cent of the total number of free migration households (Dang Nguyen Anh 2010). This situation set a new task for migration management to build new economic zones, which was to organize, arrange and move the number of free migrants into specified areas, and even to apply some coercive measures to force people to return to their homeland. Although the government and provincial steering committees strengthened management over the population and resolutely handled those who destroyed forests, encroached on land, and illegally traded land, the results had not been significant or as effective as expected. A number of people still sought to return to their settlements or move to deeper and farther areas to avoid the control of the authorities.

#### The period from 1996 to present

Since 1996, the work of migration to build new economic zones has had more positive changes, and in particular, it was integrated with state programs aimed at making full use of fallow land and developing the economy. The state has launched a series of programs such as:

- Program 327 to use fallow land, hills, forests, coastal alluvial grounds, and water surface.
- Program 773 on exploitation and use of wasteland, alluvial, coastal and water surface in the delta areas.

Since 1998, organized migration has been associated with a new task of realizing the goal of poverty reduction and socio-economic development in extremely difficult areas.

Along with national target programs on hunger eradication and poverty alleviation through Decisions 133, 135, 138, and 143 issued over the years, the state continuously encourages people to reclaim land, cultivate crops and develop the economy, with priority being given to the poor who do not have land and to ethnic minorities. They are provided with land to work and earn a living. This is a practical action of the state in order to create all favourable conditions for people to develop the economy, eliminate hunger and reduce poverty. It can be seen that, in programs

and policies, it is always emphasized that migration to build a new economy is one of the important parts of the national economic development goal. In addition to the new economic goals and poverty alleviation, as already mentioned, in terms of political reasons, the state also associates migration with the goal of political stability, protection of national security and defence, especially in areas with many difficulties, for example border areas and islands. The main content of the new economic migration policy in this period is to emphasize on population planning where necessary, to properly organize people's daily life step by step in places with favourable conditions, and to create better conditions for stabilizing people's lives.

In 2003, the government issued Decision 190/2003/QD-TTg on immigration policy to implement the planning and population arrangement for the period 2003–2010, clearly defined the objectives:

“By 2010: arranging and stabilizing the population in necessary places in order to exploit the potential of labour and land to develop agricultural, forestry and fishery production; creating jobs, increasing incomes, implementing hunger eradication, poverty reduction, and stabilizing and improving people's living standards; minimizing free migration; at the same time, forming new residential areas with sufficient essential infrastructure, serving sustainable socio-cultural – economic development for the people, contributing to maintaining political security, social order and security.” (Decision No. 190/2003/QD-TTg)

Thus, unlike in previous periods, migrants have built new economic zones since 1996 for the purpose of socio-economic development and new rural development for the purpose of industrialization and modernization of the country. To do this, migration projects to build new economic zones are paid attention to and integrated into poverty reduction programs chaired by the Ministry of Agriculture and Rural Development.

In 2004, the *Department of Settlement and New Economy* changed its name to the *Department of Rural Development and Cooperation*. In addition, the organizational structure, functions, and tasks of provincial departments have also been adjusted appropriately to most effectively manage migration, alleviate poverty, achieve agricultural and rural development in the new economic zones.





The new economic zone in Thom Garden on March 11, 1976

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## 4. Situation of Building New Economic Zones in some Provinces in the Southwest Region and the Central Highlands

### 4.1 Building a New Economic Zone in Dong Thap Muoi-Tien Giang

In the Southwest region, Dong Thap Muoi-Tien Giang province new economic zone is considered a good example of the strategy to overcome the consequences of war. The special thing is the creative application of strategies by the party and the government in implementing this strategy to Tien Giang by making the destination more attractive, rather than enforcing push-factors at the place of departure. The method of Tien Giang is that in addition to the support of the state, the province also focuses on investing in many resources, gradually investing in building infrastructure to serve production and people's life. Besides, Tien Giang province has also increased exploitation of fallow land to put it into production. The province also researches plants that are suitable to its hydrogeological conditions, then they decided to plant trees such as melaleuca, yams and especially pineapple, bringing high economic efficiency to the New Economic Zone. On the basis of the expanded area, the province decided to establish the new district Tan Phuoc according to Decree No. 68/CP dated July 11, 1994, of the government.

The migration to exploit the new economic zone of Dong Thap Muoi of Tien Giang province can be divided into three phases: 1975–1987; 1987–1994 and from 1994 to present.

### *Migration work and construction of Dong Thap Muoi new economic zone in the period of 1975–1987*

After the South was completely liberated, Dong Thap Muoi in Tien Giang province was a wasteland, sparsely populated and there were many wild plants such as bamboo, papaya, sugarcane and so on. Implementing the policy of new economic zone construction, the state has decided to establish two new economic zones, Tan Lap and Tan Hoa Dong in Chau Thanh district. Hundreds of households from Ho Chi Minh City and My Tho City have been moved here to build these two new economic zones. On that basis, Tien Giang province has also established a committee to reclaim and build new economic zones and a steering committee for construction of specialized farming areas. However, difficulties are still piling up for several reasons as follows:

- The goal of migration was mainly to reduce the population density in the cities.
- There was no production planning that is suitable to the geological and hydrological conditions of the region.
- There was no infrastructure system to serve production and people's life in the region.

As a result, most of the households that were moved to the new economic zone have left one after another again, except for a few cases. However, there are also some poor households without productive land who have come to reclaim wasteland and settle down there.

Facing that situation, Tien Giang province has directed the establishment and large investment from the state budget and socialization capital in a few agricultural and forestry farms directly under the province, My Tho city, and districts. As a result, a large area of melaleuca forest with tens of thousands of hectares has been formed, along with pineapple trees, which were initially put into cultivation and gradually developed to become one of the main trees in the new economic zone today.

The organization of the apparatus for migration and construction of new economic zones during this period also encountered some changes. At the end of 1983, the *Sub-Department of Labour and Population Mobilization* was established, then renamed the *Sub-Department of Migration and Development of New Economic Zones* (now the *Sub-Department of Rural Development*).

In general, migration work to develop Dong Thap Muoi as a new economic zone in this period was not very effective due to the lack of appropriate planning, lack of infrastructure, lack of labour, and inappropriate exploitation of land resources. This period can be considered as a lesson learned for the period right after the issuance of the government's policy to focus on exploiting the Dong Thap Muoi region.

### *Migration work to develop Dong Thap Muoi new economic zone in the period 1987–1994*

Implementing Directive No. 74/HDBT, dated 18/3/1988 of the Council of Ministers on focusing on exploitation and socio-economic development in Dong Thap Muoi region, Tien Giang province established a Steering Committee for exploitation and socio-economic development in the Dong Thap Muoi region for the province and districts. At the same time, the province has also developed a project to exploit its potential and socio-economic development in Dong Thap Muoi serves a basis for implementation.

In order to implement the above project, Tien Giang province has carried out a series of specific measures: first, dissolving the previously inefficient agricultural and forestry farms, except Tan Lap farm, to allocate land to the people and create favourable conditions to attract resources from the people to invest in exploiting new land. Second, the province creates investment projects such as *The Migration Project to Build the Dong Thap Muoi New Economic Zone in Tien Giang Province*, *the Northeast Irrigation Project* to take advantage of and concentrate capital sources. Third, the province prepares conditions to submit to the government for decision on the establishment of a new district (Tan Phuoc) and new communes.

What is special and different in Tien Giang's policy of building a new economic zone is the creation of attraction by pulling in investment rather than pushing people to move. Specifically, firstly, localities have organized to allocate most of the land fund managed by the locality as well as from the previous agricultural and forestry farms to people in need. During this period, more than 3,000 hectares of fallow land has been exploited and put into production, attracting nearly 2,000 households to settle down. Secondly, the locality has also built a part of essential infrastructure to create an attraction for people to settle down, invest in reclamation, and develop production on the new land.

As a result, until the establishment of the new district, the district's agricultural and forestry land area has been increased to about 17,000 hectares (out of a total of more than 33,000 hectares of natural land) and there are more than 7,000 households with a population of more than 42,000 people (Nguyen Van Lam and Le Luong 2016).

With such an area of cultivated land and population, Tien Giang province requested the government to issue Decree No. 68/CP dated 11 July 1994 to establish a new district Tan Phuoc (Decree No. 68/CP of the Government).

### *Migration and development of Dong Thap Muoi new economic zone from 1994 to present*

After the new district of Tan Phuoc was established, the Dong Thap Muoi new economic zone of Tien Giang province saw a new development. The establishment of Tan Phuoc district has created a new impetus for the program to build a new economic zone with more investment capital and higher mobilization of people. Up to now, Tan Phuoc district has successfully served production and stabilized people's lives. As a result, the district has attracted more than 4,000 households from other places to settle down and has turned more than 15,000 hectares of wasteland into productive land with the main crops being pineapple, melaleuca, rice and potatoes.

In addition, implementing the policy of the government in 1989, Tien Giang was also assigned a land area of about 5,000 hectares by the People's Committee of Long An province (north of the Bac Dong canal), in the area of the four communes Tan Dong, Tan Tay, Thuy Dong and Thuy Tay of Thanh Hoa district. As a result, up to now, more than 1,000 households in Tien Giang have come to settle down and reclaim production in this area. In the near future, according to the agreement of the two provinces, Long An province will continue to invest to gradually improve the infrastructure in the region to better meet the needs for the common development of two places: Tan Phuoc district, Tien Giang province and Thanh Hoa district, Long An province (Nguyen Van Lam and Le Luong 2016).

## 4.2 Lam Ha-Lam Dong New Economic Zone

The program to build a new economic zone dates to the 1960s already, but since the 1970s it focuses not the Northwest mountains but on the Central Highlands. After 1975, the leaders of Hanoi and Lam Dong had discussions and reached an agreement to bring a part of the capital's population to settle on Lam Vien plateau. In February 1976, more than 120 young men from the Gia Lam Piloting Youth Group set out to the South-Central Highlands to reclaim land and build a second Hanoi amid the old forests. Then, in turn, the piloting labour teams from Dong Anh, Tu Liem, Thanh Tri, Ba Dinh, Dong Da, and Hoan Kiem brought the land and street names from their old homeland with them. By August 1978, there were 2,662 young men piloting the project in Nam Ban area (Mai Van Bao 2016).

The question is why Lam Dong? In addition to economic factors, the selection of Nam Ban in Lam Dong was also based on a long-term strategy by the party and the government, as there were tensions in the border area with Cambodia at that time. To prepare for this settlement programme, pilot projects have been carried out into this rugged but attractive mountainous region since 1976. The pioneer in this campaign was a volunteer group organised by the Youth Union in Hanoi. Following these pioneers were thousands of families from the districts of Ba Dinh, Hai Ba, Dong Da, Tu Liem, Dong Anh, Thanh Tri, and Gia Lam. In some places, the whole neighbourhood or family migrated jointly.

Difficulties that migrants face included meagre subsidies, poor living conditions, little choice of means of transport, harsh climate and especially the harassment of FULRO forces. Unable to bear the hardship, some families left the new economic zone and returned to the capital city. Although the number was not large, this action also affected the general plan and the general mentality of everyone.

To implement this plan, party and government paid special attention to communication. Each region had a radio station. For example, in Nam Ban area, there was a regional radio station. According to the journalist Tran Ngoc Trac, every day he had to go to the localities to get news, write articles, then edit and be the radio announcer. The regional radio had a very important effect. It was both an alarm clock and provided information on domestic and international political news and served as entertainment when reporting sport events such as football matches. The equipment

of the regional radio station was a 15W loudspeaker of soviet production installed in every home. In total, there were 1,500 loudspeakers in the Nam Ban area. In addition, in the power poles on big streets and old trees in the villages, people also arranged two to three large loudspeakers. To encourage the movement, the government also arranged visits and working sessions by important leaders. In 1977, General Vo Nguyen Giap personally visited Hanoi's new economic zone in the Central Highlands. In addition, a number of writers, poets and musicians also visited the new economic zone to encourage the movement, including musician Tran Hoan, then Deputy Secretary of the Hanoi Party Committee, and the poet Bang Viet with some singers in 1982.

Among those who migrated from Hanoi to the Central Highlands in the first wave, there were hundreds of volunteer teachers. Most of them were teachers who had just graduated from school. With the enthusiasm of youth, many people volunteered to stay and build a stable and long-term life in the new economic zone. Besides the teachers from Hanoi, there was also an additional force of teachers who had just graduated from high schools, pedagogical colleges, and universities in Da Lat.

Regarding the meaning of the name Lam Ha, Nguyen Quoc Mien (78 years old, Dong Anh residential group, Nam Ban town; originally from Dong Anh, Hanoi), said:

"The name Lam Ha is a combination of the first two words of Lam Dong and Ha Noi, which is very meaningful. And October 28, 1987, marked the birth of the new district Lam Ha in the red basalt land." (Mai Van Bao 2016)

In the early years of building a new economic zone, from 1976 to 1987, Lam Ha welcomed more than 5,100 households, with 23,665 Hanoians migrating here to start a new life. Now, Lam Ha district's population is more than 140,000 people, including 31 ethnic groups from all parts of the country, living in 14 communes and two towns. Among which, most of them are people from Hanoi and Ha Tay (former) who came to establish a new economic zone after the country was reunified. In October 1987, Hanoi New Economic Zone officially completed its tasks. Lam Ha district is considered as a meaningful connection between Lam Dong and Hanoi, Mr. Tran Ngoc Lanh shared:

"It is from this moment that the economic people really stop thinking of returning to the capital and

they can stand firm and build a new homeland, creating another Hanoi on the highlands." (Pham Hien 2020)

After many efforts, now, people's life is richer and more prosperous. If in 2007, the total per capita income of Lam Ha district was only 10 million Vietnamese dong, until now, according to the statistics at the end of 2019, this figure reached 59.5 million. The total production value of the district was over 10 trillion Vietnamese dong. The total state budget revenue in 2019 for the whole district reached 281,459 million (Pham Hien 2020).

The result of this movement is a new Hanoi in the middle of the sunny and windy Central Highlands. Farms with an area of several tens of hectares of coffee and mulberry trees have sprung up, bringing in billions of Vietnamese dong of profit. New economic models, ranging from agricultural production, business to service, were born, bringing a prosperous life to the people. Hanoi new economic zone in Lam Dong has become a good example in the process of overcoming the consequences of war and changing the lives of millions of people. Currently, the locality is actively promoting planning, building, and completing infrastructure, attracting investment resources, giving priority to industry, commerce, and services to create sustainable development in Lam Ha district.

## 5. Impacts of Building New Economic Zones in Overcoming the Consequences of War and Developing the Country

### 5.1 Political and Social Aspects

The reduction of population in urban areas and the implementation of migration to the Central Highlands and Southwest regions have helped stabilize the socio-political situation and created a quick solution to urgent internal security issues immediately after the war. As discussed in the political reasons section, cities in the South had significant concentrations of potential troublemakers:

- Catholic refugees who fled the North in 1954,
- military and police forces of the former Southern regime,
- civilian employees of the former regime and the merchant community, especially Chinese merchants.



Building a new economic zone in Dak Lak province

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Therefore, the immediate priority task for the South right after liberation was to strengthen the government by sending a part of the population and these people to different provinces. This was done to stabilize political security and to develop the economy. Besides, with the relatively large scale of migration, the movement of North Vietnamese cadres to the South is considered to be decisive for the formation of a new social order. Likewise, loyal Northern revolutionary families can help officials monitor the behaviour of untrustworthy subjects. Accordingly, the redistribution of the population will help restore social order and create a stable foundation for security in the new situation.

### 5.2 Economic aspects

The migration policy to build economic zones is one of the important planning works of Vietnam, having a great impact on national economic development. In the post-war time, agriculture was the top priority sector to create agricultural output to serve the domestic food demand, while solving unemployment problems and facilitating crop specialization, paving the way for the establishment of state-owned farms, and laying the groundwork for rapid collectivization.

Some outstanding achievements of the migration process to build a new economic zone are:

- the settlement and long-term cultivation of more than one million ethnic people living in shifting cultivation, nomadism, and stable residence for tens of thousands of people in border areas.



40<sup>th</sup> anniversary of establishment of new economic zone in Lam Ha (Lam Dong province)

Copyright: Photographer Mai Van Bao

Source: <https://lamdong.gov.vn/sites/lamha/tintonghop/datvanguoi/SitePages/lam-ha-hon-40-nam-xay-dung-vung-kinh-te-moi.aspx>



Lam Ha new economic zone meets Hanoi on Tay Nguyen Plateau

Copyright: Photographer Mai Van Bao

Source: <https://nhandan.vn/gap-ha-noi-giua-long-nam-tay-nguyen-post275928.html>

- Economic development was combined well with national defence, planted forest area and greenery have replaced bare land and barren hills and new economic zones have been gradually formed, bringing better efficiency and income.
- The land area from reclamation has been expanded and this has increased the output in agricultural production, especially to solve the domestic food demand and initially form a basis to export the country's agricultural products.
- Facilities, infrastructure, roads, electricity supplies, water supplies, schools have been built new and improved; projects in service of planning, migration and construction of new economic zones have been implemented, creating even development across the country.

All of this is the foundation for building a strong national economy. However, the policy of overcoming the consequences of war and building a new

economic zone also encountered many difficulties and obstacles and was not always successful. Vietnam wanted to build socialism on a national scale and decided to apply the socialist management model of the North into the South, where socio-economic conditions were completely different, to carry out economic reform. The renovation of private capitalist industry and commerce in the city, when done alongside the construction of production corporations in the countryside, did not bring about the expected results. In addition, in terms of foreign affairs, Vietnam was also embargoed by the US and Western countries after helping Cambodia to overthrow the Khmer Rouge regime in 1978. Due to all these difficulties, both five-year plans of 1976–1980 and 1981–1985 were not completed. Nevertheless, it was also an opportunity for Vietnam to carry out the Doi Moi work after 1986, ending the centrally planned economic system, opening a new stage for Vietnam's development.

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# Non-Detonated Landmines and Explosives as a Socio-Economic Problem for Vietnam since 1975

● Than Thanh Cong and Le Tuyet Minh

## 1. Introduction

Unexploded Ordnance (UXO) is a collective term used for bombs, mines, grenades, explosives, torpedoes, missile warheads, projectiles, artillery warheads, ammunition, detonators, and other explosive devices that are left after the war (Clause 1, Article 3 of Decree 18/2019/ND-CP 2019 on management and implementation of remedial activities regarding mines, bombs, and explosives during and after the war). The Revolutionary War in Vietnam has ended many decades ago, but its painful resonance still exists today. According to surveys, before 2010, the annual average number of UXO victims in Vietnam was nearly 400 people, of which nearly 200 died. In recent years, the respective number has decreased to less than 50 persons per year, and some localities have not had these accidents for many years. In addition to projects to overcome the consequences of *the pain of Agent Orange*, Vietnamese people have also been working to remove the remaining explosive devices from the war. In addition to the activities of the Ministry of National Defence of Vietnam, other ministries, local branches, and international organizations have comprehensively realised the tasks of the *National Action Program to Overcome the Consequences of Landmines and Explosives after the War*. Ministries and other administrative units have fostered communication and education to prevent landmine accidents, with the active participation of foreign embassies and international organizations in Vietnam, through many effective and substantive measures in various ways.



Demining at Quang Tri Province.

Source: Quang Tri Province Mine Action Center; <https://www.qtmac.vn/en/library/picture>



Join hands to check and remove landmines.

Source: Quang Tri Province Mine Action Center; <https://www.qtmac.vn/en/library/picture>

Vietnam is also promoting the mobilisation of its own social resources and, in particular, support from international donors. Many landmine removal projects have been supported by the governments of the United States, Japan, Korea, the United Kingdom, Norway, Germany, Australia, and Russia, as well as by United Nations agencies such as UNDP and UNICEF. In addition, assistance, including implementation, has been provided by many other international organisations, donors, and individuals. In the coming period, Vietnam will continue to pool its resources and thoroughly solve the problem of mines and explosives, which includes the following main objectives:

- Overcoming the consequences of bombs, mines and toxic chemicals after the war is a very urgent task of high importance, because the life, health and safety of people must be protected.
- People's safety must come first, and people are put at the centre, as the subject, driving force and main beneficiary of the measures.
- Party committees and authorities at all levels must ensure leadership, guidance, human and financial resources for this work.
- Further, regulations must be developed to deal with the problems posed by explosive devices and toxic chemicals in the aftermath of the war, especially through the formulation of relevant regulations to be submitted to the Standing Committee of the National Assembly for consideration.
- The capacity of the National Centre for Mine Action and the agencies to deal with the consequences of landmines and explosives in the various localities must be improved.
- Organisations as well as individuals need to be assisted in the removal of wartime bombs and mines.
- International cooperation and mobilisation of domestic and foreign resources for the elimination of explosive ordnance and toxic chemicals must be strengthened.
- Awareness-raising activities must be carried out to increase the population's alertness to the dangers posed by landmines.

- The goal is to achieve zero accidents caused by bombs and mines in the whole of Vietnam by 2025.
- The timely treatment of victims of mine and explosive accidents must be guaranteed, and the livelihoods of landmine victims ensured, also to meet the requirements of sustainable, inclusive and humane development.
- Other tasks include promotion of research and development and mastery of demining techniques, proactive application, and implementation of mine management methods according to practical requirements.
- There is an urgent need to conduct basic research and build a database for post-war bomb and landmine clearance.
- Vietnamese practice to date must be summarized and conclusions drawn, effective ways to learn from international experience must be found in order to improve methods in this field of work and apply them outside Vietnam in the future.

## 2. Results

### 2.1 Overview of Wars and Explosives used in Vietnam since 1945

With a history of nation-building and defence that goes back more than two thousand years, after many hundreds of years under the rule of feudal dynasties from the North, and after a good hundred years of French colonial rule, the Vietnamese people never stopped striving for independence. The opportunity arose with the end of the Second World War, when Japan, occupying Indochina, surrendered to the Allies. At that time, the Communist Party of Indochina, led by President Ho Chi Minh, seized the opportunity and the Democratic Republic of Vietnam was proclaimed (on 2 September 1945). Like the other western allies, France did not simply give up its colonies at the end of the war. It did not recognise the declaration of independence of Vietnam, which became the main target of French efforts to re-stabilise its rule over Indochina. With the support of its World War II allies (first Britain and then mainly the United States), France attempted to regain control of Indochina in a military campaign described by the

Vietnamese side as an invasion. The ensuing war of resistance by the Vietnamese people lasted nine years (1946–1954) and ended with the Dien Bien Phu campaign. Finally, the Geneva Accords were signed, and nearly one million Vietnamese were killed or wounded in the so-called French War.

Even with such great sacrifices and losses, Vietnam have not yet gained its independence. Under the Geneva Accords, the country was temporarily divided into a northern and southern part. Not allowing Vietnam to be reunified, the US replaced the French in the South in order to permanently divide Vietnam. Already on November 1, 1955, another war broke out, this time with the main opponents of the governments in Hanoi and Washington.

The bitter war lasted almost 20 years and more bombs and shells were used than ever before in the history of the world. The total weight of bombs dropped on Vietnam by US aircraft was 7.85 million tonnes, almost three times the number of bombs used by all countries in World War II; this was equivalent to the destructive power of 250 atomic bombs with the explosive force that the US had dropped on Hiroshima and Nagasaki. On average, each Vietnamese person had to endure about 250 kg of bombs dropped by American planes at that time. Not to mention the 7.5 million tonnes of munitions used by the US on the ground (including shells, mines, explosives, and artillery shells of all kinds), and 45,260 tonnes (about 75 million litres) of toxic chemicals used by the US (Quan Khu Newspaper 2019). It was not until 30 April 1975, after the historic Ho Chi Minh campaign, that the war was truly over, and Vietnam was reunified. It is estimated that between two and five million Vietnamese were killed in this war, and millions more were injured or permanently war-wounded as a result. The aftermath of the war continues to this day.

Vietnam's independence did not last long before the country was confronted with a war to protect its southwestern and northern borders. More than 30,000 Vietnamese civilians were displaced, and 60,000 hectares of productive land were abandoned. The war between Vietnam and the Khmer Rouge army was not characterised by extensive military operations, but it was protracted, lasting until October 1989, when Vietnam was able to withdraw

its army completely from Cambodia. Thousands of Vietnamese soldiers and civilians had to bleed again. From May 1975 to 23 December 1978, up to 30,000 Vietnamese became victims of the Khmer Rouge in their attacks along the border (more than 5,230 Vietnamese civilians were killed, almost 5,000 people were injured, more than 20,000 people were abducted or killed). It is estimated that Vietnam suffered a further 8,500 casualties, of which almost 3,000 died (Pham Huu Thang 2018).

In addition to the war on the Cambodian border, there was also a brief but very intense military conflict in the far north of Vietnam. On 17 February 1979, China sent hundreds of thousands of troops, supported by artillery and tanks, to attack Vietnam across the common border. In total, China used 1.06 million artillery shells, 23.8 thousand tons of ammunition, 55 million rounds of ammunition and a variety of other military equipment (Thu Giang 2022). On 16 March 1979, China announced the completion of its troop withdrawal from Vietnam. China's campaign was thus over, resulting in tens of thousands of dead and wounded Vietnamese soldiers and civilians. However, armed conflicts continued along the border of the two countries and in the South China Sea. It was not until 1991 that diplomatic relations between Vietnam and China were officially normalised again.

Today, the wars are over, and Vietnam is an independent nation. But the consequences of these wars for the people of Vietnam were dramatic. It is estimated that during the war of resistance against the US alone, between three and five million Vietnamese were killed, and millions more were injured and have suffered permanent health impairments (University of Social Sciences and Humanities 2015). For Vietnamese soldiers only, during the 30 years of war with France (1946–1954), with the US (1954–1975) and the wars on the Southwest and Northern border (1978–1979), along with several campaigns against bandits and FULRO, Vietnam has over 1,140,000 officially recognized (Vietnam Communist Party Electronic Newspaper 2014), of which many who served as soldiers are still missing today. Those who have survived the war and still live today continue to face severe economic, social and environmental problems that the war has caused.

