

AGENT ORANGE IN VIETNAM: RECENT DEVELOPMENTS IN REMEDIATION

HEARING

BEFORE THE
SUBCOMMITTEE ON ASIA, THE PACIFIC AND
THE GLOBAL ENVIRONMENT
OF THE
COMMITTEE ON FOREIGN AFFAIRS
HOUSE OF REPRESENTATIVES
ONE HUNDRED ELEVENTH CONGRESS
SECOND SESSION

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AGENT ORANGE IN VIETNAM: RECENT DEVELOPMENTS IN REMEDIATION

THURSDAY, JULY 15, 2010

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON ASIA, THE PACIFIC
AND THE GLOBAL ENVIRONMENT,
COMMITTEE ON FOREIGN AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 2:15 p.m., in room 2172, Rayburn House Office Building, Hon. Eni F.H. Faleomavaega (chairman of the subcommittee) presiding.

Mr. FALEOMAVAEGA. The subcommittee hearing will come to order.

This is a hearing of the Foreign Affairs Subcommittee on Asia, the Pacific and the Global Environment. A theme of today's hearing that will be brought forth by our witnesses concerns the use of Agent Orange in Vietnam and recent developments in remediation.

I want to offer my apologies to our witnesses for being a little late because of the votes that have just been completed in the House. I hope you are not being misled by the fact that I am the only member here because this is the nature of the work here. Members go in and out because of other commitments and other meetings, but I am sure that some of our colleagues will be coming in quite soon.

So what I will do is begin the hearing by giving my opening statement, and we will then turn to our witnesses who are now before us.

Last night, we celebrated 15 years of U.S.-Vietnam diplomatic relations, and I joined former President Bill Clinton, Senator John Kerry, and Senator John McCain in offering remarks at an event hosted by His Excellency, the Ambassador of Vietnam Le Cong Phung and his dear wife, as well as Assistant Secretary of State Kurt Campbell, and the State Department as they co-hosted the special event that took place last night. While this is a hallmark moment in U.S.-Vietnam relations, true normalization will not be achieved, in my humble opinion, until the Agent Orange issue has been addressed.

Between 1961 and 1971, the U.S. military sprayed an estimated 11–12 million gallons of Agent Orange chemical substance over approximately 10 percent of Vietnam. Some 30 years later we have not cleaned up the mess that we have left behind. It is my sincere hope that we will come together and agree on a way to make this matter right.

This hearing is the third in a series that I have held since becoming chairman of this subcommittee.

As a Vietnam veteran and an Asian-Pacific American, I am deeply committed to doing all I can to help the victims of Agent Orange because, like the people of Vietnam, our people in the Pacific suffer the lingering effects of genetic abnormalities that have resulted from the legacies of war.

Specifically, from 1946 to 1958, the United States conducted 67 nuclear tests in the Marshall Islands with an equivalent yield of more than 7,000 Hiroshima bombs. To put it another way, the equivalent of 1.6 Hiroshima bombs was dropped on the Marshall Islands every day for a 12-day period. In fact, the nuclear test, code named Bravo, was a 15-megaton hydrogen bomb, the first of its kind, detonated on March 1, 1954. It was equivalent to 1,300 Hiroshima bombs that were dropped in Japan during World War II. This explosion was acknowledged as the greatest nuclear explosion ever detonated. The Bravo test vaporized six islands and created a mushroom cloud 25 miles in diameter.

Because people were living on these Pacific Islands during the time of the U.S. nuclear testing program, people of the Republic of the Marshall Islands were also exposed to severe radiation poisoning. Even today, 64 years since the nuclear testing program that our Government conducted in the Marshall Islands, people from the Island of Rongelap are still exiled from their own island due to the radioactive fallout. Many women still give birth to what some people call “Jelly Babies”—deformed babies who are born with no bones, no eyes, no heads and no limbs. They are very similar to the victims exposed to dioxin, a chemical substance in the Agent Orange we used in operations in Vietnam.

While the Vietnam situation is different, in some ways it is also the same. During the Vietnam War, innocent civilians were exposed to dioxin, a toxic contaminant known to be one of the deadliest chemicals made by man. Dioxin was an unwanted byproduct, but it is thought to be responsible for most of the medical problems associated with exposure to Agent Orange.

Just as the U.S. Government has questioned the Marshall Islands’ assertions about the extent of environmental and health problems associated with nuclear radiation, the United States has denied any legal liability and questioned Vietnam’s assertions about the problems associated with Agent Orange. But if you visit Tu-Du Hospital in Ho Chi Minh City and review the scientific evidence as well as the testimony of Dr. Nguyen Thi Ngoc Phuong, head of the women’s health department at Ho Chi Minh’s University Medical Center, you will come to know that we can and should do more to help the Vietnamese victims of Agent Orange, just as we did for our own soldiers exposed to Agent Orange during the 10-year period when we used this so-called “herbicide” at the time in the war.

So far, the United States appropriated \$3 million in 2007 and \$6 million in 2009, and a \$12 million request has been made for Fiscal Year 2010. But this is pittance as far as I am concerned. Moreover, the greater portion of these appropriated funds has been used for environmental remediation, rather than for assistance for the victims.

Today, for the first time in the history of the U.S. Congress, a Vietnamese Agent Orange victim will testify and share with us her story. Hers is like the story is like the story of many of our own U.S. veterans who were also exposed and yet had to fight and continue to fight for assistance from our own Government.

As I have said many times before, after every war America has always made a commitment to help the affected countries rebuild. According to the Congressional Research Service, after Japan attacked the United States, U.S. assistance to Japan from 1945 to 1952 amounted to about \$15.2 billion in 2005 dollars. In Germany, from 1946 to 1952, the United States provided a total of \$29.3 billion in 2005 dollars. And from 2003 to 2006, the U.S. appropriated \$35.7 billion for Iraq's reconstruction.

Why aren't we helping Vietnam more? Perhaps the Acting Deputy Assistant Secretary for the Bureau of East Asian and Pacific Affairs from the Department of State, and Mr. John Wilson, the Director of the Office of Technical Support for the Bureaus of Asia and the Middle East of USAID, will shed some light on recent developments on remediation.

At this time, I would like to offer my deepest condolences to the families of those USAID workers who were recently killed in Afghanistan. These individuals worked tirelessly in a dangerous place in order to improve the lives of the Afghan people. It is shameful that terrorists took their lives. In this life or in the next, my sincere hope is that justice will be served.

Before we receive other opening statements, I want to welcome Dr. Phuong. Dr. Phuong, are you here? Dr. Phuong is the former Vice Speaker of the Vietnam National Assembly, currently a member of the U.S.-Vietnam Dialogue Group. Ms. Hoan is a victim of Agent Orange. Both have traveled from Vietnam to testify at this hearing.

What you may not know is that the U.S. Government does not pay for witnesses to travel or testify before Congress. Witnesses must pay their own travel expenses, and this has not been easy for our Vietnamese friends and witnesses. They have traveled at considerable expense and sacrifice, and I thank them for being here. Their presence highlights the importance of this issue to the people and Government of Vietnam, just as it is important to the people of our own country, especially to our veterans who were exposed to Agent Orange.

The sad commentary about this is that it took so many years for our own Government to admit that because of the exposure of our soldiers and our military men and women in uniform, only just recently has the U.S. Government begun to accept the fact that our own soldiers were also exposed and severely affected health-wise just as the people of Vietnam were also exposed to this tragic situation.

I want to say that I don't glory myself in saying that because I served in Vietnam I am some kind of a hero. No, I was just one of the 500,000 grunts that were there because Uncle Sam said to go there and serve and defend this country. I would venture to say that 99 percent of the American people never realized the complexity of the situation in Vietnam or the historical events and sit-

uation affecting the people of this region of the world that we know very little about.

For some 100 years, Vietnam was colonized and exploited by the French. During President Dwight Eisenhower's administration, the French Government requested American military assistance to fight the Vietnamese who, under the leadership of Ho Chi Minh, were simply struggling for their independence from French colonial rule. I would say 99 percent of the American people never knew that this is what was going on in Asia and this part of the world. In fact, it is my understanding that President Eisenhower refused to help the French in Vietnam for the simple reason that the French exploitation and colonial policies of Vietnam, as well as Laos and Cambodia, went against the ideals upon which this country was founded as a former colony of the British Empire.

Subsequently, in 1954, long before American intervention in Vietnam, Ho Chi Minh led his people to fight against French colonialism, in the famous battle of Dien Bien Phu. Ho Chi Minh simply wanted to get rid of 100 years of French colonialism and establish a better life for his own people. Regrettably, from the time when the U.S. entered the fray in 1955 until the Nixon administration withdrew U.S. troops in 1975, millions of U.S. troops served in Vietnam and more than 58,000 killed. Three to four million Vietnamese were also killed, as were 1.5–2 million Laotians and Cambodians. For what, we ask?

As a result of this horrific war, the U.S.-Vietnam diplomatic and economic relationship was severed for more than 20 years following North Vietnam's victory in 1975. President Bill Clinton finally announced the normalization of diplomatic relations with Vietnam on July 11, 1995. Prior to this, President Clinton had announced the end of the U.S. trade embargo in 1994; 2 months later the U.S. Congress passed a Foreign Relations Authorization Act containing a sense of the Senate resolution expressing the Chamber's support for normalization of relations with Vietnam.

In 1997, President Clinton appointed the first post-war Ambassador to Vietnam. He also signed the landmark U.S.-Vietnam bilateral trade agreement in 2000. I might note that my former colleague who also served as a member of this committee, Congressman Pete Peterson, a former prisoner of war, was appointed U.S. Ambassador to Vietnam at that time. Vietnam did its part, proving cooperative with POW and MIA refugee issues and moving forward in ongoing reform efforts.

We applaud former President Clinton for his visionary leadership which has led to this moment, and I also commend Ambassador Le Cong Phung for the tremendous service that he has given to his country as Ambassador to our country. And I would be remiss if I did not mention again the names of Senators John McCain and also Senator Kerry for their willingness to take up the leadership and commitment despite the horrific effects of the war that affected them physically and mentally in every way. But these men stood their ground in saying it was time for us to put things in the past and look at things in the forward and reestablish normal relations with the people of Vietnam.

I made a comment last night at the event that I am sure President Clinton must have thought very hard about how so many bit-

ter memories of veterans have come back from war. Many could never forgive whatever happens. You can talk about atrocities, but I don't think you can say that one side ever could declare themselves to be angels in this regard. But I must say that these two gentlemen, Senator McCain and Senator Kerry, ought to be given every credit for their willingness to step up and do what was right, and that was to push for normalized relations with the Republic of Vietnam. I say if it was possible after fighting a bitter war in World War II with Japan, against Japan and against Germany, then certainly it is possible that we can do the same thing with the people of Vietnam.

Today, economic ties are the most mature aspect of our bilateral relationship. It is about a \$15 billion trade right now from last year, 10 times over 10 years ago, but I do believe that we can do better. With all the harm that has been done, I sincerely hope—I don't know where this is going to take us. Some people have asked me, why are you doing this? I want to say with the deepest regret that one of the great supporters of this effort to build a record and to say before the American people that we have done something here that we need to correct, my dear friend, the late Congressman and chairman of the House Appropriations Subcommittee on Defense, Jack Murtha, was also willing to give his support when I was in the process of building this record, this being the third now of a series of holding these hearings, in the process hopefully that we will establish better reasons to justify why we need to have U.S. commitment to give more assistance on this tragic event.