## 2.2 Impact of Bombs and Mines on Environment and People in Vietnam

Vietnam has an area of 331,212 km<sup>2</sup> with a population of 95,540,395 (in 2018). The population density is high (about 290 persons/km<sup>2</sup>) compared to other countries in the world and in the region (ranked 49th out of 244 countries and territories). Although Vietnam is a predominantly an agrarian country, the area of cultivated land is not large, only 0.12 ha per capita, which is equal to one sixth of the global average. As already mentioned above, Vietnam is one of the countries which's area is most intensively affected by the burden of historical warfare. Even today, about 800,000 tons of bombs, landmines, and other explosives from the American War in particular are still scattered throughout all regions. Many of Vietnam's plains, forests, mountains, rivers, streams, and ponds, in total nearly 6.1 million hectares, are contaminated with explosives or are suspected to be (accounting for 18.71 per cent of the total area of the country). All 58 provinces and five municipalities were identified with different levels of contamination with mines and explosives. According to the results of a nation-wide assessment of 11,134 in Vietnam's 58 provinces and five municipalities, as of December 2014, 9,116 communes and wards are still affected. There are localities where the contaminated area accounts for more than 80 per cent of the total land (Military Zone 5 Environmental and Mine Handling Center 2022). This greatly affects the socio-economic development, especially in agriculture and forestry.



Landmine victim

Source: flickr.com/ Clear Path International



Young boy with injuries from Vietnam War era ordnance

Source: flickr.com/ Clear Path International

From 1975 up to now, explosives devices from the wartimes have killed approximately 40,000 persons and injured another 60,000 (Vietnam Social Insurance 2019). Notably, most of the landmine victims are either the main labour force of the family, or children – the future of family and society. Many survivors of the accidents have lost their working ability. In some central provinces, over 22,800 people were affected, of which more than 10,540 died, and 12,260 were injured (Minh Tu 2022). In the five years between 2013 to 2018 alone, there were 1,813 accidents, with a death toll of almost 1,000 persons. Accidents with unexploded ordnance, cause grief and loss, and put heavy burdens on families and society. Therefore, to solve the problem of un-detonated landmines and other explosives is extremely urgent. It requires great resources, enormous efforts by the political system and the population, and support from the international community.

## 2.3 Vietnam Overcomes the Post-War Effects of Landmines and other Explosives and the Related International Support

Since 1975, right after the end of the war against the USA, the Vietnamese government has tried to mobilise resources for the removal of unexploded ordnance under difficult economic conditions. Various ministries, agencies and municipalities have been entrusted with carrying out this work, but the guidelines, implementation instructions and legal documents issued have not been sufficient to do so. The clearance of landmines in particular and the removal of unexploded ordnance in general still do not follow a master plan and are not really uniform or coordinated nationwide, which significantly affects the speed of landmine clearance. As far as dealing with landmines and unexploded ordnance alone is concerned, it is estimated that it will take hundreds of years before Vietnam has completely eliminated them, given the current state of affairs and the continuing rate of processing. However, overcoming the consequences of war in Vietnam, especially clearing landmines by 2030, is a major goal of a United Nations development programme. In the quest to become a bomb-free country, Vietnam must therefore establish a master plan for mine clearance as soon as possible. This, together with full international integration, would be a prerequisite

for obtaining support from the international community for the capacity or funding that would accelerate the work. Many countries in the world, including those in South-East Asia, have received considerable support from the United Nations and a number of industrialised countries for the clearance of non-detonated explosive devices following full international integration.

On April 21, 2010, the Prime Minister issued Decision No. 504/QĐ-TTg approving the *National Action Program to overcome the consequences of bombs and mines after the war for the period 2010–2025* (hereinafter referred to as Program 504) with the objectives to mobilize all domestic and international resources, gradually overcome the contamination with bombs and mines, in service of socio-economic development; ensure the safety of the people. Program 504 also sets out more tasks such as

- the assessment of landmine residues across the country,
- the formulation of legal documents, mechanisms, and policies in overcoming the consequences of mines and UXO,
- the management of a national landmine database, bomb and mine clearance,
- accident prevention education, and victim support,
- and the mobilization of funding for resettlement for people in heavily contaminated areas.

In terms of organizational structure, to unify direction and implement the contents of Program 504, dated 22/12/2010 2338/QĐ-TTg, the Prime Minister issued Decision No. 2338/QĐ-TTg to establish a *State Steering Committee on the National Action Program to overcome the consequences of bombs and mines after the war (Steering Committee 504)*, later the *Steering Committee for overcoming consequences of landmines and toxic chemicals after the war in Vietnam* (referred to as *Steering Committee 701*), headed by the Prime Minister under Decision No. 701/QĐ-TTg dated May 24 2017. The Steering Committee has the following tasks:

- to propose to the Prime Minister directions and solutions to solve important and cross-ministerial issues,

- to develop solutions for mobilizing funding in order to attract domestic and foreign resources to quickly overcome the consequences of bombs, mines and toxic chemicals after the war,
- to assisting the Prime Minister in directing the formulation and implementation of national programs and plans for overcoming the consequences of bombs and mines and toxic chemicals after the war.

For the implementation of *Program 504*, on March 4, 2014, the Prime Minister issued Decision No. 319/QĐ-TTg to establish the Vietnam *National Mine Action Center (VNNMAC for short)*. VNNMAC has the task of presiding over and coordinating with the relevant agencies in research, development, implementation, and management of respective measures. Since its establishment, VNNMAC has developed legal documents, relevant standards, and regulations for landmine remediation according to its function within the National Action Program. Besides surveying and clearing mines, VNNMAC also mobilizes resources to support victims, is active in the field of social security policies, conducts communication and awareness-raising work, raises international sponsorship, and educates the population how to prevent bomb and landmine accidents.

On September 11, 2014, the Ministry of Home Affairs issued *Decision No. 949/QĐ-BNV to establish the Vietnam Association of Assistance in overcoming the consequences of landmines and explosives*. The Association has the following functions:

- To attract members, to link domestic and international organisations and individuals, to promote activities to overcome the problem of undetonated explosive devices in Vietnam, and to help ensure a safe and clean environment for the people and the socio-economic development of the whole country.

The main tasks of the association include

- focusing on mass communication of the guidelines and policies of the State of Vietnam on overcoming the consequences of landmines,
- preventive measures to minimize the consequences of landmines,
- connecting and mobilizing domestic and international funding to clear landmines and provide support to victims.

Up to now, the *Vietnam Association of Assistance* has admitted nearly 1,500 members to participate in the activities of two sub-associations and 17 branches across the country. In 2019, after five years of operation (in co-operation with the *Vietnam Landmine and Explosive Remedial Fund, My Lai Peace Foundation, and Ho Chi Minh City Charity Group*, the Vietnam Association of Assistance has conducted 26 support rounds to improve the living conditions of victims in 19 provinces and municipalities which are heavily contaminated with landmines. Nearly 5,500 people benefited from support and donations:

- 240 families of victims were supported with breeding cows,
- new houses, capital for economic activities and production tools were donated to nearly 5,000 persons,
- houses were repaired,
- hearing and vision aids, hundreds of prostheses, wheelchairs, orthopaedic and rehabilitation equipment for the victims were donated to the needy,
- a sum of money for Tet and 200 gifts were handed over to 957 families of the victims,
- the Vietnam Association of Assistance organized medical check-ups and financial support for nearly 1,000 landmine victims and their families who benefit from social welfare,
- fundraising activities amounting to 156 million dong were held for a foundation to bring children to school,
- thousands of books and learning materials were donated to ethnic minority boarding school students, as well as 3,000 landmine awareness and prevention comic sets for children and students at local schools,
- families of landmine victims were visited, encouraged, and provided with timely support to help them overcome difficulties (Chi Tam 2020).

Up to now, after more than ten years of implementing Program 504, the post-war bomb and mine recovery work has made remarkable progress. A series of legal documents have been issued and continuously reviewed, amended, and supplemented, such as national regulations and standards on unexploded bombs and landmines and regulations on

management and implementation of landmine remediation. Policies and regimes on people with disabilities in general as well as mine victims in particular serve as a basis for implementing remediation work in a synchronous and effective manner throughout the country. Notably, *Decree No. 18/2019/ND-CP on the management and implementation of post-war bomb and mine remediation activities* was issued by the government on February 1, 2019. This decree applies to domestic and foreign agencies, organizations and individuals involved in post-war remedial activities of landmines and explosives in the territory of the Socialist Republic of Vietnam. Post-war UXO remediation is specifically regulated, including:

- investigation, survey, information collection, assessment of residue levels and post-war clearance of mines,
- mass communication and education on accident prevention and support for victims of mines and explosives,
- training, scientific research, engineering and technology related to overcoming the consequences of UXO.

The financial sources for remedial action against the mine risk and UXO come from the state budget (including aid, ODA, and concessional loans), and from capital of enterprises and other sources as defined by law. Post-war UXO victims have the right to primary medical assistance by the state, including health care, rehabilitation, education, vocational training, employment, and social protection. Children of mine and explosive victims covered by the policy, and children of poor or near-poor households or in extremely difficult circumstances are supported in attending school with scholarships and funds. They also enjoy all the rights of people with disabilities as defined by law.

Mass communication and education on mine accident prevention is an important issue, which is prioritized for investment by the government and is often integrated in post-war recovery projects. Over the past time, this work has been widely deployed with the active participation of central and local departments, ministries, branches, and the cooperation of international agencies and



*Vietnamese soldiers demining with modern equipment*  
Source: USAID/ Alamy Stock Photo

organizations operating in the field of remediating the problems of landmines and explosives in Vietnam. There have been press conferences, photo exhibitions and meetings to respond to World Mine Prevention Day (April 4), as well as educational activities about the risk of landmine accidents in the vicinity of schools and residential areas. All of these have contributed to raising people's awareness of the dangers of landmines and UXO, significantly reducing the number related accidents. The average annual number of victims has decreased from 400 before 2010 (of which about 200 died) to 50 in recent years. In particular, Quang Tri, the province with the highest UXO density in the country, has had no landmine accidents in 2019 and 2020. Most recently, *Catholic Relief Services Vietnam* (referred to as CRS Vietnam) has signed a *Memorandum of Understanding on mass communication and education to prevent landmine accidents after the war in Vietnam* with VNNMAC (Hong Pha 2021). Accordingly, CRS Vietnam commits to provide technical and financial support for VNNMAC:

- to develop and complete the draft national strategy on mass communication and education on mine accident prevention,
- to assist in the development of national standards on UXO mass communication and education and national standards on UXO victim support,



*Dangerous demining with mine detectors and spades*  
 Source: iStock.com/Roman Budnyi

- to strengthen the capacity of VNMAC staff in designing, implementing, and coordinating the *Mine Risk Education* program,
- to provide technical support for mine risk education activities implemented by VNMAC, and
- to connect VNMAC to general information and increase its participation in events in the international mine remediation community.

The protection of rights and implementation of policies for people with disabilities, including landmine victims, has always been of great importance to the Party and State of Vietnam. In 2014, Vietnam ratified the *United Nations Convention on the Rights of Persons with Disabilities*. In 2019, Vietnam ratified the *ILO Convention 159 on occupational re-adaptation and employment for people with disabilities*. Relevant legal frameworks for people with disabilities, such as the *Law on Medical Examination and Treatment*, the *Law on Health Insurance*, the *Law on Persons with Disabilities* are to be promulgated.

In 2019, the Central Secretariat of the Communist Party of Vietnam issued *Directive No. 39 on strengthening the party's leadership in the work of people with disabilities*, which affirms the policy, raises awareness and responsibility for people with disabilities and for organizations handicapped

persons. This document is also oriented towards improving policies and laws to ensure the rights of persons with disabilities. In order to concretize guidelines and policies for handicapped persons, the Prime Minister promulgated

- the Program to assist people with disabilities for the period 2021–2030,
- the Implementation Plan of the United Nations Convention on the Rights of Persons with Disabilities, and
- *Directive 39 Implementation Plan*.

Ministries, sectors, and localities have issued many programs and plans to care for and assist people with disabilities,

- to ensure that people with disabilities have equal rights to participate in economic, political, cultural, and social activities,
- to receive health care, rehabilitation, cultural education, vocational training, and job opportunities,
- to have access to socio-cultural activities, public facilities, means of transport, and information technology suitable to each type and degree of disability.

The quality of life of UXO victims is constantly being improved.

According to the report of the *National Committee for People with Disabilities*, Vietnam currently has about 6.2 million people with disabilities (accounting for 7.06 per cent of the population aged two years and more), of which 28.3 per cent are children, and nearly 29 per cent are persons with severe and especially severe disabilities. To date, nearly three million persons have been granted disability certificates. Every year, the state budget provides social subsidies and distributes health insurance cards to about 1.1 million people with disabilities (Hong Phuong 2020). Among these, many persons with disabilities in difficult circumstances are cared for at rehabilitation centres and social protection facilities across the country. Every year, about 20,000 people with disabilities receive vocational training support, and hundreds of thousands of disabled students are exempted from tuition fees and are provided with learning aids and assistive devices (wheelchairs, strollers, etc.). Currently, 100 per cent of Vietnam's provinces and municipalities have built rehabilitation networks. The education system is increasingly developing, helping children with disabilities attending school, and the number of disabled people getting vocational training and jobs is increasing. Organisations of people with disabilities are being expanded in most places. Vietnam has also completed "investigation, survey, and mapping of mines and explosives contamination nationwide." This is the basis for the development of programs, plans and orientations prioritizing the use of domestic resources in combination with international funding for post-war bomb and landmine clearance. In ten years between 2010 and 2020, the whole country has carried out surveying and clearing mines and explosives on 485,000 ha (the speed is about 30,000 to 50,000 ha/year). Responsible for the clearance of explosive ordnance were

- Program 504 for an area of 74,000 ha,
- investment projects for socio-economic development for 300,000 ha and
- humanitarian demining projects for 111,240 ha (Hien Hanh 2021).

The effectiveness of mine disposal projects in Vietnam has attracted the attention of other governments and international organizations. The total investment value for surveying and clearing bombs and mines is estimated at 12,614 billion Vietnamese dong. For this total amount,

- the state budget has directly allocated 1,417 billion Vietnamese dong,
- the contribution from investment projects for socio-economic development is more than 9,000 billion, and
- the rest comes from foreign grants with 2,197 billion.

With these resources, landmine and other land clearance projects bring benefits for the socio-economic development of localities, give people more security in their economic activities and stabilize their livelihoods. The state-funded project to demine and clear land for the collection of the remains of war dead who protected the northern border in Ha Giang province has expressed gratitude to the fallen heroes while creating favourable conditions for the socio-economic development of the area.

One of the leading localities in the work of overcoming the consequences of landmines and UXO that must be mentioned is Quang Tri province. Starting from 1995 until now, the province has mobilized nearly 144 million US dollars of international funding. There are many NGOs that have been cooperating with the province in implementing humanitarian mine action activities, including:

- Project RENEW, Norwegian People's Aid (NPA), Mine Advisor Group (MAG), Danish Demining Group (DDG), Solidarity International (SODI), APOPO, Peace Trees Vietnam (PTVN), Clear Path International (CPI) and Catholic Relief Services (CRS).

As a result,

- over 214 million m<sup>2</sup> of land has been cleared,
- cluster bombs have been surveyed on 449 million m<sup>2</sup> of land,
- more than 446 million m<sup>2</sup> of cluster-bomb-contaminated land has been identified and
- over 86 million m<sup>2</sup> of land has been treated.

A total of more than 740,700 shells and cannons of all kinds were detected and handled. In addition, tens of thousands of victims received livelihood support. Awareness of mine accident prevention among the people has been improved. 2018 is the first year that Quang Tri has recorded no cases of accidents caused by landmines. From those successes, Quang Tri aims to become the first province in Vietnam being safe from bombs and mines by 2025 (N.L. 2021).



International cooperation in overcoming the consequences of mines and explosives after the war is a consistent and long-term policy of Vietnam given the context that the economy is still facing many difficulties and the capacity in management and implementation is limited. Over the years, with the efforts of the authorities, Vietnam has received support in terms of funding, technical equipment and staff from other governments and international donors with a value of hundreds of millions of US dollars. Thus, international cooperation has made important contributions to accelerate overcoming the post-war problems with landmines and other explosives in Vietnam. At first, Vietnam had only received aid from the Governments of the United States and South Korea, but in the meantime, many other states or organisations are involved in remedying these problems, such as

- Australia, Japan, the Federal Republic of Germany, Mine Advisory (MAG), International Centre (IC) and Geneva International Centre for Humanitarian Mine Action (GICHD), Norwegian People's Aid (NPA), Golden West, SODI, and Vietnam Peace Tree Organization (Peace Tree) (Nguyen Hanh Phuc 2020).

With the purpose of mass communication and mobilizing international funding, Vietnam actively participates in international forums, meetings, multilateral, and bilateral exchanges about Vietnam's needs, and learns from the experiences of other countries around the world how to deal with post-war landmine and explosive issues. Many Vietnamese central and local agencies have actively cooperated with foreign non-governmental organizations operating in Vietnam and on an international level to

- improve database management capacity and quality of mine clearance,
- implement projects of investigation, survey, demining, and
- manufacture detection and de-mining equipment.

Financial promotion and cooperation were included in the joint work programme of senior leaders from Vietnam and many other countries. Many delegations negotiated and worked with Vietnamese agencies, including those from the United Kingdom, Norway, Switzerland, Germany, Japan, Australia,

and New Zealand; cooperation was promoted with India, Hungary, France, Poland, and Italy. In addition, agreements and memoranda of understanding were signed on cooperation with the United States, Korea, Australia, and international organisations, which have contributed to the creation of significant resources to address the consequences of mines and unexploded ordnance.

The *Mine Action Partnership Group (MAPG)* was established in 2017 and includes agencies and units participating in Vietnam's mine action program and international partners with a commitment to help the country overcome the effects and remnants of UXO. MAPG is an initiative to create a dialogue mechanism between *Vietnam and international partners on strategies, policies and measures related to Vietnam's National Action Plan to overcome the consequences of landmines and explosives after the war* (Program 504). Thanks to the call and activities of the MAPG group, the UK, Japan, Ireland, and later Korea gave grants to improve Vietnam's capacity for mine recovery and UXO clearance in Quang Binh, Quang Tri, Binh Dinh and other areas. At the first meeting of the MAPG Group in 2017, US Ambassador to Vietnam Ted Osius affirmed that the US is a long-time partner of Vietnam in supporting the mine action program and considered it one of the important goals of the comprehensive partnership between the two countries. US assistance focuses on landmines and explosive remnants in highly contaminated areas and assists in the management of related risks. Since 1993, grants from the US Department of State have been close to 100 million US dollars for these activities. The US Department of Defense also continues to work with the Vietnamese Ministry of Defence and the Vietnam National Mine Action Centre (VNMAC) on building capacities and developing best practices to solve the problem of explosive remnants of war on land and water. The Japanese Government has provided over 5.5 million US dollars to treat 3,240 hectares of land contaminated with landmines in Quang Tri and Ha Tinh; it also supported victims of bomb and landmine accidents in Quang Tri province (Ha Quan 2021). The Korean Government granted 20 million US dollars for the project *Vietnam-Korea Cooperation in overcoming the consequences of landmines and explosives after the war* under the

coordination of the United Nations Development Program (UNDP) in the two provinces of Quang Binh and Binh Dinh. The tasks of the are:

- information management,
- technical survey of about 20,000 ha and demining of more than 8,000 ha,
- access to information and education on mine risk prevention for the people,
- supporting victims and
- building capacity for dealing with landmines and UXO consequences (Vietnam-Korea project to overcome the consequences of landmines and explosives after the war 2019).

From 1990 up to now, there have been nearly 40 foreign NGOs interested in supporting capacity building as well as organizing the implementation of projects on technical survey, contamination mapping and demining in an area of 80,000 ha; supporting victims to reintegrate into the community and resettle; mass communication and education on prevention of bomb and mine accidents in the central provinces with a total budget of more than 1,610 billion Vietnamese dong (equivalent to 70 million US dollars). Since 2004, UNICEF has provided Vietnam with five million US dollars to educate children and adolescents about mine awareness in Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien-Hue, and Da Nang (Communist Party of Vietnam 2014). In 2010, the Governments of Norway and the United States, through the Norwegian People's Aid (NPA), sponsored the construction of the *Vietnam Bomb and Mine Data Centre* (Vietnam-Korea project to overcome the consequences of landmines and explosives after the war 2020). The Governments of the UK, Belgium and India have supported training and capacity building on clearance activities for Vietnamese officials. In 2016, GICHD implemented the *Project on Management of Remaining Mines and Explosives*, combined with a pilot tool for long-term risk management. The project *Management of ordnance remnants after the war (MORE)* with the participation of GICHD, Golden West (USA) and FENIX Insight (USA), has researched the risks from explosives and mitigation methods. In 2018, GICHD also supported research on the ageing

process of unexploded bombs and mines, making landmine disposal more effective and sustainable, and reducing risks to the people as well as to the bomb disposal forces. Thanks to the support of the US Department of State, Golden West has trained and provided mine detection equipment and field medical support according to international standards (IMAS) for mine disposal forces in Quang Tri (Vietnam-Korea project to overcome the consequences of landmines and explosives after the war 2019).

There is also a focus to improve the national mine data system. The Vietnamese Government aims to develop a training program for managers, surveyors and deminers according to Vietnamese and international de-mining standards, and to regularly organize additional trainings of human resources in the fields of investigation, survey, demining, risk education and support for landmine victims. Vietnam has also conducted research and development in the field of design and manufacturing of equipment for mine clearance and disposal; and do well the job of coordinating the collection of information and data to ensure accuracy, comprehensiveness and consistency to complete the national database on bombs and mines in Vietnam.



Poster for landmine awareness campaign  
Source: iStock.com/takota

### 3. Conclusion

Over the past time, mine remediation has been implemented synchronously in many aspects and achieved many important results. The organizational apparatus as well as the system of guiding and operating documents are built and unified nationwide. Legal documents have been developed and supplemented to create a legal corridor for mine remediation activities. Mass communication and education activities to raise awareness about mine accident prevention have gradually come into effect and achieved certain levels of standardization. International cooperation and sponsorship activities have created more resources as well as contributed to improving Vietnam's capacity to manage and implement mine remediation activities. However, due to the severity of the landmine problem in Vietnam, accidents still occur, and many victims still live very difficult lives. Also, many areas have not been cleared of UXO, which affects socioeconomic development. Therefore, Vietnam needs to implement the objectives of the National Action Program and must mobilize and effectively use all domestic and international resources to reduce and proceed to basically overcome the consequences of bombs and mines, serving the socio-economic development of the country, guarantee safety for people's life and activities, and help UXO victims integrate into the society. It is also important to ensure that mine remediation activities comply with Vietnamese law and international treaties and agreements to which Vietnam is a signatory.

In the period 2021–2025, under the condition that international funding is predicted to decrease globally, Vietnam needs to be proactive in mine management to be able to mobilize and use domestic and international resources effectively. At the same time, international donor projects will be implemented in an integrated way between countries in the region. In other cases, multiple components of these projects will be implemented within one country to meet the criteria of sustainability of the aid. In addition to continuing to develop programs, plans, mechanisms, and policies, including supplementing, and perfecting the system of legal documents, it is also necessary to adjust properly the systematic organizational structure from central to local levels. The relevant agencies should study and propose mechanisms and policies on funding mobilization management to support the completion of the contents of the 504 Program according to the set plan and schedule. Methods of managing mine action after the war need to be researched, developed, organized, and implemented according to the principles of proactiveness, focus and unity.

It is also important to promote international cooperation, mobilize funding and create conditions for international organizations to work in mine remediation in Vietnam; resources must be increased, and long-term, sustainable, and more effective programs must be implemented. Activities of the MAPG group should be promoted and continued. At the same time, Vietnam must

- implement solutions to improve the capacity of research institutions and training units,
- research and manufacture equipment to improve efficiency, and
- ensure safety for mine clearance tasks in accordance with conditions in Vietnam and with international standards.

Other important issues are: The information and data management systems need to be improved; plans and programs must be implemented to speed up clearance and handling of bombs and mines and explosives, serving socio-economic development. It is aimed that about 800,000 hectares of bomb-contaminated land will be cleared by 2025, and priority is given to heavily contaminated areas. The project Survey of zoning technique in areas with confirmed UXO contamination as a basis for planning a strategy to deal with unexploded ordnance.

Mass communication and education activities on mine accident prevention and implementation of projects to support UXO victims to reintegrate into the community should be promoted, including the task of completing the national database of victims, first in areas that are heavily affected and have many landmine accidents. A national strategy on mine risk education needs to be developed to raise awareness through the implementation of propaganda projects on the status of landmines and UXO in Vietnam. The objective is that by 2025, there will be no more accidents caused by bombs and mines nationwide. Finally, timely treatment of victims of accidents should be organized and the livelihoods of landmine victims must be secured in order to meet the requirements of sustainable development.