I now have with us two distinguished gentlemen of our administration, the State Department, here with us to testify. Mr. Matthew Palmer, a career member of the Foreign Service, Deputy Assistant Secretary for Southeast Asia, with the Bureau of East Asian and Pacific Affairs. Prior to that assignment, Mr. Palmer was the Director of the Southern Caucasus, the Aegean and Nordic Affairs at the National Security Council. His previous assignments in Washington include 3 years on the Secretary's Policy Planning staff in Yugoslavia. My gosh, you were in Europe and now you are in Asia. How do you become an expert overnight like this, Mr. Palmer?

Mr. Palmer is a member of the Council on Foreign Relations, did his graduate studies at Wesleyan University, and also has a master's from the University of Michigan. He is fluent in Japanese, Serbian, and Greek. I'm sure that really helps you a lot in Asia—to speak Greek. But I do want to welcome you, Mr. Palmer.

We also have with us Dr. John Wilson. Dr. Wilson is the director of the Office of Technical Support in the Asia and Middle East Bureau of USAID. Dr. Wilson joined USAID in and has been with the Asia and Middle East Bureaus since 1997. In his career, Dr. Wilson has been responsible for providing technical leadership in developing and implementing agency environmental policies and programs. He is an expert on environmental planning and management. Dr. Wilson also served as chairperson of the Tropical Ecosystems Directorate of the U.S. Man and Biosphere Program—boy, that is a real mouthful there. Prior to joining USAID, Dr. Wilson was an American Association for the Advancement of Science diplomacy fellow. He also is a graduate of Harvard University and received his doctorate in marine ecology from Boston University.

Gentlemen, I welcome you both here this afternoon and would like to ask Mr. Palmer for his testimony. Please proceed.
[The prepared statement of Mr. Faleomavaega follows:]

**COMMITTEE ON FOREIGN AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515**

**STATEMENT OF
THE HONORABLE ENI F.H. FALEOMAVAEGA
CHAIRMAN**

**before the
SUBCOMMITTEE ON ASIA, THE PACIFIC, AND THE
GLOBAL ENVIRONMENT**

“Agent Orange in Vietnam: Recent Developments in Remediation”

July 15, 2010

On July 11, 2010 of this year, we celebrated 15 years of U.S.-Vietnam diplomatic relations. Last evening, I joined former President Bill Clinton, Senator John Kerry and Senator John McCain in offering remarks at an event hosted by Ambassador of Vietnam Le Cong Phung and Assistant Secretary of State Kurt Campbell in honor of this occasion.

While this is a hallmark moment in U.S.-Vietnam relations, full normalization will not be achieved until the Agent Orange issue is addressed. Between 1961 and 1971, the U.S. military sprayed an estimated 11-12 million gallons of Agent Orange over approximately 10% of Vietnam. Some 30 years later, we have not cleaned up the mess we left behind.

Because it is my sincere hope that we will come together and agree on a way to make this matter right, this hearing is the third in a series of hearings I have held since becoming the Chairman of the Foreign Affairs’ Subcommittee on Asia, the Pacific and the Global Environment.

As a Vietnam veteran and also as an Asian Pacific American, I am deeply committed to doing all I can to help victims of Agent Orange because, like the people of Vietnam, Pacific Islanders still suffer the lingering effects of genetic abnormalities that have resulted from legacies of war. Specifically, from 1946-1958, the United States conducted 67 nuclear tests with an equivalent yield of more than 7,000 Hiroshima bombs. Put another way, the equivalent of 1.6 Hiroshima bombs was dropped on the Marshall Islands every day of the 12-year test period.

In fact, the nuclear test code-named BRAVO, a 15 megaton hydrogen bomb detonated on March 1, 1954, was itself equivalent to 1,000 Hiroshima-sized bombs. Acknowledged as the greatest nuclear explosion ever detonated, the Bravo test vaporized 6 islands and created a mushroom cloud 25 miles in diameter.

Because people were living in these South Pacific islands during the time of the U.S. nuclear testing program, the people of the Republic of the Marshall Islands were exposed to severe radiation poisoning. Even today, 64 years after the U.S. nuclear testing program began, the people of the Rongelap Atoll are still exiled from their own land due to the radioactive fallout and many women still give birth to what some label "jelly babies" or deformed babies born with no bones, eyes, heads or limbs.

While Vietnam's situation is different, in some ways it is also the same. During the Vietnam War, innocent civilians were exposed to dioxin, a toxic contaminant known to be one of the deadliest chemicals made by man. Dioxin was an unwanted byproduct and is thought to be responsible for most of the medical problems associated with exposure to Agent Orange.

Just as the U.S. government questioned the Marshall Islands' assertion about the extent of environmental and health problems associated with nuclear radiation, the U.S. has denied any legal liability and questions Vietnam's assertion about the problems associated with Agent Orange. But if you visit Tu Du Hospital in Ho Chi Minh City and review the scientific evidence of the international community as well as the testimony of Dr. Nguyen Thi Ngoc Phuong, the Head of the Women's Health Department at the Ho Chi City Medical University, you will come to know that we can and should do more to help the victims of Agent Orange, in general and in Vietnam.

So far, the U.S. appropriated \$3 million in 2007, \$6 million in 2009, and a \$12 million request has been put forward for 2010. But this is a pittance. Moreover, the greater portion of these appropriated funds has been used for environmental remediation, not to help the victims.

Today, for the first time in the history of the U.S. Congress, a Vietnamese Agent Orange victim will testify and share with us her story. Her story is like the story of many of our own U.S. veterans who were also exposed yet had to fight, and continue to fight, for the assistance they deserve.