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# The Aftermath of Toxic Chemicals from the Vietnam War

● Than Thanh Cong and Bui Chi Trung

## 1. An Overview

The year 2021 marks the 60th anniversary of the Agent Orange tragedy in Vietnam (August 10, 1961 – August 10, 2021). The legacy and impacts of hazardous chemicals on environment and human health are still substantial and lasting, even though the war ended nearly five decades ago. The chemicals applied during the Vietnam War have a huge variety of negative consequences, including skin cancer, gene alterations, birth defects, and reproductive abnormalities. What is most noteworthy is it has been passed down through several generations. Around 4.8 million Vietnamese individuals have been exposed to harmful substances, with over three million becoming victims. Hundreds of thousands of Agent Orange victims remain in Vietnam today; in addition to direct participants in the resistance battle who were subjected to harmful chemicals, there are approximately 75,000 second-generation victims, 35,000 third-generation victims, and victims of the fourth generation as well (Nguyen Van Rinb 2021). Many victims' families are no longer able to maintain their lineage; many women are unable to enjoy being a wife and mother, and some families have three generations of victims. Hundreds of thousands of people are suffering from hazardous ailments, slowly dying, and suffering from pain because of Agent Orange's dreadful diseases. 70 per cent of the victims' families are destitute; 90 per cent of them have no profession or employment, and the majority of them have to make do with agony, disease, and poverty.

The Vietnamese Communist Party's Central Committee Secretariat issued Directive 43-CT/TW on May 14, 2015, titled *Strengthening the Party's Leadership in Addressing the Consequences of Toxic Chemicals Used by the US Military in the War in Vietnam*. Overcoming the post-war consequences of toxic chemicals is a critical humanitarian task that requires the cooperation of government authorities and organs at all levels, as well as relevant countries, organizations, and individuals; it must be organized and implemented in a timely and systematic manner, with specific goals, targets, tasks, and solutions for each time and period, with the goal of protecting human health and the environment. It should be incorporated and integrated into various strategies, programs, plans, schemes, and projects; to achieve this goal, favourable conditions such as the mobilization and encouragement from domestic and international organizations and individuals are required. This article explains the history of US chemical warfare in Vietnam, the effects of toxic chemicals on the environment and human health during and after the war, Vietnam's efforts to overcome the effects of toxic chemicals, the results of chemical remediation cooperation, and the US's responsibility.



*Spraying Agent Orange. Mekong Delta near Can Tho Defoliation Mission 336th Avn. Co. Stationed at Can Tho, Department of the Army Special Photographic Office (DASPO). Photograph, VA002930.*

Source: Bryan Grigsby Collection (1969) VA002930, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University, <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA002930>

## 2. Findings

### 2.1 History of the US Chemical Warfare in Vietnam

Apart from using nearly 15 million tons of bombs, bullets, and explosives during the War in Vietnam, the US military also sprayed a large quantity of herbicides (also known as toxic chemicals) on the battlefields. Between two and five million Vietnamese died and millions more were injured throughout the 20-year war (from November 1, 1955, to April 30, 1975). It was thought to be the bloodiest conflict in Vietnam's history. Since 1961, the US military developed, tested, and sprayed roughly 80 million litres of herbicides intended expressly for military use into South Vietnam's tropical forests and fertile lands (Vietnam Association for Victims of Agent Orange/Dioxin 2022). These chemicals were used in Operation Ranch Hand to damage forest trees and crops to detect military involvement and eliminate food supplies, and to create a white belt to defend US and allied military facilities.

2,4,5-T (2,4,5-trichlorophenoxyacetic acid), 2,4-D (2,4-dichlorophenoxyacetic acid), picloram (4-amino-3,5,6 trichloro picolinic acid), and cacodylic acid (containing hydroxy dimethylarsine oxide and sodium cacodylate salt) are herbicides that are prepared, packaged, and named after the paint colours used for the outer layers of containers, namely *Agents Blue, Pink, and Purple*. The constitution of Agents Green, Pink, Purple, and Orange is 2,4,5-T, which comprises 2,3,7,8-TCDD (tetrachlorodibenzo-p-dioxin). This is the most hazardous of 419 substances classified as PCBs (polychlorinated biphenyls), a class of carcinogens (Vietnam Association for Victims of Agent Orange/Dioxin 2022). TCDD was discovered to be a potential health hazard and to cause birth malformations in children in the late 1960s and early 1970s. 2,4,5-T was outlawed in the United States and many other nations throughout the 1970s of the twentieth century. The United States stopped spraying all herbicides in October 1971, although the Army of the Republic of Vietnam continued to spray some

until 1972. In April 1972, the US military conducted *Operation Pace Ivy* in Vietnam, retrieving all 5.2 million litres of Agent Orange, and transporting it to Johnson Island in the Pacific Ocean (Vietnam Association for Victims of Agent Orange/Dioxin 2022). These quantities of Agent Orange were burnt with a shipboard incinerator during Operation Pacer Ho from June to August 1977, formally terminating herbicide-based operations in the Vietnam War (Nhat Anh 2019).

### 2.2 Consequences of Toxic Chemicals on the Ecological Environment

The US military sprayed around 74,175,920 litres of herbicides on forests, hamlets, and agricultural lands over a total area of 3.06 million hectares (almost 25 per cent of South Vietnam's landmass) in ten years (from 1961 to 1971). Dioxin was found in two-thirds of this amount (47,621,022 litres), mostly from Agent Orange (43,332,640 litres). The remaining substances were Green, Pink, and Purple. The amount of dioxin detected in herbicides used in Vietnam was estimated to be around 366 kg. Agent White and Agent Blue were also utilized in the amount of 21,789,400 litres and 6,100,640 litres, respectively (Alvin 2008). The US military sprayed these pesticides at concentrations 17 times higher than permitted for agricultural use. In battle locations such as Cam Lo, Gio Linh (Quang Tri), A Luoi (Thua Thien Hue), and Sa Thay, 86 per cent of the region was sprayed more than twice, and 11 per cent more than ten times (Thua Thien Hue). Tan Bien (Tay Ninh), Ma Da (Dong Nai), Can Gio (Ho Chi Minh City), and Ca Mau. Tan Uyen (Binh Duong), Bu Gia Map (Binh Phuoc), Tan Bien (Tay Ninh), Ma Da (Dong Nai), Can Gio (Ho Chi Minh City). According to statistics supplied by the US Department of Defense, the volume of Agent Orange sprayed in A Luoi, Thua Thien-Hue province was roughly 434,812 gallons, with an amount of dioxin of 11 kg between 1965 and 1970. The spraying program is thought to have devastated 5 million acres of mountain and mangrove forests, as well as 500,000 acres of crops and food plants (Hong Minh 2021). Border territories between Vietnam and Laos, as well as Cambodia, were also targeted.



*Spraying Agent Orange. Mekong Delta near Can Tho Defoliation Mission 336th Avn. Co. Stationed at Can Tho, Department of the Army Special Photographic Office (DASPO). Photograph, VA002930. Vietnam Center and Archive.*

Source: Bryan Grigsby Collection (1969) VA002930, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University, <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA002930>

In the areas sprayed with herbicides, many species of wildlife, as well as livestock and poultry were exterminated due to poisoning or the lack of food. Tropical ecosystems were severely damaged. Cultivated pieces of land were eroded and drained of nutrients. Many fields had to be abandoned, damaging people's livelihoods, leading to unemployment, poverty, and malnutrition. Many years after the war, the collaborative environmental investigations and surveys by Vietnamese and international scientists show that herbicides containing dioxin in sprayed areas have basically decomposed. Dioxin concentrations are substantially lower than the authorized limits in Vietnam. Due to photochemical reactions, progressive erosion from rain and light, and other factors, dioxin is not identified in many sites. Most still polluted sites are found around military airports, where herbicides were stockpiled, produced, and coordinated into spraying operations throughout the war. Herbicide spills from containers have caused severe levels of pollution at the airports of Bien Hoa, Da Nang, Phu Cat, and later A So. Herbicides contaminated soil, groundwater, and especially lakes in the airport areas for many more years after the war. The findings of joint investigations and surveys conducted by Vietnam, the United States, and international organizations show that there are tens to hundreds of thousands of cubic

meters of dioxin-contaminated soil and sediments with concentrations far exceeding the allowable thresholds, deeming them polluted hotspots that must be treated first to avoid dioxin entering humans through grazing animals or aquatic species found at airport reservoirs.

### 2.3 Consequences of Toxic Chemicals on Humans (during and after the War)

On January 7, 1962, the herbicide spraying campaign was formally launched. The Government of the Republic of Vietnam used propaganda to reassure its citizens about the safety of defoliants (herbicides) in preparation for this campaign. Many public health and environmental problems began to be noticed in the late 1960s and early 1970s, and they grew in severity over time. The North Vietnamese delegation warned about the negative consequences of herbicides on human health at the *International Conference on Harmful Impacts of Chemicals on the Environment in France* in 1970. The conference arrived at the preliminary conclusion that chemical warfare in Vietnam had destroyed nature, resulting in a variety of neurological diseases, reproductive accidents, cancer, genetic mutations, teratogens, deformities, and other effects on humans, as well as heritability for future generations.



U.S. Army Operations In Vietnam: River Bank Defoliation, National Archives: 111-CC-42650. Originally found in Box Folder 9 of Admiral Elmo R. Zumwalt Jr. Collection: Agent Orange Subject Files. Photograph, VA042083. Vietnam Center and Archive.

Source: Admiral Elmo R. Zumwalt (n.d.) Jr Collection: Agent Orange Subject Files, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University, <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA042083>

There was essentially no research or data on the impact of herbicides on humans during combat. Several years after the war, Vietnam intended to develop a set of criteria for identifying victims of hazardous chemicals/dioxins and to determine the number of casualties nationwide. However, this mission has proven to be nearly impossible. Because of the poor economic situation, the identification of Agent Orange victims focuses mostly on those who took part in resistance operations and their descendants who received subsidies and compensation under the *Ordinance on the preferential treatment of meritorious citizens*. Hundreds of millions of US dollars were spent by the US government between 1979 and 1989 on studies of the effects of Agent Orange/dioxin on the health of American veterans who may have been exposed to dioxin during the Vietnam

War. They did not, however, produce any reliable results. Agent Orange has also not been proven to have no health consequence in studies. According to some research findings, some people's blood and milk exhibit higher quantities of dioxin produced from Agent Orange than a focus group with no link to it. The information about Agent Orange casualties is mostly based on guesswork and speculation:

"Among the hamlets in which population data were available, 3,181 villages were directly sprayed, and at least 2.1 million, if not up to 4.8 million Vietnamese people present during the spraying period were likely to be exposed to dioxin,"

Stellman and Stellman (2018) wrote, citing records of herbicide spraying and demographic data from South Vietnam in the 1960s.

That figure did not include temporary migrants, soldiers on both sides, victims in Laos and Cambodia, and the Vietnamese people working at air bases where herbicides were stored and transported, or the ones who continue to be exposed after the war at hot spots with high permanent dioxin contamination. Over time, herbicides as well as dioxins at the surface of sprayed areas can degrade or wash away, erode, deposit on pond bottoms, and enter humans through the food chain (Chinh tri quoc gia Publisher 2012). In the human body, dioxin accumulates in fat and can pass through the umbilical cord or accumulate in breast milk and pass to the baby. Dioxin penetrates cellular walls, disrupts DNA, and causes a variety of diseases, including cancer, malformations, and a several types of dysfunctions. It is one of the main causes of degraded health, shortened life expectancy and birth defects for exposed people and their later descendants. Therefore, Agent Orange/dioxin and its impact on people and the environment in Vietnam has become a research topic piquing the attention international scientists, among them many Americans.

According to the Vietnam Red Cross Society, around 3,000,000 Vietnamese citizens are recognized as Agent Orange victims who thus suffer from the consequences of exposure to dioxin. This poisonous chemical has rendered around 1,000,000 Vietnamese victims incapacitated or sick. At least 150,000 children are born with congenital abnormalities. Around 400,000 adults are believed to have perished or been crippled, and 500,000 infants have been born with abnormalities or deformities, according to Vietnamese health officials. Up to now, the whole country still has hundreds of thousands of people considered Agent Orange victims. Many of the victims are those having participated in resistance activities and were contaminated with toxic chemicals. Among them, about 75,000 victims belong to the second generation and 35,000 belong to the third generation and there are victims of the fourth generation who have developed sequelae because of Agent Orange (Vietnam Association for Victims of Agent Orange/Dioxin).

As for the US and its allies, during the period when herbicides were used (1962–1973), five countries were involved in the war (Australia/New Zealand 46,852 troops, Thailand 11,790, South Korea 312,853 troops, and the US 3.2 million troops). Herbicides pose a threat to all of these combatants in varying degrees. According to the *Vietnam Dialogue Group on Agent Orange/Dioxin*, approximately 2.8 million US veterans who served in Vietnam from 1962 to 1975 may have been exposed to dioxin-containing herbicides. This number excludes Americans who passed through poisoned areas, US Navy veterans who served off the coast of Vietnam, and those who flew over sprayed areas in air fleets outside Vietnam, as well as any veterans or civilians who have been in other areas where herbicides were used, experimented with, or sprayed. Even though health problems caused by herbicides to American veterans of the War in Vietnam were not legally recognized (under the *US Agent Orange Act of 1991*), the US government provided medical care and humanitarian restitution to 1,347,433 American veterans who served in the war until 2015. The condition for this was: These soldiers must have served in Vietnam between January 9, 1962, and May 7, 1975, and suffer from at least one of the ailments identified by the US government which are considered to be herbicide related. Similar criteria to identify Agent Orange/dioxin victims are also used in Vietnam: a history of dioxin exposure, and an illness or disease syndrome recognized on the regulated list of dioxin-related ailments (although the Vietnamese and the US criteria differ).

## 2.4 Vietnam's Efforts in Overcoming the Consequences of Toxic Chemicals

After the end of the war, the serious and long-term consequences of dioxin (2,3,7,8 TCDD) in herbicides, mainly Agent Orange (commonly known as Agent Orange/dioxin) used by the US. in the war became apparent; thus began the attempts by the State and Party of Vietnam to mitigate the damages. The remedial activities focus on investigating and comprehensively assessing the impacts of toxic chemicals on humans and the environment, developing mechanisms and policies to treat and assist Agent Orange victims, especially those participating in resistance activities and their descendants, and dealing with contaminated areas. In October 1980, Vietnam established a *National Committee to investigate the consequences of toxic chemicals used by the US in the war (referred to as the 10-80 Committee for short)* chaired by Professor, Doctor Hoang Dinh Cau. The catastrophic and long-term impacts of dioxin were proven in the committee's report in 2000. Since then, many administrative documents issued by party, government, and instructions by ministries and departments have urged accelerating efforts to alleviate the effects of toxic chemicals, focusing on repairing the worst-affected areas and providing mechanisms and policies to assist the victims, with a focus on finding ways to lessen the difficulties and improve the quality of life of those involved in the resistance war.

On June 16, 1997, the Politburo Standing Committee affirmed the serious and long-term consequences of toxic chemicals used by the US during the War in Vietnam, and called for proactive, expeditious, comprehensive, and accurate studies and assessments of the consequences in order to devise fundamental and comprehensive remedial solutions. On April 3, 1998, the Government of Vietnam initiated a nationwide initiative to identify victims, especially those who had worked, fought, or lived near known sprayed areas. It became apparent that they or their children endured deformities and deformations, as well as terrible diseases. Phase 1 lasted from 1998 to 1999, with phase 2 taking place between 2002 and 2004. In order to focus and unify activities to overcome the consequences

of war in general, the *National Steering Committee for overcoming the post-war consequences of bombs, mines and toxic chemicals in Vietnam (Steering Committee 701)* was established under Decision No. 701/QD-TTg dated May 24, 2017 headed by the Prime Minister by merging the Steering Committee 33 and the *National Steering Committee on the Action Program on overcoming the after the post-war consequences of landmines (Steering Committee 504)*.

Since its establishment, the Steering Committee 701 has strengthened coordination among ministries, departments and localities in activities aimed at overcoming the post-war consequences of toxic chemicals on the environment and humans. It also promulgated and directed

- the implementation of the Action Plan for the period 2004–2010 to overcome the consequences of toxic chemicals used by the US in the War in Vietnam, issued under Decision No. 67/2004/QD-TTg dated April 27, 2004,
- the *National action plan on fundamentally overcoming the consequences of toxic chemicals used by the US in the war in Vietnam until 2015 and orientation to 2020* under Decision No. 651/QD-TTg dated June 01, 2012,
- and most recently the *National action plan on overcoming the post-war consequences of toxic chemicals/dioxins in Vietnam for the period of 2021–2030* under Decision No. 2215/QD-TTg dated December 28, 2021 by the Prime Minister.

The Prime Minister issued Decision No. 26/2000/QD-TTg on February 23, 2000, already established:

“a variety of measures for preferential treatment of those engaging in the resistance war and their offspring contaminated with harmful chemicals employed by the United States in the War in Vietnam.”

The decision lays out the terms under which revolutionary armed forces cadres and soldiers, civil and political party members, and young volunteers who worked, fought, and served in the military in areas where the US sprayed toxic chemicals from August 1961 to April 30, 1975, and their offspring, would receive preferential treatment. There are also

- *Decision No. 16/2004/QD-TTg* dated February 5, 2004, on supporting households with two or more people unable to maintain self-sufficiency due to toxic chemicals;
- *Decision No. 120/2004/QD-TTg* dated July 7, 2004, of the Prime Minister on a number of mechanisms for people participating in the resistance war and their offspring infected with toxic chemicals;
- and *Decree No. 35/2010/ND-CP* April dated 6, 2010 of the Government on the main regulations on allowances and preferential treatment for resistance activists infected with toxic chemicals, etc.

The Politburo stated on July 5, 2002, that dealing with the effects of Agent Orange/Dioxin is a long-term but urgent matter. It is critical to concentrate on leading and directing the development of appropriate mechanisms and policies for victims, particularly cadres and soldiers who participated in the resistance war and other infected subjects, as well as strengthening international advocacy to help curb the effects of Agent Orange and assist victims. The *Vietnam Association for Victims of Agent Orange/Dioxin* was created on December 17, 2003, by the Ministry of Home Affairs under Decision No. 84/2003/QD-BNV, with the mission of mobilizing resources to care for, aid, and seek justice for the victims. The association's organizational structure has been established in 63 provinces and cities; 615/713 districts, towns, and cities; 6,551/11,161 communes, wards, townships, and thousands of village associations, hamlets, sub quarters, and other communities, with approximately 400,000 members.

From its establishment to December 2020, the Vietnam Association for Agent Orange/dioxin Victims raised 2,663 billion Vietnamese dong, of which nearly 1,745 billion Vietnamese dong was from domestic organizations and individuals and nearly VND 134.597 billion Vietnamese dong from foreign organizations and individuals. The funds were spent on building semi-boarding establishments and charity houses and supporting livelihood, rehabilitation, medical examination and treatment, vocational training, nurturing and supportive scholarships, loans for productive activities, wheelchairs, bicycles, and gifts for the victims. Thanks to these donations, twelve *Peace Villages and Friendship Villages*, and 26 centres

for fostering disabled children were established in the form of shelters or boarding homes, nurturing thousands of victims (mainly children). The Vietnam Association for Agent Orange/Dioxin Victims also built sauna and detox facilities to restore the victims' health. Birth defect rates have been steadily decreasing thanks to the efforts of reproductive genetic health counselling centres.

One of the most essential objectives of the Association for Agent Orange/dioxin Victims is to fight for justice for victims, especially demanding compensations from chemical corporations that have created and supplied herbicides to the US military and requesting the US government to cooperate in the remediation of the repercussions of hazardous chemicals employed by its armed forces in Vietnam. The Association for Agent Orange/dioxin Victims has gathered witnesses and evidence to support this cause, together with several plaintiffs. The lawsuit against chemical companies at a US court, the case at the International Tribunal of Conscience in Paris (France), and later the lawsuit filed by Ms. Tran To Nga (a victim of Agent Orange) have all attracted the attention of the domestic and international public sphere, including American, despite the lack of a legal outcome. After all, the result was that the contamination of Vietnam by means of herbicides by the US military became even more internationally known, thus increasing the pressure on the US government to take responsibility for those damages that had been inflicted on people and environment.

The Vietnam Fatherland Front's Central Committee decided on June 25, 2004, to designate August 10 as *Day for Victims of Agent Orange/Dioxin* every year. The National Assembly Standing Committee issued *Ordinance No. 26/2005/PL-UBTVQH11* dated June 29, 2005, on incentives for people who have rendered meritorious services to the revolution, which stipulated that resistance activists infected with toxic chemicals, as well as their direct descendants, are entitled to preferential treatment. The National Standing Committee revised and updated this Ordinance with *Ordinance No. 04/2012/UBTVQH-13* on July 16, 2012. On April 9, 2013, the government issued Decree No. 31/2013/ND-CP, which detailed and guided the implementation of several articles of the *Ordinance on Incentives for People with Meritorious*

*Services during the Revolution*, including providing a monthly allowance to those who were active as resistance fighters, infected with toxic chemicals, and had their labour capacity reduced.

On December 18, 2009, the Secretariat of the Party Central Committee issued *Notice No. 292-TB/TW on the settlement of the consequences of toxic chemicals caused by the US during the war in Vietnam and the care and support for Agent Orange victims; and the organization of activities of the Vietnam Association for Agent Orange/Dioxin Victims Association*. On May 14, 2015, the Secretariat issued Directive No. 43-CT/TW on Strengthening the Party's leadership in dealing with the consequences of toxic chemicals used by the US during the war in Vietnam and on July 19, 2017, the Secretariat issued Directive 14-CT/TW on continuing to strengthen the Party's leadership in supporting people with meritorious services during the revolution, which affirmed:

"Implementing mechanisms and policies for people affected by toxic chemicals of the third generation of resistance fighters affected by toxic chemicals."

The 12<sup>th</sup> Party Central Committee's Secretariat issued *Directive No. 39-CT/TW on strengthening the Party's leadership in helping individuals with disabilities* on November 1, 2019. On June 3, 2020, the Prime Minister issued *Decision No. 753/QĐ-TTg promulgating a Plan for Implementing Directive No. 39-CT/TW of the Secretariat of the Party Central Committee*. The Prime Minister then released *Decision No. 1190/QĐ-TTg* on August 5, 2020, approving the Program for Assisting People with Disabilities for the 2021–2030 period.

To make sure that 100 per cent of people participating in the resistance war and their descendants affected by toxic chemicals are given preferential policies for their meritorious services during the revolution, every year, the state spends more than 10,000 billion VND on monthly allowances, health care and rehabilitation services for Agent Orange victims and for particularly affected communities. Between 2000 and 2019, 312,000 persons received benefits, among them 232,000 veterans of the war as well as 80,000 of their offspring. They are also entitled to incentives such as education and training, housing support, rehabilitation, and orthopaedic equipment services through programs and projects to improve capacity

and develop health care and rehabilitation networks, such as the *Project on Organization of Rehabilitation Activities in Communities in the Provinces of Thai Binh, Quang Ngai, and Dong Nai* with a total budget of 40 million US dollars for the years 2008–2013 and 2014–2016 (Ministry of Labour, Invalids and Social Affairs 2019). As a result, health, and the quality of life of the victims have improved, and this has also improved their integration into society.

Persons who are not subject to the *Ordinance on Incentives for People who have made contributions to the Revolution*, depending on the degree of their contamination, can receive support from the Disabled Persons Programme if they qualify. According to the *National Survey on People with Disabilities in Vietnam*, there were 6.2 million people with disabilities aged two and above in 2016, accounting for 7.06 per cent of the population, with 663,000 disabled children aged between 2 and 17 (Hanh Quynh 2019). Agent Orange/dioxin is thought to be responsible for roughly 10–15 per cent of the overall number of mentally or physically disabled persons in Vietnam. According to the regulations on people with disabilities, Agent Orange/dioxin victims in particular and people with disabilities in general, depending on the severity of their disability, are beneficiaries of monthly social allowances and provided with a free health insurance card in accordance with the law on health insurance. In addition, they are also supported with formal and vocational training and several other benefits such as coverage of funeral expenses, and daily living necessities.

In addition to the establishment of the *Vietnam National Mine Action Center* (March 4, 2014), following an international model, the *National Action Centre for Toxic Chemicals and Environmental Treatment* was also established according to *Decision No. 761/QĐ-TTg* dated June 21, 2019, of the Prime Minister. This is a centre that carries out the operation, coordination and implementation of tasks to overcome the aftermath of the Vietnam War regarding intoxicating chemicals and related environmental problems. Currently, the centre carries out remediation activities against dioxin contamination in A Luoi, Thua Thien-Hue province, and cooperates with US organisations to implement support for people with disabilities in areas which were heavily intoxicated during the war. As far as

the environment is concerned, attempts were made to record the level of contamination in the following areas: generally former US airfields, areas already known to have been contaminated with herbicides during the war, and areas suspected of being more heavily contaminated in the future. Research was also conducted on how dioxin-contaminated soils can be treated under Vietnam's general environmental conditions. Communication and education activities for people about infected areas and measures to prevent the risk of dioxin exposure have also been implemented, which have contributed to reduce the harm to humans from dioxin.

Especially for people living in the heavily contaminated areas near airports, the risk of further Agent Orange/dioxin exposure must be avoided at all costs. As early as the 1990s, therefore, measures were taken with the financial support of the Vietnamese government and those of international organisations to limit the spread of toxic substances into the environment there. Since 1995, an assessment has been conducted at Bien Hoa airport, zoning 2.3 hectares of the former toxin storage areas, constructing a rainwater system, and limiting the erosion of contaminated soil. In the period of 2007–2010, about 100,000 m<sup>3</sup> of dioxin-contaminated soil from the airport area (4.3 hectares) was deposited, isolated, and processed with biodegradation testing. In 2015–2017, over 50,000 m<sup>3</sup> of dioxin-contaminated soil in the southern area of the airport was removed and deposited (Center for Technology Environmental Treatment Technology/Chemical 2022).

At Da Nang airport, Vietnamese authorities demined and demarcated 4.86 hectares of contaminated land and built flow separation structures and drainages from 1997 to 1998 to limit the spread of toxic substances. In 2005, the Vietnamese authorities, together with the US Environmental Protection Agency (EPA) and with financial support from the Ford Foundation, coordinated further measures: a heavily contaminated area of 6,900 m<sup>2</sup> was assessed, demarcated, and concreted; and construction measures were taken to limit further spread of dioxin contamination and thus contribute to the safety of the airport premises.

At Phu Cat Airport, an area of 2.5 ha was cleared

of mines and explosives between 1999 and 2002. Geological and hydrological surveys were conducted, samples were taken, the soil was analysed and assessed to predict the direction of dispersal of toxins and to build engineered structures that can limit the harmful effects of toxins on the environment, especially during the rainy season. At A So Airport, in Thua Thien-Hue province, the Vietnamese government is investing in a project to treat soil contaminated with dioxin from 2020 to 2022. The total volume of polluted soil here is estimated at 35,000 m<sup>3</sup>, with about 6,600 m<sup>3</sup> having a dioxin content of over 200 ppt (Office of the Steering Committee 33 of the Ministry of Natural Resources and Environment 2013). The *National Action Center for Toxic Chemicals and the Environment (NACCET)* is the responsible for this project. Research on the long-term consequences of Agent Orange/dioxin on children's health has also been conducted.

Moreover, the actors and goals of action of those involved in the fight against dioxin pollution in Vietnam have changed over the past decades. Prior to 2000, scientific and technological activities were mainly carried out by individual ministries, their subdivisions, and local authorities. Between 2000 and 2010, research on dioxin contamination was made a state task. Since then, the research topics focus on the assessment of the harmful effects of dioxins on environment and human health in general, and especially on the assessment of dioxin contamination in heavily sprayed war zones and in those bases where the US military stored and processed the poison and eventually organised the spraying by air.





Ho Chi Minh. Professor Nguyen Thi Ngoc Phuong, at Tu Du Obstetrics and Gynecology Hospital is pictured with a group of handicapped children, most of them victims of Agent Orange. Source: Alexis Duclos (2004): *Agent Orange*. <http://alexisduclos.com/index.php/agent-orange/>

In the period 2011–2015, the *Research to overcome the long-term consequences of Agent Orange/dioxin used by the US during the war in Vietnam on the environment and human health* focused on studying the long-term consequences long-term effects of Agent Orange/dioxin for humans and nature. It serves the following main purposes:

- to develop solutions for the technical handling of dioxin,
- to establish, on a scientific basis, diagnostic criteria for chronic diseases resulting from dioxin contamination, which can be used to identify victims,
- and studying the US and international legal systems to obtain compensation for victims and funds to fight dioxin pollution in Vietnam.

In the period of 2015–2020, research activities were carried out through independent state-level projects and oriented toward the tasks of the *National Action Plan on overcoming the consequences of toxic chemicals issued by the US. used in the war*. Current activities include in particular: Preparation of legal documents, treatment of dioxin-contaminated environments, diagnosis and treatment of dioxin-related diseases, medical care, and preferential treatment for the victims.

### 2.5 Co-operation in the Clean-up of Harmful Chemical Effects and the United States' Responsibility

The extent to which the US military used toxic substances during the Vietnam War led to massive international criticism as early as the early 1970s, and the US was called upon to stop spraying chemicals immediately. After the end of the war, several countries and international organisations cooperated with Vietnam and supported it in researching and monitoring the effects of these chemicals used as combat agents. Since 1994, with financial support from the Ford Foundation (a New York-based NGO), a relatively comprehensive first report on the human and environmental consequences of Agent Orange/dioxin in Vietnam has been produced through studies by the 10-80 Committee in collaboration with Hatfield Consultants (Canada). Based on information from the National Archives in Washington DC, former US military bases at Da Nang, Pleiku, Phu Cat, Nha Trang, Bien Hoa, Can Tho, Tan Son Nhat and other areas in South Vietnam polluted with dioxin were investigated and surveyed. A series of studies have shown that the US military bases at Da Nang, Bien Hoa and Phu Cat are the most heavily contaminated

ones with dioxin. It is necessary to prepare a soil pollution control plan there as soon as possible. The 10-80 Commission also investigated (in collaboration with Hatfield Consultants) the dioxin pollution in the A Luoi valley, Thua Thien-Hue province. There, not only site-specific data were collected, but also a synthesis of ecological consequences of Agent Orange use was elaborated for the entire food chain: from contaminated soil to polluted fishpond sediment and fish to people who have eaten fish and ducks at other heavily contaminated sites.

From 2000 to 2011, the Ford Foundation invested a total of 17.1 million US dollars in projects to support Vietnam overcome the post-war effects of Agent Orange. Many countries, including the Czech Republic and Japan, have contributed funds to help Vietnam address the environmental repercussions of dioxin poisoning and support debilitated Agent Orange victims. The United Nations Children's Fund continues to aid Agent Orange victims in Da Nang and Hanoi's Friendship Village, among other places.

In 2012–2013, the *Office of Steering Committee 33* (Ministry of Natural Resources and Environment) worked with the *United Nations Development Program (UNDP)* to remove and deposit more than 7,500m<sup>3</sup> of contaminated soil at Phu Cat airport, Binh Dinh province, with funding from the *Global Environment Facility (GEF)*. This project also included structural precautions to temporarily limit the spread of dioxin in the extremely polluted area of Pacer Ivy, Bien Hoa airport, Dong Nai province (Vietnam Association for Agent Orange/dioxin Victims 2021). The Czech Republic's government supports the creation of an environmental monitoring and control system, as well as public awareness campaigns aimed at lowering the danger of dioxin exposure. Even though the repercussions of chemical warfare agents were not legally recognized by the US, its government has provided some funding to overcome the post-war consequences of the intoxication of Vietnam's people and environment during the war. This is due to the support of the international community and the fact that bilateral diplomatic relations have developed between Vietnam and the US. Since the 2000s, the two countries have made joint declarations at high-level meetings to work together to address the post-war consequences of toxic chemicals.

In March 2000, during his visit to Vietnam, US Secretary of Defense William Cohen announced that the US would cooperate with Vietnam in studying the effects of Agent Orange. In November 2000, during President Bill Clinton's visit, the two sides agreed on more collaboration regarding this matter. Thus, American scientists were officially allowed to collaborate with their Vietnamese counterparts to examine the effects of intoxication of humans and environment. Vietnamese experts have been trained in environmental cleaning by the US Environmental Protection Agency since 2001. In 2005, scientists from both sides exchanged documents on the US military's use of herbicides throughout the war to help lead investigations into pollution and its control. The *Joint Advisory Committee (JAC)* was established during Bill Clinton's visit to Vietnam in November 2000. Its tasks is to coordinate the implementation of research programs and provide advice to the two governments in the collaborative remediation of Agent Orange's aftereffects (Vietnam Association for Agent Orange/dioxin Victims 2021).

Following US President George W. Bush's visit to Vietnam in November 2006, a *Vietnam-US Joint Statement* was published, declaring:

"The two sides will make more efforts to solve the problem of environmental pollution near toxic substance storage facilities, which will contribute significantly to the further development of bilateral relations."

The subsequent high-level meetings between the two countries were further important milestones in their cooperation to address the impact of hazardous chemicals used by the US in the war in Vietnam. On July 25, 2013, President Obama reaffirmed, following President Truong Tan Sang's visit to the United States, that

"The United States is committed to increasing support for medical care and other forms of care and assistance for people with disabilities due to any causes in Vietnam." (Vietnam Association for Agent Orange/dioxin Victims 2021)

In July 2015, the General Secretary of the Central Committee of the Communist Party of Vietnam Nguyen, Phu Trong paid a visit to the United States. The two sides issued a *Declaration on a Vietnam-*

*US common vision in the humanitarian field of addressing war consequences.* The US presidents continued confirming support for Vietnam in dealing with heavily polluted spots, for example during the high-level meeting on May 23, 2016, between President Tran Dai Quang and US President Barack Obama, and later during a meeting with President Donald Trump on November 23, 2017.

Specifically, after the decontamination in Da Nang, the US will provide another 390 million US dollars to do the same at Bien Hoa airport, Dong Nai province (Vietnam Association of Agent Orange/dioxin Victims 2021). On behalf of the government, the United States Agency for International Development (USAID) administers these funds.

According to USAID, the joint implementation of projects on reparations is part of the US government's efforts to leave the past behind, build trust and facilitate ongoing cooperation between the US and Vietnam. In this context, supporting people with disabilities is one of the main priorities of the US government in its cooperation with Vietnam in the fight against the war aftermath. With the establishment of the *Patrick Leahy War Victims Fund* and the support of the US government, Vietnam has succeeded in addressing medical needs and promoting the full integration of handicapped people into society for more than 30 years since 1989. US interventions to support disabled persons fall into three categories:

- policy advocacy and coordination,
- direct assistance, such as physical therapy and provision of assistive devices, and
- strengthening the health system to provide quality care and treatment to people with disabilities.

By increasing access to health, education and social services, people with disabilities are better integrated into society. Local authorities can use USAID programmes to support their efforts to implement disability laws or the *UN Convention on the Rights of Persons with Disabilities* to influence public policies that affect handicapped persons. To date, the US government has invested more than 100 million US dollars in programs that support disabled persons, improving the lives of over 30,000 of them, and improving Vietnamese government's ability to offer higher-quality services to people with disabilities.

USAID supports the provision of rehabilitation services for tens of thousands of people with disabilities, as well as their education and vocational training to information technologies and employment opportunities and assists parent associations in educating people about disabilities. Assisting disabled people contributes to a more effective partnership between Vietnam and the United States, and thus helps in a joint effort to overcome the terrible past. Of particular note for the 2015-2020 period are the following six USAID-supported projects:

- Disabilities Integration of Services and Therapies Network for Capacity and Treatment.
- Protecting the Rights of Persons with Disabilities.
- Access to Social Inclusion for People with Disabilities.
- Enhancing Health Care and Rehabilitation Training.
- Going beyond everything: Comprehensive Support for the Coordination and Enforcement of Disability Rights and Policy.

These projects aim to support the enforcement of disability laws and regulations, strengthen rehabilitation service systems, and provide direct aid to people affected, especially those with severe handicaps. USAID also fosters the development of disabled people's associations and promotes their activities as interest representatives.

With a budget of 65 million US dollars, USAID focuses on the following issues:

- provision of services to enhance the quality of life for the disabled through medical and social assistance,
- improvements in policies in general, and
- reduction of social and environmental barriers in areas heavily sprayed with Agent Orange in eight provinces (Quang Tri, Thua Thien-Hue, Quang Nam, Binh Dinh, Dong Nai, Binh Phuoc, Tay Ninh, and Kon Tum) (implementation time: 2020–2024).

To mitigate environmental damage, USAID collaborated with the *Ministry of National Defence of Vietnam* to implement the project *Treating dioxin contaminated environment at Da Nang airport* with a budget of 110 million US dollars. The financial resources were provided by the US government and counterpart capital from Vietnam from 2012 to 2018. Almost 90,000 m<sup>3</sup> of dioxin-contaminated soil and sediment have been properly treated, and about 50,000 m<sup>3</sup> of low-concentration dioxin-contaminated soil and sediment have been identified and handled. After being processed, more than 32 ha of land were handed over to the Vietnamese for the construction and expansion of the airport, contributing to the local socio-economic development. Environmental remediation programs included capacity-building activities for Vietnamese agencies and units.

In 2014–2016, the US and Vietnam collaborated to undertake an environmental assessment at Bien Hoa airport to evaluate the extent and severity of pollution there and propose a remedial strategy. Vietnam established a strategy and performed an infrastructure construction project at Bien Hoa airport in 2017–2019 to prepare for the overall treatment of dioxins. The anti-dioxin project at Bien Hoa airport was formally launched on December 5, 2019. About 500,000 m<sup>3</sup> of polluted soil will be treated, with a 10-year implementation term and a cost estimate of 390 million US dollar, which is to be provided from the US government's budget. First and foremost, the United States has pledged 183 million US dollars for the project's first phase from 2020 to 2024 (Pham Truong 2020).

### 3. Conclusion

The effects of hazardous chemicals deployed by the United States during the Vietnam War are severe and long-lasting. But the remediation of polluted areas and intoxications has achieved significant results over the years, as a combined effort: under the supervision of the Vietnam's party and state and through various contributions of social and political organizations, the people of Vietnam, assisted by the international community and the US government. Dioxin residue hot spots at military airports have been gradually treated or isolated, preventing harmful compounds from spreading into the environment and safeguarding people from additional dioxin exposure. Agent Orange/dioxin victims, particularly those who fought in the resistance wars and their descendants, are entitled to social benefits, health insurance, and health care and rehabilitation services. However, congenital abnormalities in motor, cognitive, and developmental processes produce substantial problems for most Agent Orange victims. The victims' and their families' lives are still more than challenging. Therefore, the *National Action Plan for overcoming the post-war consequences of toxic chemicals/dioxins in Vietnam for the period 2021–2030* has identified the following goals:

- completing the treatment of hot spots and areas with toxic chemical/dioxin contamination,
- controlling all human health risks, and curbing the rise of the number of victims,
- reviewing and identifying victims and providing support and help them integrate into the community, and
- effectively evaluating, controlling, handling, analysing, and managing all activities to overcome the consequences of toxic chemicals/dioxins.

The *National Action Plan* also identifies specific tasks to address the aftermath of intoxication by herbicides used as warfare agents:

- perfecting the system of legal documents, regulations, and standards related to toxic chemical/dioxin remediation,
- promoting communication to raise public

awareness of the consequences of toxic chemicals/dioxins and ongoing remedial work,

- accelerating the treatment of toxic chemicals/dioxins, controlling exposure risks, and curbing the rise of the number of victims,
- ensuring the implementation of mechanisms and policies to support victims of toxic chemicals/dioxins,
- improving the capacity for state management and scientific and technological research aimed at overcoming consequences of toxic chemicals/dioxins, and
- promoting international cooperation and mobilizing social resources to appeal for financial support from countries, international organizations, and individuals to overcome the consequences of toxic chemicals/dioxins.

In the field of healthcare, it is necessary to

- increase public awareness about examining and treating Agent Orange/dioxin victims,
- provide professional training and retraining for doctors and staff at medical and healthcare establishments and social protection centres, and
- upgrade and strengthen rehabilitation departments at hospitals and medical facilities in effectively treating and caring for patients in general and Agent Orange/dioxin victims in particular,
- expand international cooperation in the field of prevention and treatment of diseases and illnesses related to Agent Orange/dioxin exposure,
- study the characteristics of diseases and illnesses related to Agent Orange/dioxin exposure and the factors that can affect those diseases and illnesses, in order to devise appropriate methods and forms of treatment and prevention of diseases related to Agent Orange/dioxin exposure, and
- develop streamlined policies to ensure the rights to be examined and treated for diseases left behind by the war for victims of Agent Orange/dioxin and those with meritorious services in the resistance war.

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# Research Special: Living Conditions of Agent Orange Victims and Their Families in Vietnam - Based on a Field Survey in Thanh Hoa Province

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## 1. Introduction

This year marks the 47<sup>th</sup> anniversary of the end of the Vietnam War. However, a considerable number of people are still suffering from war damage. Above all are those affected by Agent Orange (AO) – a defoliant heavily deployed by the U.S. military forces during the war – who have been struggling under extremely difficult living conditions for generations.

Currently, a national project investigating the effects of dioxin – the most highly toxic component of AO – is being conducted by the Vietnamese Ministry of National Defence and the Ministry of Natural Resources and Environment. Nonetheless, as its scope is limited to bionomic and epidemiological aspects, a further, thorough investigation of the living conditions of victims of AO and their families is urgently needed. This research was partly made possible by a grant provided by the Heiwa Nakajima Foundation 2015 and 2016.

In 2015 we were given the opportunity to take part in research focusing on AO victims. We selected Hai Phong City in northern Vietnam, 102 km east from Hanoi, as our research area for three reasons. First, no research had yet been done in the area. Second, the Hai Phong Chapter of the Vietnam Association for Victims of Agent Orange (VAVA) offered a solid and well-organized foundation for conducting a socio-economic survey. Third, we concluded that Hai Phong City presented the best opportunity to gather authentic data on three generations of AO victims. There were approximately 17,000 victims in Hai Phong City at the time we embarked on the research – 10,000 first generation, 6,000 second generation, and 371 third generation.

In 2017, a second research opportunity presented itself. The VAVA chapter in Thanh Hoa Province, 162 km south of Hanoi, had been conducting a pioneering investigation of AO victims; gathering quantitative data on third generation victims for the first time in Vietnam, and we were invited to join in their research. The project was initiated in response to an increase in deaths among aged first-generation victims, combined with an apparent increase in the number of third generation sufferers with disabilities seemingly inherited from their grandparents and/or parents. Figures released before this research indicated a population of 1,643 third generation victims, with the number revised to 1,808 after our research.

In this paper, we unveil some aspects of the socio-economic conditions AO victims are facing. Due to space limitations, we will only refer to findings from the field survey in Thanh Hoa Province.



Valley of A Luoi. Kan Lay, 55 years old, and her son, Ke Van Bec, 14 years old, physically and mentally handicapped, pose in front of the billboard denouncing the operation Ranch hand.

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## 2. Historical Background and Current Situation of Agent Orange Victims

The spraying of AO and other defoliants was to have a heavy impact on several generations, but at the time, the United States, under John F. Kennedy and South Vietnam, under President Ngo Dinh Diem, had three objectives in spraying the toxic material:

- strip away foliage in South Vietnam Liberation Front-controlled areas to expose the Ho Chi Minh trail, communication paths and facilities, and carry out air raids,
- destroy crops essential for the enemy's food supply, break down food supplies to Liberation Front troops, and thus prevent them from establishing zones of military control, and
- establish visible safety zones surrounding facilities, transportation routes and warehouses of U.S. and allied troops (DACAMVIETNAM, November 5, 2020).

After John F. Kennedy reconfirmed the U.S. goals in Vietnam on May 11, 1961, at a National Security Council meeting, large amounts of herbicide were shipped to South Vietnam by air and sea, beginning in July of the same year. They were mainly stored at air bases in Tan Son Nhat (now Ho Chi Minh City), Bien Hoa (now Dong Nai Province), and Da Nang City. Some herbicides were temporarily stored at air bases in Phu Cat (now Binh Dinh Province), Nha Trang (now Khanh Hoa Province), and Tuy Hoa (now Phu Yen Province). On August 8, 1961, a meeting was held in Kon Tum, the capital of Kon Tum Province, at which the U.S. Military Assistance Command, Vietnam (MACV), agreed to carry out the spraying of defoliants in a targeted area of Dak To District.

On August 10, 1961, the first test spraying was carried out from Kon Tum Township to Dak To along Route 14 to examine the effects on foliage. This was the first ever large-scale spraying of herbicides in South Vietnam. A few days later, the second test spraying was also carried out in Kon Tum. In these tests, 2,4-D hedonal trinoxol was sprayed over sweet potato, cassava, and banana plants, with all plants dying within two hours. A series of similar tests followed. U.S. researchers concluded that mixing 2,4-D and

2,4,5-D at a ratio of 1:1 proved most effective. This tactical herbicide, containing dioxin, became known as Agent Orange. Unfortunately, dioxin is the most toxic substance produced in human history. What is worse, it accumulates in the human body and continues to affect even the offspring of its victims.

Following successful experiments, U.S. troops and the Republic of South Vietnam entered a new phase of expanded spraying. The *Center for Developing and Testing Fighting Capability (U.S.)* drafted an extensive chemical warfare plan targeting the Vietnamese borders with Laos and Cambodia, the western portion of the Central Highlands, War Zone D, mangrove jungles, and regions where Liberation Front troops were believed to be present. The spraying carried out on August 10 was part of *Operation Hades*, renamed *Operation Ranch Hand* in 1962. *Hades* better describes the damage caused to Vietnam to this day.

On August 15, 1961, the U.S. Air Force sprayed herbicide, killing crops, in the western portion of Ham Thuan District, Binh Thuan Province. On August 24, 1961, South Vietnamese military aircraft, at the direction of President Ngo Dinh Diem, sprayed AO along 80 km of Route 13, north of Saigon, for the first time. In Chau Thanh District (now Dong Thap Province, and formerly known as Vinh Long Province), a number of people suffered from severe headaches and breathing difficulties after the spraying of herbicides by three U.S. jet fighters. Many cows fell seriously ill or died, and orchard trees and other crops also died.

On December 30, 1961, the U.S. and South Vietnam founded the *Center for Combat Capability Experiment and Development*, with its primary responsibilities being procurement and application of herbicides and defoliants and evaluation of their effectiveness. They devised Plan 202 based on Operation Ranch Hand.

The U.S. Air Force aerial spraying program, Operation Ranch Hand, continued from January 1962 until February 1971, mainly using C-123 cargo planes. Spraying from cargo planes accounted for 95 per cent of total herbicides sprayed. The remaining 5 per cent was sprayed from helicopters or by hand, from trucks – mainly to improve visibility around military bases.

Thus, from 1961 to 1971, the U.S. sprayed over 190 million gallons of toxic chemicals (defoliants and

herbicides) in southern and central Vietnam. The herbicide applied in the largest quantities was the notorious Agent Orange (AO) (mostly in the late 1960s), containing a dangerous level of 2,3,7,8-TCDD. The World Health Organization designated the toxin as one of the most dangerous persistent organic pollutants (POP). In some areas, the concentration of TCDD in soil and water was several hundreds of times greater than the levels considered safe by the U.S. Environmental Protection Agency. AO was produced primarily by Monsanto Corporation (acquired by Bayer in 2018) and Dow Chemical, both under contracts with the U.S. Department of Defense.

Since the Kennedy administration, U.S. government officials had been aware of the risk of these herbicides to human health. However, the risks were intentionally neglected for the sake of anti-communist policy and their use was camouflaged in cunning ways. For example, the South Vietnamese flag was painted on aircraft deployed for spraying and pilots dressed in civilian clothes. Furthermore, the Saigon government concealed their toxicity, declaring that they were safe for contact with the human body.

There is increasing scientific evidence that individuals exposed to herbicides during the war – whether friend or foe, military or civilian – faced consequent health problems including certain types of cancer, type 2 diabetes, damage to the nervous system, reproductive problems, and heritable disorders. And the dangers of exposure did not end with the end of the war. Environmentally, Vietnam is still dealing with the impact of the loss of jungle canopies and the presence of hotspots polluted with high levels of residual dioxin. Most of the identified hotspots are former military bases where defoliants were loaded onto aircraft for spraying, and, like other toxic waste sites, would be subject to the *Superfund Act* if located in the U.S. Decontamination of Da Nang International Airport was only completed in November 2018, when the Vietnamese Ministry of Defence and the United States Agency for International Development (USAID) transferred control to the Vietnamese government. As for Bien Hoa Airport, the most polluted site, the plan is to decontaminate 500,000 m<sup>2</sup> over ten years, with 150,000 m<sup>2</sup> decontaminated by 2025. Obviously, the use of herbicides like AO has an enduring human and environmental negative legacy in Vietnam.

## 3. Research Methodology

Supported by VAVA we visited the homes of officially recognized victims of defoliants, as well as families suspected of being victims.

Thanh Hoa Province is located 162 km south of Hanoi. According to Duong Dinh Khai, the president of VAVA Thanh Hoa, there are 24,000 AO victims in the province. Among them, 17,000 have already been officially recognized, while 7,000 have not because submitted documents were incomplete. Among the 17,000 official victims, 3,000 of them have already passed away. The 14,000 survivors include 8,200 first-generation victims who were directly exposed to AO. They participated in the war in the southern and central Vietnam and returned to Thanh Hoa after the war. The other 5,800 victims are second-generation. In this province considered three generation victims including third-generation victims who have not been officially recognized and therefore receive no support from the government. In our interview on August 26, 2017, VAVA Thanh Hoa President Khai said that 1,808 children are considered to be possible AO victims, with that number likely to increase.

According to VAVA, 10,500 households had victims of defoliants, with some having more than one. 275 of the 10,500 families were in extreme poverty. President Khai of VAVA Thanh Hoa explained that many individuals with defoliant-related disabilities are unable to move independently or take care of themselves. Furthermore, there were 5,800 second- and 1,808 third-generation victims of defoliants.

We conducted qualitative and quantitative socio-economic research, as outlined below:

- Place: Thanh Hoa City, Dong Son district, and Hoang Hoa district in Thanh Hoa Province, Vietnam.
- Period of survey: August 26 to September 1, 2017.
- Target group: Three generation AO victims and their family members (17 households).
- Survey method: Using a prepared questionnaire, we interviewed heads of household, their spouses, and some of their family members who were third-generation victims.

A particular feature of the research was Kitamura's use of narrative techniques established through his long experience as a journalist. Important facts and stories were elicited by interviewing victims and their family members in this style through a Vietnamese interpreter fluent in Japanese. The average length of the interviews was around two hours. We collected victims' experiences and personal stories – recorded with a voice recorder and later transcribed in Vietnamese and Japanese.

The questionnaire included the following sections:

- Basic information: name, sex, age, term of their service in war.
- Family structure: family members, their sexes, ages, etc.
- Disease: types, their seriousness, what kinds of medicines they take, etc.
- Life situation: family income, expenses, debt, etc.

Victims and their families spoke frankly on these topics, though sometimes reluctantly. When memories were unclear, accompanying local officials from VAVA were often able to help subjects recall and/or provided us with supplementary information or explanation.

**Table 1: Types of AO victims under the national AO victim recognition system**

Type	Male	Female	Total
AO-V1	10	1	11
AO-QV1	2	2	4
AO-V2	10	8	18
AO-QV2	5	0	5
AO-QV3	18	15	33
Total	45	26	71

Source: Compiled by author from the field survey

#### 4. Findings of the Field Survey in Thanh Hoa Province

Mainly focusing on the aggregated results of the field survey in Thanh Hoa Province, we here examine findings regarding AO victims and their families from a socio-economic perspective.