As I have said many times before, after every war, America has always helped countries rebuild. According to the Congressional Research Service, after Japan attacked the U.S., U.S. assistance to Japan for 1946-1952 was about \$15.2 billion in 2005 dollars. To Germany, for 1946-1952, the United States provided a total of \$29.3 billion in constant 2005 dollars. From 2003 to 2006, the U.S. appropriated \$35.7 billion for Iraq reconstruction.

Why aren't we helping Vietnam? Perhaps Acting Deputy Assistant Secretary Matthew Palmer of the Bureau of East Asian and Pacific Affairs of the U.S. Department of State and Mr. John Wilson, Director of the Office of Technical Support for the Bureaus for Asia and the Middle East of the U.S. Agency for International Development (USAID), will shed some light on recent developments in remediation.

At this time, I would like to offer my deepest condolences to the families of those USAID workers who were recently killed in Afghanistan. These individuals worked tirelessly in a

dangerous situation in order to improve the lives of the Afghan people and it is shameful that terrorists took their lives. In this life or the next, justice will be served.

Before we receive other opening statements, I want to welcome Dr. Phuong, former Vice Speaker of the Vietnamese National Assembly and presently a member of the U.S.-Vietnam Dialogue Group and also Ms. Tran Thi Hoan, a victim of Agent Orange, who have traveled from Vietnam to testify at this hearing. What you may not know is that the U.S. government does not pay for witnesses to travel or testify before Congress. Witnesses must pay their own travel expenses and this has not been easy for our Vietnamese witnesses. They have traveled at considerable expense and sacrifice, and I thank them for being here. Their presence highlights the importance of this issue to the people and government of Vietnam and, as a result of this hearing, I hope their calls for help will be heard and met.

Again, I pledge to do all I can to find ways forward, and I now recognize our Ranking Member, the gentleman from Illinois, Mr. Manzullo, for his opening statement.

STATEMENT OF MR. MATTHEW PALMER, ACTING DEPUTY ASSISTANT SECRETARY, BUREAU OF EAST ASIAN AND PACIFIC AFFAIRS, U.S. DEPARTMENT OF STATE

Mr. PALMER. Chairman Faleomavaega and members of the subcommittee, thank you for inviting me to testify today on the topic of U.S. engagement with Vietnam on issues related to Agent Orange.

It is important to place U.S.-Vietnam cooperation on the complex and challenging issues surrounding Agent Orange in the context of progress in our overall bilateral relationship. This here marks the 15th anniversary of our diplomatic relationship with Vietnam. Over this short period, U.S.-Vietnam cooperation has steadily matured into a robust, bilateral relationship characterized by mutual respect and shared interests. We continue to make progress on a growing range of issues, from trade liberalization, health environment, to education, nuclear safety, and security. Our strong collaboration on these issues has created a positive environment that has allowed frank discussions of matters on which we do not agree, such as human rights.

USAID-Vietnam works in close partnership with the Vietnamese Government and with our colleagues in the Departments of Defense and Health and Human Services and in the Environmental Protection Agency to implement a broad foreign assistance program. As part of that program, USAID has provided over \$330 million in the last 10 years. This assistance includes development objectives such as economic reform and good governance, as well as programs to address genuine humanitarian needs, including HIV/AIDS treatment and prevention, and aid to people with disabilities regardless of cause.

Before I turn to our cooperation on Agent Orange, it is also important to note the significant strides we have made in addressing other war legacy issues through our joint collaboration with the Government of Vietnam. Thanks to a sustained bilateral effort, we have succeeded in recovering and accounting for the remains of 660 Americans lost during the Vietnam conflict.

We also continue to make progress toward clearing unexploded ordinance. Since 1989, the United States, through the State De-

partment, has provided over \$37 million in a broad spectrum of programs not only to locate, remove and destroy unexploded ordnance, or UXO, land mines and other explosive materials, but also to address the effects of UXO on the health and livelihood of Vietnamese living in affected areas.

While our bilateral cooperation with the Government of Vietnam accounting for Americans missing from the war began more than 20 years, and on UXO issues 15 years ago, cooperation on Agent Orange and its contaminant, dioxin, took longer to begin. However, since 2001, our two governments have worked to address potential environmental and health issues related to Agent Orange and dioxin.

After several years of information sharing and capacity building, in 2006 experts from the two nations attended the first meeting of the Joint Advisory Committee on Agent Orange/dioxin, the JAC. The JAC was convened to coordinate joint research and provides technical advice to policymakers to help develop environmental and health initiatives. The fifth annual JAC just concluded this month in Hanoi. I am pleased to report that in December 2009, the U.S. Government and Vietnam's Ministry of Natural Resources and the Environment signed a Memorandum of Understanding on Agent Orange, formalizing years of cooperation and marking a new level of commitment to resolving this issue. The document serves as the framework for future cooperation on environmental health and remediation research activities and ensures that U.S. activities align with Vietnamese priorities.

Both the United States and Vietnam agree that the health of the Vietnamese people and the safety of its environment will be vital for Vietnam's future. In the spirit of humanitarian concern, we have provided more than \$46 million in assistance for all Vietnamese living with disabilities without regard to cause, including nearly \$25 million from the Leahy War Victims Fund. We have also expanded disability assistance in the communities surrounding the Da Nang Airport.