#### 4.1 Types of Agent Orange Victims under the National Agent Orange Victim Recognition System

Table 1 shows the types and numbers of AO victims among the 17 families involved in the survey (under the national AO victim recognition (NAOVR) system):

- First-generation victims who participated in the war and were directly exposed to AO: (a) recognized as AO victims by the state (AO-V1), and (b) not recognized as AO victims by the state for some reason (AO-QV1).
- Second-generation victims considered to have been indirectly affected by AO through parents (either or both) who were directly exposed: (a) recognized as AO victims by the state (AO-V2), (b) not been recognized as AO victims by the state for some reason (AO-QV2).
- Third-generation (AO-QV3) victims with some disability who may have been indirectly affected by AO through grandparents and parents. Under the NAOVR system, these third-generation sufferers are not currently recognized as AO victims.

However, unlike the government, VAVA considers all disabled children and/or grandchildren of directly exposed victims to be indirect AO victims as well. Of the 71 victims we surveyed, these third-generation victims were the greatest in number (33), followed by second-generation victims (23). Each of the 17 families had two or more victims. One household had 10 AO victims, and the majority of the households had three or four victims each (Table 2). The average number of AO victims per family was 4.2 persons.

#### 4.2 Age Distribution of First-Generation AO Victims

As 47 years have passed since the end of the Vietnam War, former soldiers directly exposed to AO are growing old. Among our 17 families, there were twelve living heads of household, while five had died. Observing the ages of living heads of household, three persons were aged 60–64, four were 65–69, and five were 70 or older. Considering spouses (15 living spouses, one dead, one unknown), two were aged 50–60, four were 61–65, four were 66–69, and five were 70 or older. The aging of first-generation victims and spouses leads to serious economic and care problems, which will be described later.



The Đỗ Đức Địu family lost 12 of 15 children to premature births and stillbirths, possibly a result of "Agent Orange", family grave. Copyright: Matthias Leupold - Eigenes Werk

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**Table 2: Household distribution by the number of AO victims**

AO-V	2	3	4	7	8	10
Households	2	6	6	1	1	1

Source: Compiled by author from the field survey

#### 4.3 War Experience and Illness of the First-Generation Victims

Those who served in the war were directly exposed in areas sprayed with AO, drank water from rivers and ponds contaminated by AO and used it for cooking, as well. Moreover, some were injured by bullets, shrapnel, or debris, some of which remain in their bodies to this day. One of our subjects had seven surgeries to remove debris from his head, but without complete success. Most who served survived the war with multiple illnesses. Many suffered from severe headaches thought to be aftereffects of injuries inflicted during the war, but they also dealt with pain in the joints limbs and chest, dyspnoea, visual and hearing impairments, hypertension, digestive system disorders (e.g., gastrointestinal disease, diabetes), and brain or mental disorders. In addition, each had multiple illnesses or impairments. In some cases, we heard stories like this:

"I had multiple illnesses and had surgery, and a few years after my discharge, I developed a mental disorder, which continues to this day."

Most of the people who served in the army generally said that their current health condition was "very bad."

#### 4.4 Diseases of Second- and Third-Generation AO victims

Among 23 second generation victims, mental disorders were the most common (nine), followed by limb disorders (six), intellectual disabilities (five, including one with Down's syndrome), and visual/hearing/speech disorders (four, one deaf and dumb), and severe headaches (four). In addition, visceral disease, heart disease and skin disease were also found. One individual with mental illness required care in a residential support centre. In addition, one of the second-generation victims (43 years old) who, after the war, worked and lived in an

**Table 3: Number of public assistance and pension recipients by generation**

Allowance/ Generation	First	Second	Third
A-AOV	11	18	-
A-SWS	4	-	-
A-PWD	1	1	10
P	10	-	-

Source: Compiled by author from the field survey

AO-contaminated area (Da Nang Airport and its surroundings) may have been exposed to AO at that time. However, his claim has not been recognized by the state. Pain in his limbs and headaches get worse as the seasons change.

Among 33 third generation victims, visual/hearing/speech disorders (ten persons, including five deaf-and-dumb) were the most common, followed by limb disorders (seven) and intellectual disabilities (six). There was also one person with mental disorders, one with genital abnormalities, one with kidney malformation, and one with skin disease.

Compared to the first-generation victims, the second- and third-generation victims were characterized by more cranial nerve system diseases, visual/hearing/speech disorders, and limb disorders. Comparing the second- and third-generations, the former had a relatively large number of cranial nerve system disorders. The proportion of disabled individuals with multiple diseases was approximately 41 per cent among both the second- and third-generation AO victims (ten in the second and nine in the third generation). However, the names of the diseases of eleven AO victims in the third generation were unknown. In general, it can be said that the proportion of persons with disabilities who had multiple diseases was high for all generations.

#### 4.5 Public Assistance and Pensions

The public assistance AO victims (AOV) receive includes

- the AO victim allowance (A-AOV),
- the war injury and illness allowance (A-SWS),
- the general disability allowance (A-PWD), and
- the public pension (P).

However, when beneficiaries die, their families no longer receive benefits.

As mentioned above, under the current AO victim recognition system, third-generation victims are not classified as AO victims, so they cannot receive A-AOV. But if their disability is recognized, they are eligible for general disability assistance (A-PWD) under the *General Relief System for Persons with Disabilities*.

Out of the 15 first-generation victims, four did not receive A-AOV, and only one received A-PWD. Ten received a public pension (P), with a single individual receiving payments in four households and the first-generation husband and wife each receiving payments in three households. There were only four A-SWS recipients. A-AOV payments are based on the degree of labour capacity decline of the victim, and the average amount is 1,673,000 Vietnamese dong per month, somewhat lower than the A-SWS (1,900,000–2,200,000 Vietnamese dong).

Out of the 23 second-generation victims, five did not receive A-AOV (see Table 1). Of these, one received A-PWD only and four did not receive any public assistance.

Out of the 33 third-generation AO victims, only ten received A-PWD, and the rest did not receive any public assistance at all. At that time, though, six were applying for assistance under the NAOVR system. We do not know if their applications met the recognition criteria, but the issue of accurately identifying third generation AO victims will continue to be a major issue moving forward.

#### 4.6 Household Economy

Our survey of 17 households targeted family members living with first generation victims. Compare our survey results (see Appendix) with (a) income class data (see Table 4) and (b) the absolutely poor class data. The absolutely poor class is the income class below the poverty line, which is calculated by monthly average income per capita of household: 630,000 Vietnamese dong for rural areas in 2016 (General Statistics Office 2019b). The following observations can be made:

- Two households belong to the absolutely poor class.

**Table 4: Monthly average income per capita in 2016 by income quantile and region**

Region / Quantile	Regional average	Quantile 1	Quantile 2	Quantile 3	Quantile 4	Quantile 5
Whole country	3,098	771	1,516	2,301	3,356	7,547
Urban	4,551	1,452	2,511	3,436	4,743	10,623
Rural areas	2,423	667	1,233	1,865	2,706	5,644
Thanh Hoa Province	2,212	713	1,137	1,748	2,644	4,823

Source: Compiled by author from General Statistics Office (2019a), unit 1,000 Vietnamese dong

- Seven households are between the lowest income class (Q1) and the second lowest income class (Q2), with two of these very close to the absolutely poor class.
- Four households are between the second lowest income class (Q2) and the middle-income class (Q3).
- One household is between the middle-income class (Q3) and the second upper income class (Q4).
- Three households are between the second upper income class (Q4) and the highest income class (Q5).

77 per cent of the target households belong to the absolutely poor class or lower income class. The monthly average income per capita for only two households exceeds the national average income.

13 households in our survey had small farms of less than 0.5 hectares. The average size of twelve farms was 0.12 hectares, with one farm of size unknown. Three households did not own a farm. Only a few households earned income from selling rice, with most producing food for their own consumption. One farmer rented a pond from the local government to run a fish farming business, earning around 30,000,000 Vietnamese dong from a harvest of one ton of fish annually. However, the business was unstable due to annual fluctuations in production and price. Twelve farmers had side jobs, earning some non-agricultural income through factory labour, masonry, and electrical work, etc., but such earned income was generally not sufficient to cover household expenses. Considering living expenses, medicine and other medical expenses were a major burden for eight households, especially for children with disabilities, particularly costly.

Eight households owed money to banks, agricultural organizations and relatives (maximum: 20,000,000 Vietnamese dong; minimum: 3,000,000 Vietnamese dong). Of the eight, three households had a family budget surplus, and three had a family budget deficit (with the other two unknown). Six households had no debt (with the other three unknown), with five of these having budget surpluses. Therefore, out of 14 households, nearly 60 per cent were in debt.

Public assistance amounted to 60 per cent of total household income for eleven households (65 per cent of all the households), and the public assistance received only by the first generation amounted to 50 per cent or more of total household income for ten households (59 per cent of all the households). The standard amount of general disability allowance is 540,000 Vietnamese dong, which is lower than the income level of the poverty line (630,000 Vietnamese dong). It can be said that the recipients of general disability allowance belong to the class of absolute poor.

As we have already seen, first generation victims are reaching advanced ages, and when they die, their families will no longer receive their benefits. Without some kind of new public assistance for the second- and third-generation victims or an increase in earned family income, remaining family members will be further impoverished.

#### 4.7 Worries and Concerns of the Victim's Families

In our survey, interviewees expressed worries in the following three areas in particular:

- (1) family illness and medical treatment (twelve households),



- (2) family economic problems (nine households), and
- (3) anxiety about the future of descendants with disabilities (eight households).

Regarding (1) illness and treatment, a total return to health for these victims was unlikely because many of them had multiple, intractable diseases. This was also linked to economic problems. For example, if you are hospitalized or go to hospital regularly, you may not be able to pay for medical treatment (possibly related to problems with the medical insurance system) and/or may go into debt. This, in turn, could cause you to refrain from needed medical treatment or surgery, further exacerbating the disease. Regarding (2) economic problems, this was obvious from the survey, showing that the families of most AO victims were very poor. Regarding (3) future anxiety, in families with children with intractable diseases, the mental and physical burden on mothers (and fathers in some cases) was extremely heavy for both first- and second-generation members caring for third-generation children. With the advanced age of most first-generation members, the large burden of work fell on the second generation (especially women) who must take on care duties and housework previously handled by first-generation members (especially grandmothers), in addition to working to earn income for the family (see Section 5 for specific examples). It is not surprising that first-generation grandparents were most anxious.

#### 4.8 Requests to the Government

Most requests to the government from AO victims' family members (mainly heads of household and/or their spouses, or in some cases second-generation children) were for financial support. The main requests were these:

- (1) to recognize third-generation victims as AO victims, enabling them to receive A-AOV,
- (2) to increase the current amount of public assistance, especially the amount of public assistance for second- and third-generation victims,
- (3) to provide financial support to AO victims who have not received any support,
- (4) to provide financial support for families with children who cannot work, and
- (5) to help find jobs for family members who can work.

### 5. AO Victims from the Perspective of Gender

In this section, we examine the physical and mental burdens that women in each household must bear. As we interviewed families in Thanh Hoa, we found that women were mostly responsible for doing housework and taking care of disabled or ill parents, siblings, and children, so we placed additional focus on the role and burden of women in each household based on their responses in the course of interviews and extra individual inquiries.

In this study, interviews were conducted by a group of strangers (the authors), and few of the subjects' initial responses revealed any depth of feeling. In many cases, they provided answers calmly and never blamed anyone for their plight. Most answers were idealized, indicating that others in the community always sympathized with the victims and their families, for instance:

"Even if a disabled baby was born in the family, the people around understood and helped me."

Some mothers, however, uttered their true feelings with tears. Thus, when possible, we tried to talk with the women individually so that we could hear the real reasons behind their unexpected tears.

The most notable answers were largely related to third-generation childbirth and subsequent child-rearing. In answer to the question: *How did people around you react to you and your disabled children?* several women replied that they were told, "You parents did something wrong, and your children incurred divine punishment," "The troubles are your fault," or "It happened because you parents and your family are fools." Others shared that people labelled their disabled children *as stupid kids* or *pigs*, and if the parents appeared healthy, they said, in front of the children, "Is the child's disability really caused by Agent Orange?" Often these children had experienced being excluded by groups of playmates and being unable to attend schools lacking facilities to accommodate them.

The damage caused by AO was confirmed well before the end of the war and was widely known by 1969. In early days, second-generation women

giving birth did not know the causes of their children's disabilities, but they now understand the genetic effects AO can have. Nevertheless, as three out of the five housewives with whom we were able to hold extended interviews expressed, we found that many Vietnamese people do not yet accurately understand the situation of AO victims. Several women testified that they had experienced stillbirth, premature birth, or abortion under compulsion due to a prenatal diagnosis. Some had experienced this multiple times. Some women whose first children had foetal conditions such as head loss, limb loss, and encephalopathy were instructed by doctors to give up any subsequent pregnancy.

Two cases were mentioned in our interviews in which children were healthy at the time of birth but at the age of three and five suddenly became unable to walk and bedridden. In some cases, mental illnesses were gradually progressing as children grew, and mothers expressed fears for their future health and ability to function. In several households raising little girls, grandparents and parents testified in tears about their anxiety for

these girls as future mothers and what disabilities their children might have. The suffering from such experiences and feelings, including the heartache of giving up on future childbearing, involves mental pain difficult to imagine. For women living harsh, everyday lives of constant toil and care, it is extremely difficult to bear or escape these mental burdens on their own. There is thus an urgent need for mental care for mothers in such households. For example, creation of a place where families in similar situations can gather to share their thoughts and struggles, and where children can play in a space free from prejudiced eyes, could be quite significant. As the households of AO victims are scattered over a wide area, it is important for public organizations to plan and provide support programs at provincial levels.

In this study, we observed that AO victims and their families were generally poor, but they spoke with tears:

"I will be very happy to have money and physical support, but they are not necessary. If anything, I would like to see our children play with their friends... I'm glad just to see people get interested in us."

Current public monetary support and expanding that support to second- and third-generation victims is not enough. Moral support is also needed, especially for poor families.



Valley of A Luoi. Kan Lay, 55 years old, and her son, Ke Van Bec, 14 years old, physically and mentally handicapped, pose in front of the billboard denouncing the operation Ranch hand.

Source: [https://commons.wikimedia.org/wiki/File:Two\\_Vietnameses\\_pose\\_in\\_front\\_of\\_the\\_billboard-cropped.jpg](https://commons.wikimedia.org/wiki/File:Two_Vietnameses_pose_in_front_of_the_billboard-cropped.jpg)

## 6. International Aid to AO Victims

In this section, we consider international aid to AO victims and their families. According to Son and Bailey (2017), from 2000 to 2011 the Ford Foundation provided 26 grants, totalling around 7.4 million US dollars, to various non-governmental organizations (NGOs) to assist Vietnamese with disabilities and reduce risks to public health. Although these were among the largest international grants to Vietnam, they benefited people with a range of disabilities, not only AO-related ones. And projects supported by these grants have focused mainly on services or technical support for healthcare, and job training and counselling. Thus, they have provided little direct help to AO victims' households. One of our prepared survey questions asked whether households received any direct international aid. Although we were unable to discuss this question with some households for lack of time, there were a small number of households who received direct international aid. Despite various projects organized through official development assistance (ODA) from foreign countries and foreign NGOs existing in Vietnam, it seemed that there was almost no direct aid to AO victims' households.

The authors, however, have initiated small projects to provide direct aid to AO victims' households. We introduce these below.

In 1989, Kitamura (one of the authors) started a project providing used clothing to AO victims. Subsequently, a swimming pool was constructed in 1990 with funds provided by the director of a Japanese kindergarten. As citizen's interest in AO victims increased in Japan, so in 1995, Kitamura organized the NGO, *Love and Support Vietnam (LSV)*, with five members in 1995. Since then the group has since supplied old clothes and some funds to AO victims' households annually.

In 2001, LSV began an annual summer study tour to Vietnam. Japanese participants visit AO victims' households, interview them on their current situations and distribute clothes and money as resources and needs dictate. In 2005, a scholarship fund was begun to facilitate educational opportunities (primary school to university) for children of AO victims' families. Scholarships, funded by concerned Japanese individuals, have increased to 2,800,000 Vietnamese dong per child, and have aided around 300 children to date.



VA042094 Agent Orange, U.S. Army Operations in Vietnam, National Archives, originally found in Box 1 Folder 9 of Admiral Elmo R. Zumwalt, Jr. Collection: Agent Orange Subject Files. Photograph, VA042094. Vietnam Center and Archive. No Date, Admiral Elmo R. Zumwalt, Jr. Collection: Agent Orange Subject Files, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University.

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Source: <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA042094>

LSV's activities are small-scale, indeed, but they reveal some potentially helpful strategies or avenues for international aid. First, a two-pronged approach of direct aid to AO victims' households in addition to educational scholarships may help families meet ongoing living expenses. Secondly, because LSV's activities include visits to households and interviewing AO victims, study tour participants can understand directly the living conditions and difficulties of these families and better see what

kinds of assistance are needed. For example, from our study in 2017 as seen in section 4 in addition to participating into the study tour continuously, we have found that many households of AO victims are under severe living conditions.

We thus believe that ongoing study tours like LSV's could be a very useful component of full-scale international aid programs, allowing agencies to better understand the lives and needs of aid recipients and assess the outcomes of small-scale direct aid prior to assigning more significant resources.

## 7. Conclusion

After the war, AO victims suffered from multiple diseases and/or disabilities and had children and grandchildren with disabilities thought to be caused by AO (second- and third-generation AO victims). In addition, women and mothers in these families, especially if there are multiple AO victims, bear terribly heavy physical and mental burdens of labour and care, further exacerbated by the poverty in which many such families live. Most households own farmland but practice small-scale, subsistence farming in rural area of our survey, and only a few earn a small income from selling rice. Even with that, the combined earned income of family members is often not large enough to support their livelihoods, and

65 per cent of households are heavily dependent on public assistance. In interviews with AO victim families about their worries or concerns, they mainly cited

- family illness and treatment,
- family financial problems, and
- anxiety about the future of their disabled offspring.

Most of the respondents also expressed a desire for the government to provide greater financial support.

Finally, we would like to offer some recommendations for support measures to address the requests and concerns of AO victims' families.

Regarding financial support, public support should be increased, especially the AO victim allowance for second-generation victims, and at the same time, third-generation disabled offspring should be officially recognized as AO victims by the state and given an AO victim allowance that is greater than the general disability allowance.

Since most of the victims' families practice small-scale farming, agricultural policies and training are also needed. For example, *integrated farming*, involving digging fishponds in rice paddies, growing fruit trees along the rice paddies, and raising ducks and other livestock in the rice paddies, could help provide a more stable income from agriculture. If a single family is unable to manage integrated farming, it could be done cooperatively within a community. Funding could be provided through government support for this farming and foreign grants-in-aid or interest-free loans from *Vietnam's Social Policy Bank for the Poor*.



Source: Bryan Grigsby Collection (1969) VA002930, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University, <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA002930>

To ease the burden of family caregiving, we propose the training of visiting caregivers and the construction of more care facilities for AO victims, some of which could also be day-care facilities. It is also necessary to train social workers who can consult with family members about their problems and concerns. If caregivers and social workers can be trained not only as a national policy, but also on a voluntary basis within the community, a sense of solidarity with AO victim families may emerge. In any case, such support measures should be given top priority for families with severely affected AO victims.

To increase international funding, the Vietnamese government could enact a bill to collect an exit tax from visitors to Vietnam, people from other countries living in Vietnam, and Vietnamese citizens leaving the country, so as to support AO victims, to finance care costs, maintain care facilities for victims, and thereby relieve the burdens of AO victims and widen the circle of people who can share in relieving their difficulties.

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In addition, we recommend that VAVA organize anti-war eco-study tours in places that have historical ties with AO including Da Nang, Bien Hoa, and Cau Mau by training guides who can pass down the memories of the war to the next generation.

There is nothing more terrible than war among human activities. The Vietnam War was no exception, and the use of an inhumane weapon, AO, deprived many of life and hope. Over the years, those afflicted with disabilities and/or injuries caused by AO have struggled to maintain their strength and lead productive lives in society, with many falling into poverty. The spraying of Agent Orange by U.S. troops that devastated the lives of several generations should never have been allowed and represents a crime against the sanctity of human life. We strongly believe that the facts of what happened and the toll it has taken on Vietnamese people affected by AO should be shared and remembered throughout the world.

## Appendix: Household economy survey

Hous holds	Family members (*) (person)	Household income per month (HI) (Thous. VND)	Monthly average household income per capita (Thous. VND)	Amount of public assistance (PB) (**) (Thous. VND)	PB/HI (%)	Amount of public assistance for the first generation (FPB) (Thous VND)	FPB/HI (%)	Earned income (Thous. VND)	Expenditure (Thous. VND)	Debt (Thous. VND)
No.1	6	24,276	4,046	3,062	13	2,522	10	21,214	n.a.	n.a.
No.2	5	7,146	1,429	2,346	33	2,346	33	4,800	n.a.	40,000
No.3	6	5,280	880	1,080	21	0	0	4,200	2,400	n.a.
No.4	5	6,441	1,288	945	15	0	0	5,496	2,800	180,000
No.5	5	3,407	681	2,240	66	1,700	50	1,167	5,000	300,000
No.6	4	6,457	1,614	1,080	17	0	0	5,377	6,000	0
No.7	4	1,167	292	700	60	0	0	467	n.a.	n.a.
No.8	5	4,053	811	2,470	61	2,470	61	1,583	n.a.	72,000
No.9	7	3,874	553	3,291	85	2,346	61	583	2,000	20,000
No.10	6	6,924	1,154	5,200	75	5,200	75	1,724	8,000	200,000
No.11	7	8,128	1,161	1,461	18	0	0	6,667	10,000	30,000
No.12	6	5,675	946	4,800	85	3,900	69	875	4,000	0
No.13	8	7,450	931	6,600	89	4,000	54	850	8,000	0
No.14	7	10,092	1,442	9,645	96	8,300	82	447	n.a.	0
No.15	6	14,000	2,333	10,000	71	9,100	65	4,000	10,000	0
No.16	4	12,400	3,100	12,400	100	10,500	85	0	7,000	130,000
No.17	5	15,150	3,030	9,370	62	8,430	56	5,780	10,000	0

(\*) The household economy survey targeted families living with the first generation.

(\*\*) Public assistance includes AO victim allowance, the war injury and illness allowance, the general disabilities allowance, and public pension

Source: Compiled by author from the field survey.



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## National Policies to Deal with War Legacies in the 20th Century – State of Research with a Focus on Vietnam

● Detlef Briesen and Dao Duc Thuan

### 1. Introduction

In wars, people die or are wounded, women and men lose their spouses, children their parents, residential buildings, traffic routes, roads and industrial plants, cities, entire regions together with their natural or man-made environment are devastated. This destruction is the result of deliberate acts of war or is accepted by the warring sides as so-called *collateral damage* since each war tends to escalate to the extreme (Clausewitz 1976). Moreover, wars permanently harm relations between states and their peoples, between individual population groups in a country itself; they often destroy economic development and international trade for many years. In this essay, we focus on the first of the above consequences of wars and a consequent necessity: to rebuild a war-torn country and alleviate the suffering of its people through social and economic policies. In doing so, we concentrate on Vietnam.

Our aim here is not to provide a comprehensive account of the efforts to overcome all the wars Vietnam was subjected to between 1940 and 1991 – this would be the task of an international, multi-volume scholarly work that will hopefully take shape in the future. Because current research is far from being able to offer such an overview. There is an almost unmanageable number of academic and popular publications, memoirs, films, documentaries, etc. about the wars in Vietnam in the 20<sup>th</sup> century. But the vast majority of these deal with their domestic and foreign policy causes, military courses, suffering of soldiers and civilians, war crimes, and how the conflicts were finally ended. Compared to this, coping with their effects through social and economic policy is a much-neglected topic. This is surprising, because in general, all wars of the 20<sup>th</sup> century caused catastrophic damage to people and to man-made and natural environment. Vietnam was also faced with such a challenge, especially after the war against the USA: to rebuild a country that was largely devastated and to mitigate the enormous health and psychological damage suffered by its population. What happened in this regard after 1975, however, is far too little scientifically researched, especially from an international perspective.

In order to do some justice to this demanding task, we have divided our essay into two parts. In the first part, we deal with the management of war aftermath in the context of the general developments of belligerence in the 20<sup>th</sup> and 21<sup>st</sup> centuries. We are looking for indications of the conditions under which, and how the mitigation of war damage generally took place, especially in the economic and social policy area. In a second part, we look at Vietnam itself: How did the country try to cope with the enormous damage after the Indochina War (1954) and especially after the Vietnam War (1975)?

The research team have currently been continuing investigations on victims of Agent Orange with official and private research grants, side by side with activities of NGO 'Love and Support Vietnam' to help them.

Warfare in the 18th century. Prussian Infantry attacking in lines during the Battle of Hohenfriedberg.

Source: [https://en.wikipedia.org/wiki/Line\\_\(formation\)#/media/File:Hohenfriedeberg\\_-\\_Attack\\_of\\_Prussian\\_Infantry\\_-\\_1745.jpg](https://en.wikipedia.org/wiki/Line_(formation)#/media/File:Hohenfriedeberg_-_Attack_of_Prussian_Infantry_-_1745.jpg)



Warfare in the 20th century. Demolished vehicles line Highway 80, also known as the "Highway of Death", the route fleeing Iraqi forces took as they retreated from Kuwait during Operation Desert Storm.

Source: [https://commons.wikimedia.org/wiki/Category:Highway\\_of\\_Death?uselang=de#/media/File:Demolished\\_vehicles\\_line\\_Highway\\_80\\_on\\_18\\_Apr\\_1991.jpg](https://commons.wikimedia.org/wiki/Category:Highway_of_Death?uselang=de#/media/File:Demolished_vehicles_line_Highway_80_on_18_Apr_1991.jpg)

## 2. Warfare and Dealing with the Legacies of War – a Look at International Developments

### 2.1 Military Destructive Force and Increasing War Damage

To put it simply: the greater the military destructive force, the greater the need for an active policy to deal with the war aftermath. The times are long gone when fighting took place on battlefields in front of an audience, as was the case in Europe in the 18<sup>th</sup> century (Parker 2008). Since then, five developments have decisively changed warfare:

- From the late 19<sup>th</sup> century on (and on an ever-increasing scale), modern weapons systems have had a power of destruction that was previously almost unimaginable. War has developed into industrialised mass killing, with thousands of combatants facing each other who (can) use so-called conventional weapons systems, but also chemical, bacteriological, and nuclear weapons of mass destruction (Hippler 2019).
- From First World War on, the boundaries between combatants and non-combatants have become increasingly blurred again. Since then, war propaganda began to focus on the dehumanisation of an entire enemy people whose livelihoods (and even existence) were to be destroyed. Against all international agreements, this blurring of boundaries and dehumanisation reached a first terrible climax as early as the Second World War. Complete cities

were wiped out by bombing and mass murders of entire populations were organised, especially by Nazi Germany and Imperial Japan (Keegan 1994; Strachan 2013).

- The civilian population and its livelihoods have become even more central to warfare after 1945, for example in the colonial wars of liberation in Asia and Africa, in the numerous post-colonial proxy and civil wars there (Hewison, Glassmann and Hansson 2020) and in Latin America, and in the bloody conflicts that followed the collapse of the Soviet Union, for example in former Yugoslavia (McMahon 2017).
- Especially since 1990, wars have shifted to the so-called failed states of the global South, i.e., to areas where there are hardly any security structures anyway. They have also become more morally and religiously charged. The consequence of this, in turn, are acts of terrorism, especially by allegedly religiously motivated violent communities from the Islamic world and supposedly humanitarian or pre-emptive military operations, especially by the USA. The primary victim or even target in these conflicts is the civilian population (Münkler 2018).
- New forms of warfare have emerged, so-called *asymmetric warfare* (i.e., hostilities between government troops and combat units declared as armed rebel groups) and, most recently, *hybrid warfare*. It has moved today's military strategies even further away from the norms of international law (James and Sharma 2006; James and Friedman 2006).

### 2.2 Overcoming the Legacies of Wars in the First World after 1919

The need to deal with the *internal* repercussions of war has thus increased steadily in recent decades. In the industrialized countries of the Global North, this has been combined with a developing social and economic policy. There, overcoming the aftermath of war became tangible for the first time in the 17<sup>th</sup> century already: In connection with the paternalistic state and because of the permanent warfare in Europe at that time. Since then, the rulers helped with reconstruction – new subjects were settled in heavily devastated and depopulated areas, veterans could find employment in the civil service, invalids received medals and alms and, with a bit of luck, were housed in state facilities.

The First World War (1919–1918) changed this way of tackling, because it had been waged by the belligerent states as a mass mobilisation for a just national cause (Crouthamel 2018). Moreover, the dimension of damage changed. Between 1914 and 1918, millions of soldiers had died or suffered the most severe wounds, and the question arose of how to provide for the war veterans and wounded and the millions of widows and war orphans. Hundreds of thousands had been displaced from their ancestral homes or had fled from them, extensive areas had been destroyed, many people had been ruined by war and post-war inflation. In addition, a wave of political unrest or revolutions spread to large parts of the world. All this led to the need for a state compensatory social policy. This had already existed in rudimentary form in the German Empire and its

neighbouring states before the outbreak of war. The aim was to provide the population with basic provisions in old age, illness and unemployment. This idea – to secure a life in dignity – was extended after 1918 to the numerous wounded, widowed and orphaned. As a result of the First World War, social policy expanded or even came into being in the first place, for example in Italy shortly after 1918 and in the USA additionally due to the Great Depression of 1929; the world economic crisis had plunged millions of American veterans into social misery (Adler 2017).

After 1945, socio-political approaches to dealing with the aftermath of war intensified even further in Western Europe and North America; on the one hand, because the damage had reached a far greater dimension, and on the other hand, because a basic socio-political idea now prevailed there in many countries, the social or welfare state (Schulz 2006).

The Federal Republic of Germany is a telling example of this because its territory, initially the Western Occupation Zones, faced extensive destruction. This had been the result of a terrible war of aggression waged by the Nazi state since 1939. In 1945, the area that later became the Federal Republic was ruined by bombing and fighting; large parts of the housing stock, industrial and transport facilities were destroyed. In addition, the humanitarian situation was catastrophic: there were countless homeless people, wounded, widows and orphans. Since the founding of the new republic in 1949, dealing with the consequences of the war increasingly became an important component of social and economic policy in a society that was rapidly getting more prosperous than ever before.



Destroyed Hohenzollern Bridge with view of the cathedral, Cologne 1945

Source: [https://commons.wikimedia.org/wiki/File:Bundesarchiv\\_B\\_145\\_Bild-P008041\\_K%C3%B6ln,\\_Hohenzollernbr%C3%BCcke\\_nach\\_Bombenangriff.jpg](https://commons.wikimedia.org/wiki/File:Bundesarchiv_B_145_Bild-P008041_K%C3%B6ln,_Hohenzollernbr%C3%BCcke_nach_Bombenangriff.jpg)

mitigate war damage was a deep restructuring of the economy: towards modern consumer goods and steered by a new socio-political model, that of the social market economy. This was linked to internal and external reconciliation policies and a new value placed on international cooperation.

Since the early 1950s, many countries in the industrialised Western world followed a path like that of the Federal Republic of Germany. From Japan to the USA and from Italy to Great Britain, there were state social and economic policy packages to reduce the damage of the war and at the same time to modernise state, society, and economy.

In many countries, by no means only in the then emerging Eastern bloc, the state or the systematic development of society was given a major role. Particularly in the central sectors of the economy, the state's share remained high even in many so-called capitalist countries – on the one hand, this was an after-effect of the war economy in the world wars and the national autarky policy of the interwar period. On the other hand, direct state ownership or high state participation and regulation in central economic sectors was also understood as a means of national reconstruction in countries now called Western, for example in France, Italy, Japan and even in Great Britain. Starting with the Russian October Revolution in 1917, a socialist model of society developed in Eastern Europe after 1945, with almost complete state ownership of the means of production and the demand for central state control of the economy. Within the framework of this model, the socialist states after the Second World War achieved in part considerable achievements in a reconstruction that was at the same time understood as the creation of a new kind of society. Since the 1950s, therefore, many countries adopted such *socialist* reconstruction policies, often without belonging directly to the Eastern bloc. A good example of this was the central economic governance in India under Nehru and Indira Gandhi, which was understood as a crucial means to build a new, post-colonial India. This leads on to how, under the conditions of the changing world system after 1945, attempts were made to deal with the consequences of war in the Global South.

Especially since the mid-1950s, the target groups and the volume of social and economic compensation and support measures were therefore expanded, for example within the framework of

- Reparation of injustice to the victims of the Nazi state and the restitution of their assets and property.
- The granting of war-disabled persons', widows', and orphans' pensions.
- The *equalisation of burdens*, a kind of New Deal, within the framework of which federal citizens made financial payments to those persons who had suffered more than themselves from the war, for example to expellees, refugees, bombed-out persons, etc.

In addition, there were reconstruction programmes for the destroyed infrastructure and housing and comprehensive measures to clear the many undetonated ordnance (Döll 1958). This was facilitated by extensive international cooperation for the reconstruction of West Germany, especially with the USA. An important part of the entire system to

### 2.3 War Legacies in the Global South after 1945

Outside the privileged area of Western Europe, North America and Japan, the situation was different, especially in the Third World, which was emerging after 1945 from the collapse of the colonial empires. It was there that warfare shifted on a global scale. The wave of colonial liberation, proxy and civil wars that were fought until the beginning of the 1990s thus took place in already disadvantaged areas – in the colonies and semi-colonies striving for independence in Asia, Africa, and Latin America. In the process, they initially found themselves in a twofold plight. On the one hand, they suffered from the legacy of the colonial era: inadequate state and civil society structures, often deficient national cohesion, and considerable economic development deficits. On the other hand, the often-violent transition to national independence exacerbated these problems: arbitrarily drawn colonial borders remained, enormous cross-border refugee flows were recorded, and internal refugees moving from the hidden rural areas to the cities further exacerbated the already striking urban-rural divide in many parts of Asia, Africa, and Latin America.

All of this confronted the young states in the so-called Third World with considerable consequences of war, often for decades, which they were hardly able to overcome with their own means or according to the model of the former colonial powers that were reforming themselves socio-politically at the time. Their answer to the multiple dilemmas of the Third World – to the consequences of colonialism, world wars, liberation wars, proxy wars and civil wars, to inadequate state structures and often hardly any national cohesion and to the multiple deficits in social and economic development – was development aid (Büschel and Speich Chassé 2009). It unfolded above all since the 1950s as normative development policy, which praised the respective own social models considered advanced as paradigmatic concepts – from the Western perspective as well as from that of the Eastern bloc and finally even China. As a result, a two-stage procedure in dealing the war consequences became common internationally during the Cold War: a phase of remedying the greatest need (for example, after the Biafra or

Bangladesh Wars) by international aid organisations was to be followed by comprehensive development policy measures (at least according to the claim) to eliminate not only the consequences of conflict, but also the identified development deficits in the first place (Götz, Brewis and Werther 2020).

The world has not become more peaceful even after the end of colonial, proxy, and civil wars, as they were waged in times of system competition between the Western and Eastern blocs. The Cold War had at least had one advantage: armed conflicts took place within the framework of the West-East confrontation and the efforts of the superpowers to avoid nuclear peril whenever possible. The collapse of the Soviet Union, on the other hand, gave the initially victorious side, the USA, a variety of options for waging wars in its own interest: now as intended *regime change* (as in the Second and Third Gulf Wars and in Afghanistan) or missions to establish a minimum of statehood (above all in Africa, this also through other international actors) or as a drug war in Latin America. Parallel to this, warfare has changed and takes place primarily as asymmetric combat operations of highly technical armies against rebel or terrorist groups (for example in the Middle East), as combat between paramilitary or para-state armed groups and increasingly also in the form of hybrid warfare (Metz and Cuccia 2011).



Dadaab, Kenya - August 14, 2011: Somalian children refugees fetch water at the new Ifo-extension in Dadaab on August 14, 2011.

Source: [iStock.com/journalturk](https://www.istock.com/journalturk)

This has made it even more difficult to deal with the aftermath of war, since already weak states are not at all in a position to mitigate war damage through economic and social policies. Here are just a few more points:

- Aid originating from abroad has become of paramount importance and is now often the only source of help, such as in Africa. Consequences of war have therefore become a task of aid organisations, such as the UN, by foreign governments or also by non-governmental organisations (Rousseau and Sommo Pende 2020). Today, countries ravaged can usually neither implement nor organise aid programmes on their own (Coulon 1998).
- Since the 1980s, new instruments of moral-discursive war consequence management have been established: e.g., peace and reconciliation conferences, for example in Afghanistan, Cambodia, South Africa, Rwanda and in Colombia (Ingouville Burton 2017) and a more systematic international criminal jurisdiction against war crimes.
- In many areas of the Global South, poverty and violence ensure that strife becomes a permanent condition as an economic resource (Münkler 2019). This makes it impossible to systematically deal with the after-effects of war. Examples of this are many states in Africa and Latin America.
- The permanent unpeaceful conditions, combined with poverty and the growing effects of climate change, therefore lead to enormous refugee flows. They have now become one of the main problems facing the aftermath of war: across national borders throughout Africa, in Latin America towards the USA, and from Africa and the Middle East into the European Union. Within national borders, as in India, there are sometimes millions of so-called internal refugees (Ghoshal 2021).

### 3. Warfare and Dealing with the Legacies of War – the Case of Vietnam since 1954

#### 3.1 The Impact of the Wars on Vietnam and the Principles of its Mitigation Policy

If we look at Vietnam and its history in the 20th century, we can find much of what has been said so far about the international development of wars and their consequences. The tragedy of Vietnam was that multi-dimensional wars were fought, which greatly increased destruction and suffering. From 1940, the Second World War directly affected Vietnam and other colonies or protectorates of France. The withdrawal of the Japanese occupation forces then led to the Indochina War, initially a classic anti-colonial liberation struggle. This was about the national independence and unity of Vietnam and its neighbouring states and how this national sovereignty was to be shaped. The conflict in Indochina was also a civil war between different national actors and a proxy war between France and, increasingly importantly, the USA on the one side and the People's Republic of China on the other. All this was further exacerbated when the Geneva Agreement of 1954 failed to lead to a lasting peace settlement. Until 1975, therefore, the proxy and civil war intensified: the actors were now the two governments in the north and south, the liberation movements in the south as well as the superpowers of the time, the USA, China and finally the Soviet Union. Even after the collapse of the South Vietnamese government (or the defeat of the USA), peace was not achieved at first. The terrible events in Cambodia led to Vietnam's intervention there, which resulted in another long-lasting war. This in turn led to China's short-term invasion of its neighbour Vietnam in 1979. It was not until the Paris Peace Treaty of 1991 that a period of peace began for the former French Indochina that has fortunately lasted until today.

All of this has left deep scars: Hundreds of thousands of Vietnamese died or were wounded during the fighting, as Viet Minh, Viet Cong, soldiers for North or South Vietnam or as civilians, further hundreds of thousands of widows and orphans were left behind, vast areas of land were destroyed and depopulated, the population before depending on the war situation in the cities or in remote areas and the bombing war as well as wanton destruction annihilated buildings and crops and via the chemical warfare of the USA even nature.

The reaction in Vietnam to the catastrophic situations after 1954 and 1975 was in each case an attempt to approach the reconstruction of the country in terms of a socialist modernisation strategy: in 1954, initially focused on the north of the country, and since 1975 on the whole country. This brief statement already broadly explains the peculiarities of the way Vietnam dealt with the terrible devastation of the Indochina and Vietnam Wars at least until 1986: as clearly defined attempts in each case to simultaneously mitigate the war damage and create a new, post-colonial nation with a socialist character. As in West Germany after the Second World War (this comparison suggests itself here), Vietnam attempted to take the path to modernisation in reconstruction, albeit under quite different socio- and world-political conditions. In addition, there was also a completely different modernisation strategy for South Vietnam, which lasted only for a few years under Ngo Dinh Diem and then perished in the Vietnam War: the building of a Vietnamese nation under Catholic and Confucian auspices. We will not deal with this here, as it only describes a side path of Vietnamese history.

Therefore, in the specific Vietnamese version of national reconstruction, the enemies of the Diem government, the country's communist party (CPV) and the government it led had a function that could hardly be overestimated. The goals and means of the reconstruction policy envisaged by the CPV differed from phase to phase but were primarily geared towards three goals: restoring and developing the economy, stabilising people's lives and gradually ushering in the country's general development into that of a post-colonial and socialist society. In 1954 or 1975, (North) Vietnam was thus about much more

than just repairing the war damage: the destruction was to be used for a reconstruction that would create a modern socialist nation state and finally free the country from its colonial backwardness. After 1954 and again after 1975, foreign support, especially from other socialist countries, played a major role in these attempts. In doing so, Vietnam initially used the means that had prevailed in many countries of the world, not only in the Eastern bloc, since the end of the Second World War within the framework of a socialist development model: in economic policy, central planning and in social policy, the privileging of those groups of war victims who had been on the right side in the struggle for independence.

If one compares Vietnam with other former colonies, one notices that the path to a post-colonial society – economically independent, nationally sovereign and, in the Vietnamese case, oriented towards a socialist development model – began more than twenty years later compared to India for example. This was a consequence of the extreme rigour and long duration with which post-colonial liberation wars had to be fought in Vietnam. While the model of state-controlled development, to use the comparison with India again, lasted 40 years there, this policy was not completely abolished for all of Vietnam as early as 1986, with Doi Moi, but its importance was already significantly reduced again.

#### 3.2 Vietnam's Economic Recovery Policy after 1954

The government in Hanoi began the reconstruction policy outlined in the previous section immediately after the implementation of the Geneva Accord. It was signed on July 20, 1954, the Indochina War ended, and the North came completely under the control of Ho Chi Minh's government. For the sake of protecting the independence of the Democratic Republic of Vietnam, the most urgent tasks were to overcome the consequences of the war. Therefore, restoring the economy, ensuring food supply, and stabilizing people's livelihoods were key issues of both the CPV and the government. At the same time, a fundamental restructuring of society began, especially through land reform in the areas that had not been under Viet Minh control until 1953 (Lawrence and Logevall 2007; McHale 2021; Goscha 2022).

Until French colonization in the mid-19th century, Vietnam's economy was uniformly agrarian, subsistence-, and village-oriented. Under French rule, a stronger process of regional differentiation set in, as the colonial power developed the economy in the different parts of the country according to its interests: France needed raw materials and a market for French manufactured goods. Accordingly, the south of contemporary Vietnam, better suited for agriculture and relatively poor in industrial resources, was designated to be developed agriculturally; the North, naturally wealthy in mineral resources, was selected as the region in which industrial development was to be concentrated. These basic economic structures created by the colonial power influenced reconstruction policy to a considerable extent, as did the enormous degree of war destruction (Brocheux and Hémerly 2011).

In terms of the degree of industrialisation already in place, the North therefore had advantages over the South, but this should not obscure the extent of the disruption caused by the Indochina war. As far as agriculture is concerned, vast areas of arable land lay fallow, water control systems were destroyed, livestock was decimated, there was a great shortage of agricultural tools. Craft and industrial production had also been considerably affected by the war. The conditions for reconstruction were as difficult as the living conditions of the people. The task of overcoming the war's consequences was first and foremost focused on economic restoration.

Therefore, the most important task after the end of the war was initially to revive economic life. However, this took place under very different preconditions in North (communist) and South (capitalist) Vietnam. As the first Five-Year Plan of North Vietnam (1961–65) showed, the government there was at the beginning strongly influenced by the priorities of the construction policy in other socialist states with a first focus on land reform and a second one on heavy industries; but it had gradually abandoned this orientation in favour of light industry and agriculture already in the 1950s. After 1954, therefore, the focus was mainly on two areas of economic life: On the one hand, Vietnam needed to restore and develop agriculture and combine this attempt with an all-encompassing land reform. On the other hand,

it had to simultaneously restore and improve the production facilities established under colonial rule: light industrial production sites as well as cottage and handicraft industries. All this should serve to improve the living conditions of the population as well as to create financial, monetary and market stability (Communist Party of Vietnam Vol. 18, 2005, 127).

This form of North Vietnamese reconstruction policy was a specific way to combine the fight against war destruction with the creation of a socialist society. On the one hand, it was based on internal Vietnamese efforts, but on the other hand it was promoted by cooperation with the socialist states of the time. They supported North Vietnam with goods for the basic needs of the population and supplied machines and tools for the reconstruction of industrial plants up to complete production facilities. Furthermore, they provided technical support for the construction of factories and cooperated in the training of managers and technicians. Within three years, until 1957, significant results were achieved in post-war reconstruction and in the establishment of a socialist society: the land reform (with its bright and dark sides) was completed, and considerable successes were also achieved in small scale business. Here, by the end of 1957, the whole North had more than 150,000 production facilities employing over 430,000 people. Most of the traditional industries were restored but also new industries and professions appeared.

Many of these industries exceeded pre-war production levels soon. At the end of 1957, the value of their production reached 541 billion Vietnamese dong, representing 63.7 per cent of the total value of industrial goods produced domestically, of which 350 billion dong were consumer goods (64.76 per cent of total demand), over 75 billion dong were means of production for industry, agriculture, fisheries, and construction (40 per cent of total demand) and 28 billion dong were export goods, 13 per cent of total export value (Communist Party of Vietnam Vol. 19, 2005, 147).

These reconstruction successes of North Vietnam were challenged by the escalation of the so-called Vietnam War, i.e., by a comprehensive expansion of US military deployment on the side of the government of South Vietnam. Especially since

1966, the US strategy of bombing North Vietnam back to the Stone Age has had an increasingly severe impact on living conditions there and reversed reconstruction. In many cases, the American military operations involved serious breaches of international law as a whole and of the international law of war in particular (Communist Party of Vietnam Vol. 37, 2005, 468).

At the end of 1966, severe friction occurred in the economy of the North due to wartime conditions. The disruption of electricity, the destruction of oil storage facilities and the lack of labour led to a slowdown in industrial and agricultural production. The destruction of transport routes by US bombing further hindered the distribution of raw materials and consumer goods. As a result of the air strikes, in North Vietnam all six industrial cities, 28 out of 30 provincial towns, 96 out of 116 district towns and 4,000 out of 5,788 communes were either severely damaged or completely destroyed. All power plants, 1,600 hydraulic structures, all roads, railway lines, bridges and sea and inland ports were severely damaged or destroyed. In addition, 400,000 cattle were killed, and several thousand square kilometres of farmland were damaged. About 5 million square meters of housing (not including the countryside) were destroyed as were all railway lines, 100 per cent of bridge and port systems, sea routes, rivers, and warehouses. The US. caused damage to 1,600 irrigation works, most of the farms and hundreds of thousands of hectares of fields and gardens. The US ravaged 3,000 schools, 350 hospitals, of which 10 were totally flattened (Communist Party of Vietnam Vol. 37, 2005, 482).

The war had even changed the settlement structure of the country: In the north, many people had been resettled from the big cities and coastal zones to mountain regions that were more difficult for the USA to attack. In the south, large parts of the population had fled to the cities or had even been forcibly resettled there. At the end of the war, large cities like Saigon or Danang resembled gigantic refugee camps. The flight and migration movements intensified even further with the end of the war. The flight of many people (including many ethnic Chinese) across the sea, for example to Hong Kong or Malaysia (boat people), became internationally known (Bösch 2017).

### 3.3 Vietnam's Economic Recovery Policy after 1973

On 27 January 1973, the Agreement on Ending the War and Restoring Peace in Vietnam, was signed in Paris: by the Democratic Republic of Vietnam (North Vietnam), the Republic of Vietnam (South Vietnam) and the United States, and the Republic of South Vietnam (PRG). The latter represented a part of the opposition in southern Vietnam. It was readily apparent to observers at the time that the government of the Republic of Vietnam had been forced by the US representatives to sign a treaty that would herald its end in a few months. It was therefore tacitly agreed that the South Vietnamese government would be granted a transitional period. This ended on 30 April 1975 with the capture of the presidential palace in Saigon. It is therefore not surprising that the then North Vietnamese government had reconstruction plans drawn up even before the war effectively ended.

Thus, on January 22, 1974, the 22nd Conference of the Central Committee of the Party issued Resolution No. 229-NQ/TW on tasks and directions for economic recovery and development in the North in the two years 1974–1975. The following goals were proclaimed: to begin quickly to repair the damage caused by the war; to restore and develop the economy and culture; to continue to build the material and technical foundations of socialism; to consolidate the productive system and socialist governance; to stabilise the economic situation and the livelihoods of the people; to strengthen national defence; and to make every effort to support the revolutionary struggle in the south of the country and to build liberated areas there (Online newspaper Communist Party of Vietnam 2018).

Already from early 1974 on, a modernisation process was initiated, which was basically the second attempt in Vietnam to combine the reconstruction after a terrible war with the establishment of a socialist nation state. This was to be done in the long term based on large-scale economic and socio-political planning. Since this attempt was now also to be extended to the south of the country, the latest after the final victory in 1975, the government in Hanoi sent tens of thousands to the south. The mission was on the one hand to organize control and



to mitigate the worst consequences of war, on the other hand to initiate the economic renewal of this part of the country.

The specific policy of reconstruction as the creation of a socialist nation state was officially sanctioned by the Political Consultative Conference on National Unification. It took place in Saigon from 15 to 21 November 1975 and brought together the National Assembly of the Democratic Republic of Vietnam and the joint conference of the Central Committee of the National Liberation Front of South Vietnam, the Provisional Revolutionary Government of the Republic of South Vietnam and its Advisory Council. The conference decided on the creation of a national, socialist unitary state and the associated basic guidelines on how the economic reconstruction of the country was to be carried out and how the consequences of the war were to be mitigated. However, due to the often-desolate consequences of the war, it also required the direct initiative of the population. Therefore, many initiatives were directly launched by the population to revive production in agriculture, handicrafts, and industry. The Five-Year Plan (1976–1980) of the unified Vietnam had been developed as a central planning element for this purpose; however, the reconstruction was faced with a further challenge due to the war in Cambodia and in the northern border region of Vietnam with China by late 1978, early 1979.

One consequence of the Chinese invasion, in addition to further severe war destruction in the far north, was the threat of a considerable shortage in the supply of food in 1979. Since the capture of Saigon in April 1975, Vietnam had been subject to a heavy US trade embargo, probably contrary to international law, which was only softened in 1994 by US President Clinton. Apart from economic contacts with other socialist states, Vietnam was therefore largely dependent on self-sufficiency in food. As the spring rice harvest threatened to fail due to renewed hostilities, extensive efforts began in Vietnam to cultivate new foodstuffs with short-term yields, in particular in the North of the country. On March 19, 1979, the Prime Minister issued Directive No. 92-TTg on dealing with the consequences of the war in the Northern border region. As a result of the war with China, in the following years, the extreme north of

the country as a whole received increased priority in reconstruction policy (Nguyen Minh Quang 2017).

Basically, therefore, it was only the years of the Third (all-Vietnam) Five-Year Plan (1981–1985) in which attempts were made to advance reconstruction and the creation of a socialist society in the style of large-scale planning projects. During these years, therefore, the influence of development planning and reconstruction aid from other socialist states was also most pronounced. Central to this was a combination of reconstruction and defence policy, at a time when Vietnam was closely linked to other socialist states. In the process, what had already happened after 1954 was repeated on a much larger scale in selected development centres or areas. In addition to the Soviet Union, the GDR played an important role in the reconstruction: among other things, in the housing sector (Kaiser 2016), and in agriculture, for example in the establishment of more extensive Vietnamese coffee production in the Central Highlands.