With funding from the Fiscal Year 2007 and Fiscal Year 2009 appropriations, USAID is nearing the completion of the second year of separate 3-year cooperative agreements with Save the Children, East Meets West Foundation, and Vietnam Assistance to the Handicapped. These organizations are providing services such as skills training, medical support, and employment assistance to people with disabilities in Da Nang. In addition, with Ford Foundation support, several experts from the Centers for Disease Control and Prevention just completed a workshop with their Vietnamese counterparts to facilitate the early identification of children at risk for developmental disabilities and to improve birth defect and chronic disease surveillance systems. These projects aim to expand the scope of health assistance beyond support for people with disabilities toward the goal of reducing the overall disability burden in Vietnam.

The United States also recognizes the importance of remediation at hotspots, the former air bases where dioxin contamination exceeds international safety standards. Building on past containment efforts, we now are collaborating to eliminate the potential for dioxin exposure at the Da Nang Airport. Our activities complement

the efforts of a broad coalition. The Government of Vietnam, the United Nations Development Program, the Ford Foundation, and others, are committing substantial resources to dioxin remediation throughout the country. UNDP and the Government of Vietnam have just signed an agreement for \$5 million to support dioxin remediation at dioxin hotspots, with an initial focus at Bien Hoa, a project specifically promoted by UNDP to compliment U.S. efforts.

As requested by the Government of Vietnam and as reviewed scientifically by the bilateral multi-agency Joint Advisory Committee on Agent Orange, the United States is focusing its remediation efforts on Da Nang Airport. Though we share the desire to implement remediation as soon as possible, our overriding goal is to complete dioxin destruction that ensures worker safety, permanently removes potential exposure to Da Nang residents, and fully complies with U.S. and Vietnamese law. We are moving as fast as possible to do this, but we want to make sure that we pay attention to the details and get this right.

Last year, we reported to this committee on the beginning stages of a remediation project, the U.S. plan for Da Nang. I am pleased to note that we have made great progress toward our remediation goals. Working with the Ford Foundation, the EAP and the Vietnam Academy of Science and Technology are jointly piloting innovative bioremediation technology at Da Nang Airport. At the same time, in close consultation with the Government of Vietnam and consistent with U.S. and Vietnamese legal requirements, a USAID contractor is finalizing an environmental assessment for dioxin remediation at Da Nang and expects to begin developing engineering and design plans for the technology selected through the assessment process in August of this year.

Vietnamese efforts to expand the Da Nang Airport highlight the need to move as quickly as possible. Ongoing construction has already displaced contaminated soil and sediment, posing risks to human health in the surrounding area. In consultation with central authorities and airport officials, we have developed a remediation plan that USAID estimates can be shovel ready in early 2011, consistent with airport expansion plans, and could be completed by 2013 subject to availability of resources.

The complete and permanent elimination of dioxin contamination from Da Nang due to Agent Orange would represent the most significant action we can take to alleviate the environmental concerns and possible health impacts to Da Nang and offer resolution to one of the Government of Vietnam's high priority concerns. It could also provide a model for moving ahead with remediation at other dioxin hotspots.

USAID estimates at least \$34 million in project costs is required to complete this remediation. The State Department and USAID have identified approximately \$4.9 million for this project from the Fiscal Year 2010 appropriation, \$3 million in economic support funds, and \$1.9 million in development assistance funds. Additionally, the Fiscal Year 2011 budget request also includes some resources for these activities.

Over the last several years, the United States has worked with Vietnam to ensure that our Agent Orange activities align with Vietnamese health and environmental objectives. This cooperation

has brought us closer than ever to the permanent elimination of dioxin at Da Nang Airport due to Agent Orange and has allowed us to provide much-needed assistance to vulnerable populations.

Agent Orange has long been a sensitive topic in U.S.-Vietnam relations, and we have had some past challenges reaching agreement on how and where to cooperate, but we are now transforming dialogue into tangible improvements in the environment and health of the people of Vietnam. The United States Government has demonstrated a firm commitment on working to find a resolution to this lingering concern and to ensuring the continued improvement of U.S.-Vietnam relations.

Thank you for giving me the opportunity to appear before you today. I welcome your questions.

[The prepared statement of Mr. Palmer follows:]

**Testimony
of
Acting Deputy Assistant Secretary Matthew Palmer
Bureau of East Asian and Pacific Affairs
U.S. Department of State**

before the

**Subcommittee on Asia, the Pacific, and the Global Environment
Committee on Foreign Affairs**

July 15, 2010

**Agent Orange in Vietnam: Recent Developments
In Remediation**

Chairman Faleomavaega, Ranking Member Manzullo, and Members of the Subcommittee, thank you for inviting me to testify today on the topic of United States engagement with Vietnam on issues related to Agent Orange.

Overall Relationship

It is important to place U.S.-Vietnam cooperation on the complex and challenging issues surrounding Agent Orange in the context of progress in our overall bilateral relationship. This year marks the 15th anniversary of our diplomatic relationship with Vietnam. Over this short period, U.S.-Vietnam cooperation has steadily matured into a robust bilateral relationship, characterized by mutual respect and shared interests. We continue to make progress on a growing range of issues, from trade liberalization, health and environment, to education, nuclear safety, and security. Our strong collaboration on these issues has created a positive environment that has allowed frank discussions of matters on which we do not agree, such as human rights. USAID/Vietnam works in close partnership with the Vietnamese government, and with our colleagues in the Departments of Defense and Health and Human Services, and in the Environmental Protection Agency, to implement a broad foreign assistance program. As part of that program, USAID has provided over \$330 million in the last ten years.

This assistance includes development objectives, such as economic reform and good governance, as well as programs to address genuine humanitarian needs,

including HIV/AIDS treatment and prevention, and aid to people with disabilities, regardless of cause.