It was characteristic of this era that a State Planning Committee was given central tasks; in the preparation of the Five-Year Plan, it proposed some main objectives to the Politburo, which were adopted by the Fifth National Congress of the Communist Party. These included above all: securing the basic supply of the population; Developing the technical infrastructure of socialism, especially to increase the production of agricultural products and other consumer goods and for export purposes; Completing the socialist transformation in the South; Enhancing production conditions in the North; Improving national defence and social security. But, facing an enormous task under the pre-conditions of an American embargo which aimed at isolating Vietnam from its neighbouring countries and despite all efforts, in the first half of the 1980s, living conditions in Vietnam began only slowly to stabilise again. In the decade after 1975, Vietnam was one of the poorest countries in the world.

The policy of centrally planned reconstruction to build a socialist society was abandoned as early as 1986. What exactly led to the establishment of a policy called *Đổi mới* (renewal) in Vietnamese is still disputed today (Fforde 2018). Central political processes of decision-making (such as the death

of General Secretary Le Duan in July 1986 and the succession of Nguyen Van Linh at the Sixth Party Congress in December 1986), as well as impulses from Vietnamese society and, in particular, the realisation that Vietnam's previous supporters, the socialist states, had fallen into a comprehensive crisis, are all cited. In any case, a reform process began that initiated the transition from a centrally administered economy on the Soviet model (which was only just emerging in Vietnam in 1986) to a socialist market economy or a multisectoral economy. It was to consist of a specific mixed form of state, cooperative and finally private enterprises.

The new course was officially decided at the VI Party Congress of the CPV in 1986; in the medium term it meant a considerable change in economic and construction policy. Increased decision-making powers for state-owned enterprises were gradually introduced and a market-oriented monetary policy was created to control inflation. The establishment of private enterprises was made possible (until then they had only existed in the form of family businesses) and trade with foreign countries was expanded to the point of direct investment. The agricultural sector was given more freedom. In a first step of the economic reforms, farmers could decide more independently on production and pricing; cooperatives and forced deliveries were largely abolished (Boothroyd and Pham Xuan Nam 2000; Tam T. T. Nguyen 2014).

In international research, *Doi Moi* is seen as the starting point for a new economic policy. Since then, it has no longer been oriented solely towards the previously prevailing link between reconstruction and the creation of a socialist society, but towards general development goals, such as the 17 SDG of the United Nations. In Vietnam, overcoming the consequences of the war has thus become a predominantly socio-political task.

### 3.4 Vietnam's national debt of gratitude

However, the management of the consequences of war in Vietnam had a second objective. It was about the burdens and damages that the people were directly exposed to or had suffered. The basic principle was that there was a winning and a losing side in the Indochina and Vietnam wars. Since the

former determined the priorities of the victim-related honour and social policy after the end of the wars, this social policy was directed towards the war-disabled, war dead, widows, orphans, and other persons who had rendered services to the revolutionary, winning side. The social policy and the corresponding politics of remembrance are asymmetrical towards the defeated side until today. A notable exception is the aid programmes for the victims of the chemical warfare conducted by the USA at the height of the Vietnam War.

This was already evident shortly after the end of the Indochina War, when the government of North Vietnam at the time passed numerous decrees, in particular:

- Circular No. 47-TT/TW dated July 16, 1955, of the Board of Secretariat on the implementation of policies towards wounded soldiers, sick soldiers, families of soldiers and martyrs.
- Directive No. 11/CT-TW dated February 20, 1956, of the Secretariat supplementing the care of martyrs' graves.

The tendency to deal with the social consequences of the war as a part of an official politics of remembrance were even more pronounced after 1975 (Margara 2012).

Gratefulness was insofar organised as a socio-political task that was directed towards the social security and health rehabilitation of the corresponding population groups as shown by a whole series of political decisions, some of which are listed here:

- Directive No. 223-CT/TW dated 8/7/1975 of the Secretariat On the work of war invalids and social affairs after the war,
- Notice of the Secretariat No. 322-TT/TW dated October 22, 1975, On the implementation of the regime for cadres and soldiers on work or retire in the south,
- Directive No. 226-CT/TW of the Secretariat dated November 17, 1975, On Health-care activities in the new situation,
- Circular No. 16-TT/TW of the Secretariat dated June 25, 1977, On the enhancement of the leadership capacity on invalids and social affairs after war.

It was also important that such a social and commemorative policy was expressly reaffirmed by the then General Secretary Le Duan at the 4th National Congress of the CPV in 1976. Le Duan made the support of the war-disabled and survivors a central task of the party and the mass organisations, and of the entire Vietnamese people (Communist Party of Vietnam Vol. 37, 2005, 576).

Over the following decades, this has remained the basic tendency until today, as the following documents show:

- Directive No. 68-CT/TW of the Secretariat dated July 15, 1985, On strengthening care for war invalids, martyrs' families, and families with meritorious services to the revolution.
- Directive No. 14-CT/TW dated September 7, 1987, on strengthening the organization and promoting the positive effects of the Vietnam Red Cross Society.
- Directive of the Politburo No. 09-CT/TW dated December 14, 1996, on opening a campaign to celebrate the 50th anniversary of Vietnamese War Invalids' and Martyrs' Day (July 27, 1947 – July 27, 1997).
- Directive of the Secretariat No. 08-CT/TW, dated March 01, 2002, on strengthening the Party's leadership in the work of war invalids, martyrs and people with meritorious services to the revolution and the Gratitude movement in the new period.
- Directive of the Secretariat No. 07-CT/TW dated December 14, 2006, on strengthening leadership and direction for war invalids, martyrs, people with meritorious services and the gratitude movement.
- Directive No. 14-CT/TW, dated July 19, 2017 of the Secretariat on continuing to strengthen the leadership of the Party in the work of people with meritorious services to the revolution.

Recently, on 9 December 2020, the Vietnamese National Assembly again summarised these trends of compensation and honour policies in its Decree No. 02/2020/UBTVQH14 on Incentives for Persons with Services to the Revolution. Those who have rendered outstanding services to the revolution continue to be entitled to the relevant benefits. These include:

- People who participated in the revolution before January 1, 1945.
- People who were active in the revolution from January 1, 1945, to the date of the August Uprising, 1945.
- Martyrs; Vietnamese heroic Mothers; Heroes of the People's Armed Forces.
- Hero of Labour in the period of resistance; war invalids, including class B war invalids recognized before December 31, 1993.
- Policy beneficiaries such as war invalids; sick soldiers.
- Resistance activists infected with toxic chemicals.
- People who are active in the revolution, resistance war, defence of the Fatherland, or perform international obligations are imprisoned or exiled by the enemy.
- People who are active in the resistance war for national liberation, defence of the Fatherland, and international obligations.
- People with meritorious services to the revolution and relatives of people with meritorious services to the revolution include biological fathers, natural mothers, spouses, children (natural children, adopted children)
- People who have merits to raise martyrs, etc.

The same was set out again in the party's 10-year socio-economic development strategy for 2021 to 2030:

“to implement well the policy of favouring people with meritorious services; promote gratitude activities. Continue to improve the material and spiritual life of people with meritorious services; ensure the preferential regime for people and their families with meritorious services in line with the trend of economic growth, progress, and social justice (Documents of the 13th National Party Congress 2021, 270).”

These measures are intended to improve the situation of those affected and to ensure their recognition today in Vietnam. Practical measures aim to support invalid and sick soldiers, the construction of gratitude houses, celebrations on the Day of War Invalids and Martyrs, and care for the families of war invalids and martyrs. There are special programmes in health

insurance, incentives in education, training, and job creation, in health care and poverty alleviation. A particular problem is the care of victims of chemical warfare; however, this problem area is as well as that of demining dealt with in detail in another article in this Country Report. As in the area of economic policy-oriented coping with the consequences of war, it is also evident here that a connection with general development goals is in the offing. The UNDP has emphasised the need to link war consequence management with the so-called SDGs and Agenda 2030 goals in a corresponding report (UNDP 2019). The change in social policy geared to the consequences of war that this implies has become particularly evident in recent years regarding those serious consequences that the use of chemical warfare agents by the USA in the Vietnam War has brought with it to this day. The measures of the Vietnamese government listed below document a certain change in this respect:

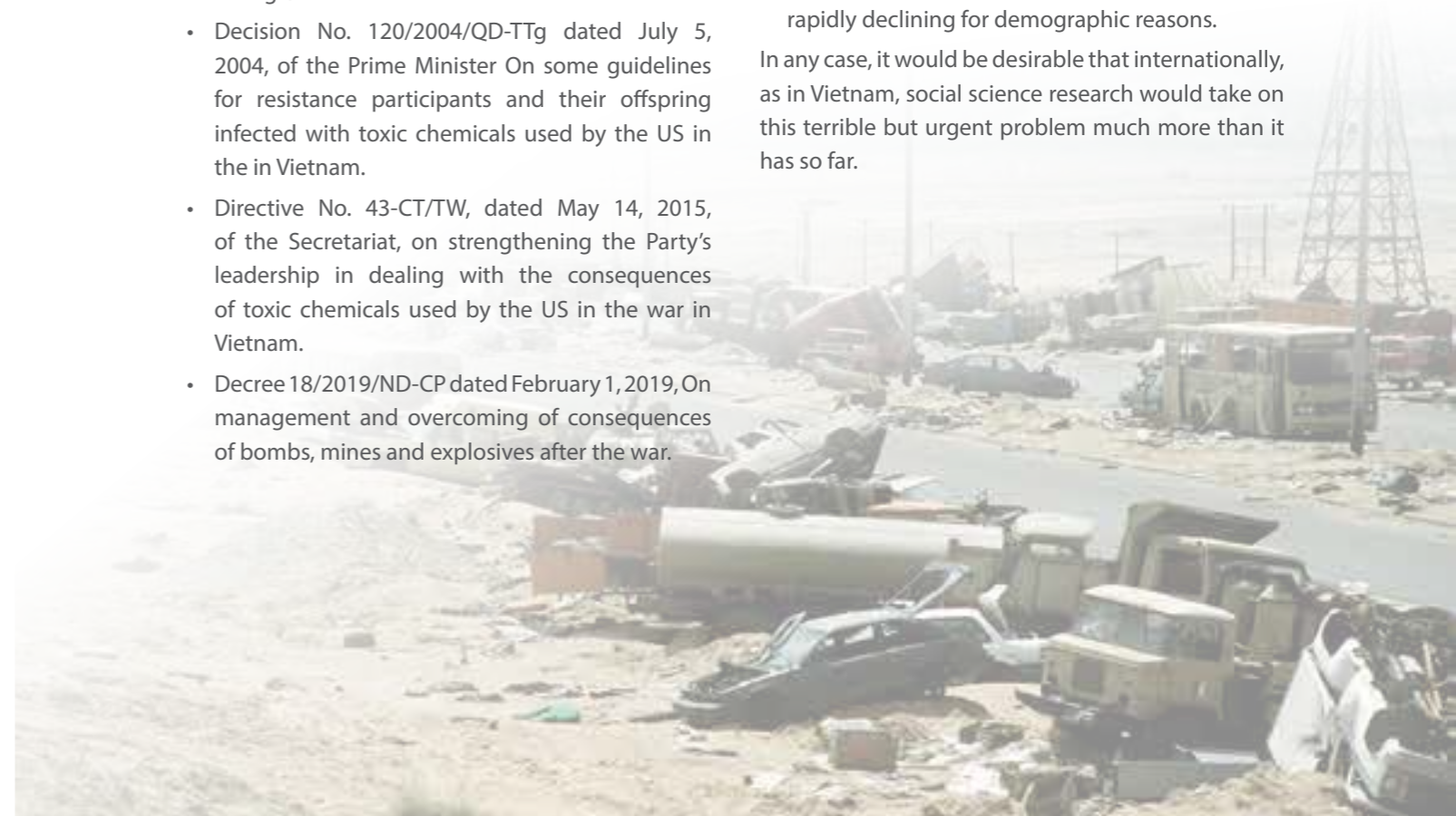
- Notice No. 292-TB/TW dated December 18, 2009, of the Secretariat On handling the consequences of Agent Orange/dioxin.
- Issuance of Decision No. 84/2003 QD-BNV of the Ministry of Home Affairs on organization and operation of Vietnam Association of Agent Orange/dioxin Victims.
- Decision No. 120/2004/QD-TTg dated July 5, 2004, of the Prime Minister On some guidelines for resistance participants and their offspring infected with toxic chemicals used by the US in the in Vietnam.
- Directive No. 43-CT/TW, dated May 14, 2015, of the Secretariat, on strengthening the Party's leadership in dealing with the consequences of toxic chemicals used by the US in the war in Vietnam.
- Decree 18/2019/ND-CP dated February 1, 2019, On management and overcoming of consequences of bombs, mines and explosives after the war.

## 4. Summary

If we summarise the results obtained here, we can see, on the one hand, the considerable deficits in international research on the consequences of war and how they were dealt with in the 20th century. Compared to the sheer mass of publications and other media reappraisals, this does not reveal a blind spot in international research, but it does expose considerable gaps. On the other hand, it applies even to a country like Vietnam, which was ravaged by a whole series of military conflicts in the 20th century. Even here, so far only the basic lines of dealing with the consequences of war can be identified:

- Firstly, the attempt to use the consequences of the wars after 1954 and 1975 respectively to build a post-colonial, socialist nation state. Such a policy was gradually abandoned in Vietnam after 1986.
- Secondly, the tendency to concentrate the mitigation of the immediate suffering of the people harmed by the war on those who were not on the losing side. It would certainly be desirable, after the now 47 years between the end of the Vietnam War and today, to perhaps extend the government's social programmes more to the other side, as the number of those still alive is now rapidly declining for demographic reasons.

In any case, it would be desirable that internationally, as in Vietnam, social science research would take on this terrible but urgent problem much more than it has so far.



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## Institutions and Initiatives in Vietnam

● Nguyen Thi Thuy Trang

Being one of the countries suffering heavy consequences of war, Vietnam has been implementing policies to overcome the consequences of war-time landmines and unexploded ordnance (UXO), the consequences of toxic chemicals used in war, and enhance the search, collection and identification of martyrs' remains.

### 1. Overcoming the Consequences of War-time Landmines and Unexploded Ordnance

- On April 21, 2010, the Prime Minister issued Decision No. 504/QĐ-TTg approving the National Action Program to overcome the consequences of landmines and UXO in the period 2010–2025.
- On December 22, 2010, the Prime Minister signed and promulgated Decision No. 2338/QĐ-TTg on the establishment of the State Steering Committee on the National Action Program for Overcoming the Impact of Post-War Bombs and Mines (Steering Committee 504) and Decision No. 581 on the establishment of the Standing Body of the Steering Committee 504.
- On March 4, 2014, the Prime Minister issued Decision No. 319/QĐ-TTg establishing the Vietnam National Mine Action Centre (VNMAC). This is an organization placed under the management of the Prime Minister, assigned to the Ministry of National Defence to directly manage to execute, coordinate and implement the tasks of the National Action Program for Overcoming the Impact of Post-War Bombs and Mines (Program 504).
- In November 2014, Vietnam Association for Mine Remediation Support was established. The Vietnam Association for Mine Remediation Support is a social organization operating under the Charter approved by the Minister of Home Affairs, and complying with the provisions of law, and subject to the management of the Ministry of Labour, War Invalids and Social Affairs and other related Ministries and Agencies. The purpose and principle of the Association is to propagate among the people about the guidelines and policies of the state on the task of overcoming the consequences of landmines and mines in Vietnam; and on preventive measures to minimize the consequences of landmines and UXO, focusing on localities heavily contaminated with UXO.



*U.S. Huey helicopter spraying Agent Orange over Vietnam, National Archives: 111-CC-59948; originally found in Box 1 Folder 9 of Admiral Elmo R. Zumwalt, Jr. Collection: Agent Orange Subject Files.*

*Source: Admiral Elmo R. Zumwalt (n.d.) Jr Collection: Agent Orange Subject Files, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University, <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA042084>*

- In 2016, the Mine Action Partnership Group (MAPG Group) was established. MAPG has the task of enhancing dialogue for mutual understanding of policies, plans and solutions to implement Program 504; mobilize and coordinate international funding to improve the efficiency of the management and use of funding for the 504 Program; share knowledge and experience in managing and implementing post-war mine remediation activities; raise voice and strengthen the role of Vietnam in the field of post-war bomb and mine recovery within the framework of regional and international cooperation; and conduct technical consultations with regional and international partners on post-war mine recovery.
- On May 25, 2017, the Prime Minister issued Decision No. 701/QD-TTg on the establishment of the National Steering Committee for overcoming the consequences of bombs and mines and toxic chemicals after the war in Vietnam (Steering Committee 701) uniting of the State Steering Committee on the National Action Program on overcoming the impact of landmines and mines after the war and the National Steering Committee on overcoming the consequences of toxic chemicals used by the US in the war in Vietnam. The Prime Minister is the Chairman of the Committee.

Over the years, party, state and prime minister have promulgated many guidelines, policies and laws to overcome the consequences of landmines and UXO and assist people with disabilities, including landmine and UXO victims:

- Decision No. 738/QD-TTg dated May 13, 2013 approving the Implementation Plan of Program 504 to 2015;
- Decision No. 213/QD-BCD504 dated 11/4/2017 approving the Implementation Plan of the National Action Program for Overcoming the Impact of Post-War Bombs and Mines in the 2016–2020 period.
- Decision No. 701/QD-TTg dated May 24, 2017 on the establishment of the National Steering Committee to overcome the consequences of mines and toxic chemicals after the war in Vietnam.

The Ministry of Labour, War Invalids and Social Affairs has advised and submitted to the government for promulgation many documents, of which the important ones are:

- Decree No. 20/2021/ND-CP dated March 15, 2021 of the Government regulating social assistance policies for beneficiaries of social protection.
- Decision No. 1190/QD-TTg dated August 5, 2020 of the Prime Minister approving the Program to assist people with disabilities for the period of 2021–2030.
- Decision No. 753/QD-TTg dated June 3, 2020 of the Prime Minister promulgating the implementation plan of Directive No. 39-CT/TW dated November 1, 2019.
- Decision No. 112/QD-TTg dated January 22, 2021 of the Prime Minister approving the social work development program for the period 2021–2030.
- Decision 1942/QD-TTg dated January 18, 2021 approving the Program to improve the quality of health care and protection for people with meritorious services to the revolution, the elderly, children, people with disabilities and other objects in need of social assistance for the period 2021–2025.

### Results

It is estimated that about 800,000 tonnes of bombs, mines, and other explosive weapons were left over and buried in Vietnam after its resistance war against America and around 6.1 million ha of land (equal to 18.82 per cent of the country's total area) are contaminated with unexploded ordnances. The unexploded bombs and mines are still scattered across the country, mostly in the central provinces.

From 1975 to 2020, more than 40,000 people have died and 60,000 people have been injured due to the detonation of these explosive devices. In some central provinces alone, including Quang Binh, Binh Dinh, Nghe An, Ha Tinh, Quang Tri, Thua Thien-Hue and Quang Ngai, there are over 22,800 people who are victims of landmines, with 10,540 deaths and 12,260 injured (Social Protection Department 2022).

In the 2010–2020 period, about 485,000 ha across the country, or nearly 50,000 ha of land each year, were surveyed and cleared of bombs, mines, and explosives, marking an increase of 35 per cent compared to the previous period. As of 2020, the area contaminated with landmines has decreased to 5.6 million ha of land, equivalent to 17.71 per cent of the country's area. Nearly 500 thousand ha of land have been surveyed and cleared; a national map of mine pollution has been published; more than 5,000 victims and related subjects have been supported; More than three million residents and students have been provided with risk education. Over ten years of implementing the National Action Program to overcome the consequences of landmines, nearly 13,000 billion Vietnamese dong has been mobilized, of which nearly 100 million US dollars has been mobilized from international organizations. All the people with severe disabilities who are landmine victims are entitled to a monthly social allowance, and families of mine victims with extremely severe disabilities are entitled to a fixed allowance for nurturing and care (Phan Hoat 2022).

The Vietnam Association for Mine Resurrection Support is also active in supporting the livelihoods of landmine and UXO victims. The association has supported the livelihoods of victims in 21 provinces and cities, focusing on key provinces that are heavily contaminated with landmines. Up to now, more than 5,500 people are supported with different livelihoods depending on their circumstances and specific needs, with a total amount of tens of billions of Vietnamese dong. Each UXO victim is supported with different livelihoods depending on specific circumstances and needs by various forms of donating gratitude houses worth 35 million Vietnamese dong/house, supporting business capital, purchasing tools for production and home repair with a support level of 5–12 million Vietnamese dong/household, donating audio-visual aids, televisions, radios, hundreds of prosthetics, wheelchairs, and rehabilitation equipment for victims (V.Thu 2022).

## 2. Overcoming the Consequences of Toxic Chemicals

- On October 15, 1980, the National Committee to investigate the consequences of US chemical warfare in Vietnam (Committee 10-80) was established under Decision No. 288-TTg. The Committee operated until 2000.
- On November 9, 1987, the Council of Ministers issued Decision No. 213-HDBT renaming the National Committee to investigate the consequences of US chemical warfare in Vietnam to the National Committee to investigate the consequences of chemical substances used in the Vietnam War (Committee 10-80).
- On April 3, 1998, the Prime Minister issued Decision No. 74/1998/QD-TTg to identify victims of chemical effects used by the US during the war in Vietnam to have a basis for proposing policies and solutions to overcome consequences. The survey was conducted in two years 1998–1999 nationwide. Subjects are people who worked, fought or lived in areas sprayed with chemicals during the war, and deformed or have serious diseases caused by toxic chemicals. There were additional surveys in 2002 and 2004.
- On March 1, 1999, the government issued Decision No. 33/1999/QD-TTg promulgating the establishment of a National Steering Committee for overcoming the consequences of toxic chemicals used by the US during the Vietnam War (Steering Committee 33). The National Steering Committee is headed by the Minister of Science, Technology and Environment.
- On February 23, 2000, the Prime Minister issued Decision No. 26/2000/QD-TTg on a number of social protection regimes for people participating in the resistance war and their children infected with toxic chemicals used by the US during the war in Vietnam.
- On December 17, 2003, the Minister of Home Affairs issued Decision No. 84/2003/QD-BNV establishing the Vietnam Association of Agent Orange/dioxin Victims. The Association officially launched on January 10, 2004.

- On February 5, 2004, the Prime Minister issued Decision No. 16/2004/QD-TTg on assistance for households with two or more people unable to serve themselves as a result of toxic chemicals.
- On April 27, 2004, the Prime Minister approved the Action Plan for the period 2004–2010 to overcome the consequences of toxic chemicals used by the US in the war in Vietnam, issued under Decision No. 67/2004 /QD-TTg.
- On 5-7-2004, the Prime Minister issued Decision No. 120/2004/QD-TTg on some regimes for resistance participants and their offspring infected with toxic chemicals used by the US during the war in Vietnam.
- On June 25, 2004, the Central Committee of the Vietnam Fatherland Front decided to take August 10 every year as the *Day for Vietnamese Victims of Agent Orange/dioxin*.
- On June 29, 2005, the National Assembly Standing Committee issued Ordinance No. 26/2005/PL-UBTVQH11 on incentives for people with meritorious services to the revolution, which stipulates that resistance activists who are contaminated with toxic chemicals and their children who are deformed or have reduced self-reliance in daily life or work are entitled to the preferential regime for people with meritorious services to the revolution.

- On June 1, 2012, the Prime Minister issued Decision No. 651/QD-TTg approving the National Action Plan to fundamentally overcome the consequences of toxic chemicals used by the US during the war in Vietnam until 2015, with orientation to 2020. The goal of the National Action Plan is that all the resistance participants infected with toxic chemicals and their descendants with sequelae of toxic chemicals will enjoy preferential policies for people with meritorious services.

- On May 14, 2015, the Central Committee issued the Secretariat's Directive on strengthening the party's leadership in dealing with the consequences of toxic chemicals used by the US during the war in Vietnam.

- On December 28, 2021, the Prime Minister issued Decision No. 2215/QD-TTg promulgating the National Action Plan to overcome the consequences of toxic chemicals after the war in Vietnam in the 2021–2030 period. Accordingly, the goal is to complete the treatment of hot spots and areas contaminated with toxic chemicals/dioxins after the war in Vietnam; control all risks of effects of toxic chemicals/dioxins on human health; review and identify victims of toxic chemicals/dioxins in Vietnam, support victims to overcome difficulties and integrate into the community; have the capacity to effectively evaluate, control, process, analyse and manage all post-war toxic chemical/dioxin remedial activities in Vietnam.



Vietnamese Danger Mines sign with unexploded ordnances  
Source: iStock/meifeng

## Results

Up to now, the Vietnam Association of Agent Orange/dioxin Victims has 63 member organizations in provinces and centrally run cities with more than 400,000 members. The association's activities are to help and protect the interests of the victims of Agent Orange, contribute to overcoming the consequences of toxic chemicals used during the war in Vietnam, and represent Vietnam's Agent Orange victims in relations with other domestic and foreign agencies and organizations (Duy Thanh 2021).

The movement *Action for Vietnamese Agent Orange Victims* launched by the Central Committee of the Vietnam Fatherland Front is increasingly spreading in social life, arousing, and promoting the feelings and responsibilities of the community, actively contributing to the care, help and protection of victims. By 2020, associations at all levels mobilized activities to help victims and their families with a total amount of more than 2,660 billion Vietnamese dong; in which, nearly 6,750 houses of gratitude were built, 11,900 scholarships were subsidized; 3,860,250 units of allowances for difficulties, medical examination and treatment, production capital were granted; 26 Centres of Social Protection for Agent Orange Victims have been built up. The centres have organized saunas, detoxification, and health rehabilitation for more than 10,000 turns of Agent Orange victims (Nguyen Van Rinh 2021).

Along with the activities of caring, helping and protecting victims, the Vietnam Association of Agent Orange/dioxin Victims has also been active in activities to overcome the consequences of residual toxic chemicals after the war. In recent years, with the development of the relationship between Vietnam and the United States, the US Government has stepped up cooperation with Vietnamese agencies and organizations to carry out detoxification in areas where toxic substances remain. At the Da Nang airport area, the Ministry of Defence coordinated with the United States Agency for International Development (USAID) to organize the implementation and completion of the project *Remediation of dioxin pollution at Da Nang airport*. After six years of implementation (2012–2018) with a budget of 110 million US dollars, more than

90,000 m<sup>3</sup> of contaminated sedimentary soil has been successfully treated by heat desorption method and safely isolated 50,000 m<sup>3</sup> of dioxin-contaminated sedimentary soil of low concentration. Units of the Ministry of National Defence and USAID completed the project *Dumping and sequestering dioxin-contaminated sedimentary soil at Phu Cat airport (Binh Dinh)*, implementing the project *Treatment of dioxin pollution at Bien Hoa airport* with a cost of 390 million US dollars. USAID also coordinated with Vietnamese authorities to implement a Project to support people with disabilities (including Agent Orange Victims) in the eight provinces that were sprayed with Agent Orange/dioxin the most during the war (Nguyen Van Rinh 2021).

## 3. Searching, Gathering and Identifying the Remains of Martyrs

Immediately after the war ended, the Communist Party of Vietnam and the Vietnamese State soon had guidelines and policies on the search and collection of martyrs' remains, reflected in many specific documents on this issue as well as other documents related to the policy for meritorious people. Notable texts include:

- On May 5, 1993, the Secretariat of the Central Committee of the Communist Party of Vietnam issued Directive No. 20/CT-TW on the work of martyrs' graves, requiring governmental organisations at all levels to take positive measures in the next few years to find and collect martyrs' graves in martyr cemeteries.
- On December 30, 1993, the Prime Minister issued Decision No. 626/QD-TTg on the collection of graves and construction of martyrs' cemetery at the proposal of the Minister of Labour, Invalids and Social Affairs and the Minister of Defence.
- On October 24, 1994, the Ministry of Labour, Invalids and Social Affairs, the Ministry of National Defence and the Ministry of Finance issued the Inter-Ministerial Circular No. 25/LB-TT guiding the implementation of the Prime Minister's Decision No. 626/TTg Government on the work of martyrs' graves and cemeteries.

- On November 25, 1998, the Ministry of Public Security, the Ministry of Labour, Invalids and Social Affairs and the Ministry of National Defence issued Joint Circular No. 16/1998/TTLT-BLDTBXH-BQP-BCA guiding the process of granting and settling benefits for martyrs and their families, invalids and policy beneficiaries such as war invalids and wounded soldiers.
- On January 26, 2007, the Prime Minister issued Decree No. 16/2007/ND-CP regulating the search and gathering of martyrs' remains, management of graves, cemeteries, memorials, and inscriptions.
- On January 14, 2013, the Prime Minister issued Decision No. 150/QD-TTg approving the Scheme to identify the remains of martyrs with missing information. Decision set goals for 2015 and 2020.
- On July 26, 2013, the Prime Minister issued Decision No. 1227/QD-TTg on the establishment of a State-level Steering Committee on identifying remains of martyrs with missing information (Steering Committee 150) to help the Prime Minister implement Decision No. 150/QD-TTg dated 14/01/2013.
- On July 27, 2013, the Prime Minister issued Decision No. 1237/QD-TTg approving the Scheme on searching and gathering the remains of martyrs until 2020 and the following years. Accordingly, the goals are: (1) By 2015: Search and gather about 10,000 remains of martyrs; (2) By 2020: Searching and gathering 60 per cent of the remains of martyrs with information; (3) From 2021 onwards: Continue to search and collect the remaining remains of martyrs.
- On September 30, 2013, the Prime Minister issued Decision No. 1753/QD-TTg on the establishment of a National Steering Committee on searching and gathering the remains of martyrs until 2020 and the following years.
- On May 10, 2018, the Prime Minister issued Decision No. 515/QD-TTg on consolidating the Steering Committee on searching, gathering, and identifying the remains of martyrs (Steering Committee 515) on the basis of merging the National Steering Committee for the search and gathering of martyrs' remains (National Steering Committee 1237) and the State-level Steering Committee for the identification of

martyrs' remains with insufficient information. (Steering Committee 150). The National Steering Committee is an organization that helps the Prime Minister direct and implement the Decision No. 150/QD-TTg dated January 14, 2013 and Decision No. 1237/QD-TTg dated July 27, 2013 of the Prime Minister.

- On September 14, 2021, the Prime Minister issued Decision No. 1515/QD-TTg promulgating the Plan to search and gather martyrs' remains and identify missing martyrs' remains until 2030 and the following years, in which the goals for the 2021–2025 period are determined to be: Complete the construction and operation of the national database on martyrs, associated with the geographical background database; Basically complete mapping out the search for martyrs' remains on a national scale; strives every year to search and gather about 1,500 martyrs' remains; Promulgating and implementing the process of identifying the remains of martyrs with missing information; Identify about 1,000 martyrs' remains each year based on DNA examination; By 2025, complete 50 per cent of the verification and confirmation of information of martyrs' graves missing in martyr cemeteries by positivist method.

### Results

From 2013 to 2020, the whole country searched and gathered nearly 17,000 remains of martyrs (more than 8,000 in Vietnam, more than 2,000 in Laos, and more than 6,000 in Cambodia); Receiving more than 38,000 samples of martyrs' remains and biological samples of martyrs' relatives; Analysing and storing DNA of more than 23,000 samples; Identifying the remains of martyrs with missing information of more than 4,000 cases (nearly 3,000 cases have been confirmed by the affirmative method, more than 1,000 cases have been obtained by DNA examination); Identified, concluded, supplemented, and corrected information of 1,260/1,736 graves in the Martyrs Cemetery of Dak Lak province (reaching the rate of 72.58 per cent of graves with partial information; 55.9 per cent of total graves in the cemetery) (Duy Thanh 2022).

The Ministry of National Defence has transferred more than 843,000 records of martyrs; The Ministry of Labour, Invalids and Social Affairs



*U.S. Huey helicopter spraying Agent Orange over Vietnam, National Archives: 111-CC-59948; originally found in Box 1 Folder 9 of Admiral Elmo R. Zumwalt, Jr. Collection: Agent Orange Subject Files.*

*Source: Admiral Elmo R. Zumwalt (n.d.) Jr Collection: Agent Orange Subject Files, Vietnam Center and Sam Johnson Vietnam Archive, Texas Tech University, <https://www.vietnam.ttu.edu/virtualarchive/items.php?item=VA042084>*

has transferred nearly 1,200,000 records of martyrs and more than 300,000 records of martyrs' graves to the Ministry of Information and Communications to build a national database on martyrs. Localities across the country have basically completed the work of concluding the areas; Some localities have created maps to search and collect martyrs' remains at three levels (commune, district, and province). Localities have strictly managed the areas; organize the reception, handover, memorialization, and burial of martyrs' remains solemnly and thoughtfully; Announcing and returning the results of identification of the remains of martyrs with insufficient information in accordance with regulations (Duy Thanh 2022).

In the period of 2021–2025, the Steering Committee 515 continues to accelerate the progress and efficiency of the search and collection of martyrs' remains and identify the missing martyrs' remains; Basically complete the task of searching and gathering the remains of martyrs abroad; Complete the search, gather and conclude areas with information of collective martyrs' graves by 2030.

## 4. International Cooperation in Overcoming the Consequences of War

Many projects in the field have been implemented with assistance from the governments of the US, Japan, the Republic of Korea, the UK, Norway, Germany, Australia and Russia as well as international organisations such as UNDP, UNICEF and many other international donors.

### 4.1 Vietnam-US Cooperation in Overcoming Consequences of the War

Since 1989, the Governments of the United States and Vietnam have worked together to address the consequences of war with programs to remediate dioxin contamination, assist persons with disabilities, and remove unexploded ordnance. Furthermore, the search, excavation and identification of martyrs' remains are extremely important both culturally and spiritually for both countries.

#### *Cooperation in overcoming the consequences of post-war bombs and mines*

- The US has transferred to Vietnamese engineers equipment to clear mines and explosives with a total value of about 10 million US dollars. From 2004 to 2009, the US Department of State provided financial support for the Vietnam Veterans Fund (VVAFF) to coordinate with the Mine Disposal Technology Center, Engineer Command to carry out the project Investigation to assess the impact of landmines and explosives left over from the war in six central provinces, namely Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien-Hue, and Quang Ngai (KVMAP 2020).
- On December 16, 2013, the State Steering Committee for National Steering Committee on the National Action Programme for Overcoming the Impact of Post-War Bombs and Mines, and the US Department of State signed a Memorandum of Understanding on the cooperation to overcome the consequences of post-war bombs and mines in Vietnam. The Memorandum of Understanding aims to establish a long-term mechanism to strengthen humanitarian cooperation between the parties on post-war mine recovery through the exchange of delegations and documents, organisation of joint training activities, upgrade



The U.S. Institute of Peace (USIP) has launched a project to search for the remains of Vietnamese soldiers in response to Vietnamese assistance.

Source: VnExpress/My Hanh.

of equipment and technology, financial support and call for the participation of the international community with specific cooperation contents such as strengthening technical skills and management expertise, building capacity, and transfer experience, etc.

#### *Cooperation in overcoming the consequences of toxic chemicals used in war*

- In March 2000, during his visit to Vietnam, US Defence Secretary William Cohen announced that the US would cooperate more with Vietnam in investigating the effects of Agent Orange.
- In November 2000, during President Bill Clinton's visit to Vietnam, the two sides agreed to work together to study the effects of Agent Orange in Vietnam.
- After this visit, American scientists were officially allowed to collaborate with Vietnamese scientists to examine the effects of toxic chemicals on people and the environment of Vietnam. Since 2001, the US Environmental Protection Agency began to receive Vietnamese scientists to Hawaii for training in environmental cleaning. The visit to Vietnam by US President B. Clinton in November 2000 led to the establishment of a Joint Advisory

Committee (JAC) to oversee the coordination of implementation of research programs on Agent Orange in Vietnam. JAC has the task of advising the governments of the two countries to implement and coordinate to overcome the consequences of Agent Orange/dioxin in Vietnam.

- In 2002, the Vietnam-US scientific conference on the effects of Agent Orange/dioxin on human health and the environment was held in Hanoi with the participation of Vietnamese and American scientists.
- In November 2006, after US President G. Bush's visit to Vietnam, Vietnam and the US issued a joint statement, affirming that the two sides would make efforts to solve the problem of environmental poisoning in places which used to have dioxin storage facilities. After the visit of President G. Bush, from 2007, the US Congress began to approve the annual budget for the US Government to participate in overcoming the consequences of toxic chemicals in Vietnam with the priority is the detoxification of dioxin in three hot spots, Da Nang, Bien Hoa, and Phu Cat airports.
- In 2007, the Vietnam-US Dialogue Group on Agent Orange/dioxin was established. This is a track two diplomatic group that helps American people and politicians understand more about the Agent Orange disaster in Vietnam.
- In August 2012, USAID and Vietnam's Ministry of National Defence launched a project to deal with dioxin contamination at Da Nang airport with a capital of 110 million US dollars from non-refundable ODA of the US Government and 60 billion Vietnamese dong from the Vietnamese Government's reciprocity, implementing in the period of 2012–2019.
- From 2013 to 2015, the Military Institute of Science and Technology, the Ministry of Defence collaborated with USAID to carry out an environmental assessment of the Bien Hoa airport area to determine the scope, extent, and scale of pollution and to propose technology solution for a thorough treatment. From 2017 to 2019, the Vietnam High Command of Air Defence-Air Force implemented an investment project to build infrastructure and pre-treat toxic chemicals at Bien Hoa airport with a guaranteed budget of 270 billion Vietnamese dong. The project aimed

to prepare for the overall treatment of dioxins at this airport, including the following items: Improvement of transport routes for dioxin treatment, building anti-spreading works, and isolating polluted areas.

- On December 5, 2019, the Ministry of National Defence of Vietnam and USAID started the implementation of the dioxin treatment project at Bien Hoa airport area. The project implementation period is expected to be 10 years, with a cost of 390 million US dollars. The US has committed to provide 183 million US dollars for Phase 1 (2020–2024).
- USAID is working with the National Action Centre for Toxic Chemicals and Environmental Treatment (NACCET), Chemical Command, to develop a plan to implement the Project to Support People with Disabilities in the provinces heavily sprayed with toxic chemicals.

#### *Cooperation in searching for soldiers missing during wartime*

In the process of normalizing Vietnam-US relations, the issue of searching for Americans missing in the war (MIA) is considered by Vietnam as a humanitarian issue. Vietnam has been willing to cooperate with the US or unilaterally search for US MIA in Vietnam. It can be seen that cooperation in searching for soldiers missing in the war in Vietnam is a bright spot in Vietnam-US cooperation and is always associated with important events in the history of the relationship between the two countries. MIA cooperation is mentioned in important documents such as the Joint Statement between the Senior Leaders of the two countries, especially the Joint Statement between Vietnam and the US on the establishment of the Comprehensive Partnership in 2013. Along with the development of the two countries' relations over the past 30 years, MIA activities have always been promoted and have obtained important results, making practical contributions to enhancing understanding between the two peoples and healing war consequences. Perhaps when talking about the issue of MIA in Vietnam-US relations, many people think of the search for American soldiers missing in the war in Vietnam, not much is known about the concern and help of US veterans for the Vietnamese soldiers who died or went missing on the battlefields.

- In 1994, a delegation of the *Vietnam Veterans of America* (VVA) paid an official visit to Vietnam. In that year, the National Conference of VVA through the *Veteran Initiative Program* (VIP) in response to Vietnam's goodwill in solving the problem of missing Americans opened a campaign throughout the United States. It was firstly relying on their members to provide information, maps and diagrams about battles involving Vietnamese soldiers who died in combats to give to the authorities of Vietnam.
- From 1994 to February 2020, through the American Friendship Association to Vietnam and the Vietnam Union of Friendship Organizations, VVA sent 28 delegations to visit Vietnam and implement the Veterans Initiative Program, thereby, transferring to the Ministry of National Defence and Vietnamese Office for Seeking Missing Persons 304 sets of documents and information related to more than 12,000 cases of Vietnamese soldiers sacrificing and missing in combat, helping Vietnam search and collect the remains of nearly 1,500 martyrs. VVA actively supports the normalization and development of US-Vietnam relations, promotes people-to-people and veteran exchanges between the two countries, strongly opposes the Vietnam Human Rights Act, encourages and supports US veterans to return to Vietnam to visit old battlefields. VVA delegations visited ancient battlefields, visited, and offered incense in tribute of Vietnamese martyrs at Truong Son Cemetery, Road 9 Martyrs' Cemetery, and martyrs' cemeteries in the localities where the delegation arrived and the burial sites at the battlefields (Bui Van Nghi 2020).
- On July 8, 2020, USAID, and the Vietnam Office for Seeking Missing Persons (VNOSMP) signed a Memorandum of Intent to assist the identification of anonymous martyrs' remains based on DNA analysis. Under this MoI, USAID will provide Vietnam with the best and most modern technology for DNA analysis and extraction, enhance the efficiency and performance of Vietnamese laboratories with the ultimate goal of increasing the number of remains that will accurately be reunited with their families. As part of this MoI, USAID will work with VNOSMP to finance a new three- to five-year project with



a budget of 2.4 million US dollars. This project will complement a broader effort by the US Department of Defence to support Vietnam to locate and identify more than 200,000 Vietnamese service members missing during the war (Ngoc Van 2020).

- On July 29, 2021, on the occasion of US Defence Secretary Lloyd Austin's visit to Vietnam, the Defence Ministers of the two countries witnessed the signing of a Memorandum of Understanding (MoU) on cooperation in search, gathering and identification of Vietnamese martyrs' remains.
- In August 2021, the United States Institute of Peace (USIP) launched the Project on Overcoming the Consequences of the War and Searching for Vietnamese Missing in Action (VMIA) which was initiated by the USIP. The project represents the US' desire to respond to Vietnam's goodwill in assisting the US in the search for soldiers missing for more than 40 years.

#### 4.2 Cooperation with Other Countries and International Organizations

Cooperation in overcoming the consequences of post-war bombs, mines and explosives

Since 1990, nearly 40 international NGOs have been engaging in providing humanitarian assistance for post-war bomb and mine disposal activities in Vietnam. Activities include surveying and mapping of polluted sites, clearing mines and explosives, and providing support for victims to reintegrate into the community, resettlement, propaganda, and education, with funding up to hundreds of millions of US dollars.

Since 2004, UNICEF has provided Vietnam with a grant of 5 million US dollars over 5 years to educate youth and children in Nghe An, Ha Tinh, Quang Binh, Quang Tri, Thua Thien-Hue and Danang about mines and explosives.

In 2010, the Norwegian and US governments, through the Norwegian People's Aid (NPA), funded nearly half a million US dollars for the construction of the initial facility for the Vietnam Mine Data Centre. The governments of the UK, Belgium and India have supported a number of Vietnamese officials to participate in capacity building training courses on management and administration of mine and explosives clearance activities in those countries.

In 2015, Japan provided a non-refundable aid of 83 billion Vietnamese dong to the Project on Demining Post-war Landmines in Ha Tinh province. The project was implemented from 2015 to 2017. The forces participating in the project cleaned up bombs, mines, and explosives on an area of 2,550 ha of land contaminated with mines and explosives left over after the war in twelve communes of Ha Tinh, in the districts of Ky Anh, Huong Son and Can Loc. The Japanese government also sponsored some equipment for tree-cutting and mine-clearing machines for the Ho Chi Minh Road construction project, worth nearly 11 million US dollars.

In 2016, after obtaining the consent of the State Steering Committee on the National Action Program for Overcoming the Impact of Post-war Bombs and Mines, the Vietnam National Mine Action Centre (VNMAC) coordinated with the Geneva International Centre for Humanitarian Demining (GICHD) (based in Switzerland) and the International Centre IC – a humanitarian organization based in the US to implement a Pilot Project on Management of Residual Explosive Remnants of War (MORE) in Vietnam.

The Vietnam-Republic of Korea Project on Cooperation in Overcoming the Consequences of post-war bombs and mines was conducted in the period 2018–2020, with the following components: Survey and clearance, information management, mine risk education, victim assistance, and capacity building. The objective of the project is to enhance the capacity of VNMAC, towards social security and economic development in two provinces of Quang Binh and Binh Dinh. The total investment is 20 million US dollars funded by the Korean Government through the Korea International Cooperation Agency (KOICA), under the supervision of the United Nations Development Program (UNDP). As of June 2020, the project's components have completed the proposed plan. In which, the remarkable result is that the project has surveyed more than 16,880 ha, cleared the area of more than 5,194 ha. Thousands of people in Quang Binh and Binh Dinh provinces have access to information and education on mine risk prevention. In addition, the project also conducted a needs assessment to identify 220 landmine victims who would be supported with rehabilitation equipment. Mapping support services for people

with disabilities and landmine victims is the basis for developing interventions to support people with disabilities and landmine victims, improving the quality of support services in Quang Binh and Binh Dinh (KVMAP 2020).

In 2018, GICHD supported Vietnam to study the aging process of bombs and assess the dangers posed by bombs and mines and the residual risk as bombs and munitions continue to age in soil. Each type of munitions and explosives has different characteristics, so understanding the key features helps the dealing of landmines in Vietnam more effective and reduces risks to people and the surrounding environment.

#### Cooperation on overcoming consequences of toxic chemicals/dioxins

Along with the coordination and cooperation in research and assessment of the harmful effects of poisons used by the US military in the war, the governments and people of many countries and many international organizations have actively supported Vietnamese people and Agent Orange/dioxin victims to overcome the consequences of chemical war.

The United Nations Development Program (UNDP) has provided financial support to implement a project of treating dioxin contaminated soil at Phu Cat airport and equip Vietnam with a dioxin analysis laboratory. The United Nations Children's Fund (UNICEF) maintains annual support for Agent Orange victims in Da Nan. Vietnam Friendship Village in Van Canh Commune, Hoai Duc District, Hanoi built in 1998 with the help of many organizations of different countries is a symbol of international solidarity and support for Vietnamese Agent Orange victims.

Many international organizations have supported Vietnam's Agent Orange victims. One example is that the Executive Committee of the World Peace Council (WPC) meeting in Damascus, Syria on October 23<sup>rd</sup>–25<sup>th</sup>, 2009 decided to make August 10 every year as the Day for Vietnamese Victims of Agent Orange. The International Association of Democratic Lawyers (IADL) organized an International Court of



War Destruction in Cholon 1968 during Tet Offensive  
Source: CPA Media Pte Ltd/ Alamy Stock Photo

Public Opinion to try 37 US chemical companies for supplying toxic chemicals to the US military in the war in Vietnam. WPC and AIDL have coordinated with VAVA to organize many forums to propagate about the consequences of Agent Orange in Vietnam and advocate for Vietnamese Victims of Agent Orange. All the term meetings or conferences of the WPC and IADL issue resolutions to support Vietnamese Agent Orange Victim. Many organizations and individuals in the US, France, Japan, the UK and many other countries have coordinated to support and help Vietnamese Victims of Agent Orange and their struggle for justice.

Many countries and international organizations have supported Vietnam to overcome the impacts of toxic chemicals used in war on the environment and people in many localities.

On the basis of the survey assessing the pollution levels and land use planning in the airport, based on actual conditions, in 2012, the Office of Steering Committee 33 (Ministry of Natural Resources and Environment) coordinated with the Global Environment Facility (GEF) through UNDP in Vietnam, has supported more than 5 million US dollars for Vietnam to use landfill technology to isolate more than 7,500m<sup>3</sup> of contaminated soil of over 1,000ppt according to the standards of Vietnam and the United States Environmental Protection Agency (USEPA). The project built a monitoring system for groundwater, surface water and air which shows that the concentration of pollutant waste in the areas is below the allowable threshold and there is no longer any risk of harmful effects to the environment, ecology and humans.

In 2013–2014, through UNDP, GEF supported Vietnam to build a temporary anti-pollution project in areas at high risk of contamination with about 120,000 people living. From 2013–2015, also within the framework of the GEF/UNDP project, the Office of the Steering Committee 33, Ministry of Natural Resources and Environment built anti-spreading works in the Pacer Ivy area (the area where gathered the Agent Orange containers, used and not used, for repatriation to the United States, or elsewhere under the Pacer Ivy Program) and cooperated with the Government of the Czech Republic to build a groundwater monitoring system in landfills and isolated areas at Bien Hoa airport to monitor environmental parameters.

The external relations of the Association of Vietnamese Victims of Agent Orange /dioxins are constantly expanding. Every year, the associations at all levels receive hundreds of international delegations and individuals from all continents. The Association maintains regular contact with 30 international organizations in many countries around the world. It has received nearly 100 international delegations to work and visit victims in many provinces and cities across the country. External activities contributed to mobilizing millions of US dollars to support victims of Agent Orange/dioxin. The Vietnam Association of Victims of Agent Orange/dioxin has a cooperative relationship with 15 domestic research institutions and many institutions from the US, the UK, France, Japan, Russia, etc. (Duy Thanh 2021).

#### *Cooperation in searching, gathering, and identifying martyrs' remains*

The Government of Vietnam has signed bilateral agreements with the Government of the Lao People's Democratic Republic (in 1994) and the Government of the Kingdom of Cambodia (in 2000) on the search and repatriation of remains of Vietnam's volunteer soldiers and experts who laid down their lives during the war in Laos and Cambodia. Vietnam has agreed to set up a Governmental Special Working Committee and Special Provincial Working Committees with Laos and Cambodia, to coordinate in directing and organizing the implementation of agreements.

Over the past years, the Special Working Committee of Vietnamese Government and the Special Working Committee of the Governments of Laos and Cambodia have regularly exchanged, maintained close cooperation, and directed drastically the search and repatriation of the remains of Vietnamese volunteers and experts with many positive results. By 2017, the Special Working Committees of the two governments of Vietnam and Laos held talks and signed 21 minutes of the meeting; The Special Working Committees of the two governments of Vietnam and Cambodia held talks and signed 15 minutes of the meeting on the search and repatriation of remains of Vietnamese volunteers and experts. By the end of 2016, Vietnam searched and gathered more than 17,500 remains of martyrs in Laos (implemented since 1994) and nearly 18,000 remains of martyrs in Cambodia (implemented since 2001) (Department of Defence Policy 2017).

To realize the goals of Project 1237, the Ministry of National Defence and the Ministry of Foreign Affairs have actively studied and proposed to the government to expand international cooperation in the search and gathering of martyrs' remains. The National Steering Committee 1237 has actively developed plans and strengthened cooperation with relevant countries to serve the search and collection of martyrs' remains. Since 2014, the National Steering Committee 1237 has sent many delegations to visit and work with governmental organizations, the Ministry of Defence and a number of organizations and individuals of the United States, Korea, China, and Thailand. Thereby, it develops mechanism, promotes cooperation, and exchanges and provides information and documents related to Vietnamese soldiers who died, lost information or missed during the war. Particularly for China and Thailand, the National Steering Committee 1237 has proposed the policy of removing and repatriating the remains of Vietnamese martyrs buried in these two countries.

In the period of 2021–2025, Vietnam will continue to mobilize and effectively use all domestic and international resources to overcome the effects and consequences of post-war landmines and toxic chemicals and continue implementing the search, gathering and identification of martyrs' remains missing information.

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