Before I turn to our cooperation on Agent Orange, it is also important to note the significant strides we have made in addressing other war legacy issues through our joint collaboration with the Government of Vietnam. Thanks to a sustained bilateral effort, we have succeeded in recovering and accounting for the remains of 660 Americans lost during the Vietnam conflict. We also continue to make progress towards clearing unexploded ordnance. Since 1989, the United States, through the State Department, has provided over \$37 million in a broad spectrum of programs not only to locate, remove, and destroy unexploded ordnance (UXO), landmines, and other explosive materials, but also to address the effects of UXO on the health and livelihood of Vietnamese living in affected areas.

U.S.-Vietnam Collaborative Efforts on Agent Orange

While our bilateral cooperation with the Government of Vietnam accounting for Americans missing from the war began more than 20 years ago and on UXO issues 15 years ago, cooperation on Agent Orange and its contaminant dioxin took longer to begin. However, since 2001, our two governments have worked to address potential environmental and health issues related to Agent Orange and dioxin. After several years of information sharing and capacity building in 2006, experts from the two nations attended the first meeting of the Joint Advisory Committee on Agent Orange/dioxin (JAC). The JAC was convened to coordinate joint research and provides technical advice to policy makers to help develop environmental and health initiatives. The fifth annual JAC just concluded this month in Hanoi. I am pleased to report that in December 2009, the U.S. Government and Vietnam's Ministry of Natural Resources and the Environment signed a Memorandum of Understanding on Agent Orange, formalizing years of cooperation and marking a new level of commitment to resolving this issue. The document serves as the framework for future cooperation on environmental health and remediation research activities and ensures that U.S. activities align with Vietnamese priorities.

Both the United States and Vietnam agree that the health of the Vietnamese people and the safety of its environment will be vital for Vietnam's future. In the spirit of humanitarian concern, we have provided more than \$46 million in assistance for all Vietnamese living with disabilities, without regard to cause, including nearly \$25 million from the Leahy War Victims Fund. We have also expanded disability assistance in the communities surrounding the Danang airport.

With funding from the FY 2007 and FY 2009 appropriations, USAID is nearing the completion of the second year of separate three-year cooperative agreements with Save the Children, East Meets West Foundation, and Vietnam Assistance to the Handicapped. These organizations are providing services such as skills training, medical support, and employment assistance to people with disabilities in Danang. In addition, with Ford Foundation support, several experts from the Centers for Disease Control and Prevention just completed a workshop with their Vietnamese counterparts to facilitate the early identification of children at risk for developmental disabilities and to improve birth defect and chronic disease surveillance systems. These projects aim to expand the scope of health assistance beyond support for people with disabilities toward the goal of reducing the overall disability burden in Vietnam.

The United States also recognizes the importance of remediation at "hotspots," the former airbases where dioxin contamination exceeds international safety standards. Building on past containment efforts, we now are collaborating to eliminate the potential for dioxin exposure at the Danang airport. Our activities complement the efforts of a broad coalition: the Government of Vietnam, the United Nations Development Program (UNDP), the Ford Foundation, and others are committing substantial resources to dioxin remediation throughout the country. UNDP and the Government of Vietnam have just signed an agreement for \$5 million to support dioxin remediation at dioxin hotspots, with an initial focus at Bien Hoa – a project specifically promoted by UNDP to complement U.S. efforts.

Progress at Danang

As requested by the Government of Vietnam and as reviewed scientifically by the bilateral, multi-agency Joint Advisory Committee on Agent Orange, the United States is focusing its remediation efforts on Danang airport. Though we share the desire to implement remediation as soon as possible, our over-riding goal is to complete dioxin destruction that ensures worker safety, permanently removes potential exposure to Danang residents, and fully complies with U.S. and Vietnamese law. We are moving as fast as possible to do this, but want to make sure that we pay attention to the details and get this right.

Last year we reported to this committee on the beginning stages of a remediation project the U.S. planned for Danang. I am pleased to note that we have made great progress towards our remediation goals. Working with the Ford Foundation, the EPA and the Vietnam Academy of Science and Technology are jointly piloting innovative bioremediation technology at Danang airport. At the

same time, in close consultation with the Government of Vietnam and consistent with U.S. and Vietnamese legal requirements, USAID finalized an environmental assessment for dioxin remediation at Danang this month and will complete engineering and design plans for the technology selected through the assessment process in August of this year.

Vietnamese efforts to expand the Danang airport highlight the need to move as quickly as feasible. Ongoing construction has already displaced contaminated soil and sediment, posing risks to human health in the surrounding area. In consultation with central authorities and airport officials, we have developed a remediation plan that USAID estimates can be shovel-ready in early 2011, consistent with airport expansion plans, and could be completed by 2013, subject to availability of resources. The complete and permanent elimination of dioxin contamination from Danang due to Agent Orange would represent the most significant action we can take to alleviate the environmental concerns and possible health impacts at Danang and offer resolution to one of the Government of Vietnam's high priority concerns. It could also provide a model for moving ahead with remediation at other dioxin hotspots.

The USAID estimate for completing the remediation is approximately \$34 million.

Conclusion

Over the last several years, the United States has worked with Vietnam to ensure that our Agent Orange activities align with Vietnamese health and environmental objectives. This cooperation has brought us closer than ever to the permanent elimination of dioxin at Danang Airport due to Agent Orange and has allowed us to provide much-needed assistance to vulnerable populations. Agent Orange has long been a sensitive topic in U.S.-Vietnam relations, and we have had some past challenges reaching agreement on how and where to cooperate, but we are now transforming dialogue into tangible improvements in the environment and health of the people of Vietnam. The United States Government has demonstrated a firm commitment on working to find a resolution to this lingering concern and to ensuring the continued improvement of U.S.-Vietnam relations.

Thank you for giving me the opportunity to appear before you today. I welcome your questions.

Mr. FALEOMAVAEGA. Thank you, Mr. Palmer and Dr. Wilson, for your testimony.

STATEMENT OF JOHN WILSON, PH.D., DIRECTOR, OFFICE OF TECHNICAL SUPPORT, BUREAUS FOR ASIA AND THE MIDDLE EAST, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. WILSON. Chairman Faleomavaega, Ranking Member Manzullo, and members of the subcommittee, thank you for inviting me today to report on recent developments in remediation of Agent Orange in Vietnam. I will summarize my written statement and ask that it be submitted for the record.

The United States recognizes the importance of dioxin remediation at hotspots in Vietnam. Dioxin contamination has been of longstanding concern to both countries, and the issue has at times strained our bilateral relationship.

As the lead agency responsible for dioxin remediation, USAID is working collaboratively with our colleagues at the State Department and the Environmental Protection Agency to eliminate the potential for dioxin exposure at the Da Nang Airport.

As the environmental officer for the Asia and Middle East Bureaus, I am responsible for overseeing compliance with USAID's environmental procedures. Last fall, I led the team that initiated the environmental assessment for dioxin remediation at Da Nang Airport. My doctorate in ecology and geochemistry also puts me in a strong position to review the science behind the assessment and determine the preferred alternative for environmental remediation at Da Nang.

My written statement describes in some detail USAID's plans to implement the remediation effort. I won't review all of that now in the interest of time. I also won't review the state of U.S.-Vietnam cooperation since my colleague from the State Department has just done so, though I would also underscore the importance of the collaborative effort on dioxin remediation between the United States and the Government of Vietnam. It is the reason that we are able to move forward on this proposal.

I would like to briefly describe the situation on the ground and the next steps for implementing USAID's remediation program.

Testing has shown that dioxin contamination in soils at Da Nang, Bien Hoa and Phu Cat exceeds international standards. As requested by the Government of Vietnam, the United States is providing assistance in Da Nang to remediate dioxin-contaminated soil and provide humanitarian support for Vietnamese residents.

Mr. Chairman, Da Nang is the third largest city in Vietnam and it is rapidly growing. The airport is located in Da Nang City within a densely populated urban area. It is a busy international airport, which the Government of Vietnam is expanding to accommodate increased traffic. For the remediation effort, the airport expansion is an important factor because the dioxin hotspot sites are in the path of the construction, and in some places within meters of residential areas.

The environmental assessment, which I recently approved, evaluated alternatives for addressing the remediation at Da Nang. We looked at three approaches and selected as the preferred alter-

native in-situ/in-pile thermal desorption and destruction of dioxin. Thermal desorption is an innovative dioxin-destruction technology and the only technology option that has been proven to destroy dioxin to levels that meet both soil and sediment national dioxin standards in Vietnam. The costs associated with this approach are similar to other alternatives. This option will result in the least exposure to residents and will also provide a permanent remedy.

Given the extent of contamination, the imminent airport construction plans, and the potential threat to the local population, it is important that we act now to remediate dioxin at Da Nang Airport to ensure that airport construction work does not increase exposure to dioxin for area residents and travelers.

USAID is wrapping up the design phase of the dioxin remediation program. With the selection of the dioxin treatment alternative, we are proceeding with the engineering design for thermal desorption and destruction. We expect to complete the final design this fall. We estimate that the final phase of this project will cost approximately \$34 million. Subject to funding availability, USAID could begin the work on dioxin remediation as early as spring 2011, and complete the work within 2 years. Our remediation work will help close a difficult chapter in U.S.-Vietnam relations and ensure a better environment for the Vietnamese people.

The elimination of dioxin in the soils and sediment at Da Nang will permanently resolve one of the Government of Vietnam's lingering concerns about contamination associated with Agent Orange and demonstrate, tangibly, the United States' commitment to the continued improvement of U.S.-Vietnam relations.

Mr. Chairman, I am pleased to be able to report today on the progress USAID has made toward implementation of the dioxin remediation program. Thank you for this opportunity to appear before you today. I will be happy to take your questions.

[The prepared statement of Mr. Wilson follows:]

**STATEMENT OF DR. JOHN WILSON
DIRECTOR, OFFICE OF TECHNICAL SUPPORT
ASIA AND MIDDLE EAST BUREAU
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BEFORE THE
SUBCOMMITTEE ON ASIA, THE PACIFIC, AND THE GLOBAL
ENVIRONMENT COMMITTEE ON FOREIGN AFFAIRS**

Agent Orange: Recent Developments in Remediation

July 15, 2010

Chairman Faleomavaega, Ranking Member Manzullo, and Members of the Subcommittee, thank you for inviting me to testify before you today on recent developments in remediation of Agent Orange in Vietnam. I am pleased that your committee convened this hearing on such an important issue.

Dioxin contamination, associated with the use of Agent Orange, is one of the last vestiges of the Vietnam War and remains an obstacle to further strengthening relations between the United States and Vietnam. As you may know, the U.S. Agency for International Development (USAID) is the lead implementer for dioxin remediation in Vietnam. We work collaboratively with our colleagues at the Department of State, the Environmental Protection Agency, the Department of Health and Human Services, and the Department of Defense. In my testimony, I will describe the situation on the ground, and current and planned U.S. contributions to the remediation efforts.

Before getting into details on USAID's remediation efforts in Vietnam, I would like to share briefly with the committee an overview of how the U.S. government – particularly USAID – assists the people of Vietnam as they transition to a more open and prosperous society. Mr. Chairman, I understand that you had an opportunity to visit Vietnam in January, so you have seen first hand the tremendous progress that has been made. Vietnam is playing a greater role in East Asia's growth and development. Its

efforts to become more globally integrated have contributed to economic growth rates in Vietnam of 6 percent annually since 2000. This growth, in turn, has enabled the country to reduce poverty by one-third. Despite such progress, Vietnam still faces significant environmental and development challenges, including dioxin contamination “hotspots” at various locations around the country.

Current Assistance

Since the year 2000, USAID assistance in Vietnam has reached nearly \$330 million. We operated initially under the auspices of the Leahy War Victims Fund, providing services for people with disabilities in Vietnam. Since then, USAID assistance has expanded to support economic governance, judicial reform, the rule of law, and establishing international labor standards in the country.

USAID programs, in concert with other USG partners, also increase access to social services for vulnerable populations, prevent and treat HIV/AIDS, and improve the quality and relevancy of Vietnam's higher education system. These programs – and their success – have been instrumental in putting the U.S. relationship with the Government of Vietnam (GVN) on a solid, cooperative footing. In January 2009, that cooperation resulted in the elevation of the USAID office in Hanoi to a full mission.

USAID's new status in Vietnam is especially timely as we recognize the 15th anniversary of U.S.-Vietnam relations this month. While we celebrate the progress that we have made, we also recognize that the U.S. can do more, including with respect to dioxin remediation, which will have a significant benefit to our bilateral relations.

Background

As my colleague from the State Department has noted, the United States recognizes the importance of dioxin remediation in Vietnam. Dioxin soil contamination at Danang, Bien Hoa, and Phu Cat exceeds international standards and may pose health and environmental risks. In response to the situation, the U.S. Government (USG) assistance supports remediation of dioxin-contaminated soil and sediments, and health

activities in Danang. These activities are carried out in close coordination with the GVN and other donors.

The USAID-supported dioxin remediation project is part of a broader multinational effort to address the Agent Orange legacy and to assist Vietnam in complying with its obligations under the Stockholm Convention on Persistent Organic Pollutants.

USAID's remediation work in Danang builds upon previous work by the State Department and the U.S. Environmental Protection Agency (US EPA) to eliminate the potential for dioxin exposure at Danang airport, and draws upon the collaborative research coordinated by the bilateral Joint Advisory Committee (JAC) on Agent Orange/dioxin remediation. Additionally, U.S. government activities complement the efforts of a broad coalition: the Government of Vietnam, the United Nations Development Program, the Ford Foundation, and others have committed substantial resources to dioxin remediation throughout the country. As my colleague from the State Department has noted, the GVN has requested our assistance specifically at Danang.

In December 2009, USAID and Vietnam's Ministry of Natural Resources and the Environment (MONRE) signed a memorandum of understanding that laid the framework for implementing environmental health and remediation programs. This was an important step forward in our working relationship on Agent Orange because the memorandum of understanding outlines the coordination framework between the implementing agencies - MONRE's Office of the National Steering Committee 33 and USAID.

Mr. Chairman, Danang is the third largest city in Vietnam and it is rapidly growing. Its domestic and international airport is expanding and located in a densely populated urban area, where discrete dioxin hotspot sites have been identified. Some of the sites are located within meters of residential areas, and until late 2008, the public had access to the airport premises to fish, harvest plants and carry out other agricultural

activities. Public access to these sites is now controlled and, with USG and Ford Foundation support, the area with the highest level of contamination has been covered to prevent any further exposure. These measures are only temporary due to the planned airport expansion and economic pressures to develop the valuable land where some of the contaminated soils are located. USAID is keenly aware of the need to begin the remediation as soon as possible.

Environmental Assessment

Last fall, I had the opportunity to lead the USAID team as they initiated an environmental assessment for dioxin remediation at Danang airport. The team surveyed the airport to determine the best approach to eliminate or minimize the ongoing risk of dioxin exposure to local residents. It was an eye-opening experience for me to examine the site and grasp the large amount of contaminated soil and sediment that will need to be treated through the remediation efforts. As access to the site is difficult to control and it is located in such close proximity to residential areas, the environmental assessment team determined that a permanent solution is required to protect the public living near to and working on the airport from possible harm.

The environmental assessment was carried out over the last nine months, in close consultation with Vietnamese stakeholders, including the GVN, provincial and district officials and airport authorities. USAID conducted 14 formal meetings both in Hanoi and Danang to obtain stakeholder input and to inform our Vietnamese counterparts of technical findings as the assessment evolved. USAID kept our USG partners and other donors involved, and sought their input into technical developments of the assessment and its findings and conclusions.

The environmental assessment, which I recently approved, evaluated alternatives for addressing dioxin remediation at Danang and determined the relative environmental impacts of each alternative. Because of anticipated funding limitations, the Government of Vietnam initially proposed to remove dioxin-contaminated soil and sediment from hotspots and contain it in a secure landfill on the base. This approach, however, would

not destroy the dioxin. Eventually, either a new landfill would be required or dioxin contained in the landfill would need to be destroyed. Furthermore, there are substantial environmental risks associated with transporting the large volumes of contaminated material along a haul road near residential areas to a landfill on the airport.

Consequently, two dioxin destruction alternatives were also included for evaluation: bioremediation, and in-situ/in pile thermal desorption destruction.

Findings of the recently completed environmental assessment showed that the thermal desorption destruction alternative was feasible at the Danang site, was associated with the lowest environmental impacts, and had the greatest possibility of success in removing dioxin. The costs of in-situ/in-pile thermal desorption and destruction is estimated to be in the same range as the other alternatives. In-Situ/In-Pile thermal desorption destruction is an innovative, proven technology to destroy dioxin and other contaminants. It has been used to destroy dioxin at similarly sized sites in the United States, and can reduce dioxin to the desired level on the scale required to accommodate the airport expansion. The thermal option would also require the least exposure to residential areas, and could provide a permanent remedy to dioxin within a two-year time frame. Furthermore, it would not require as large an area of land as a landfill would require (four to six football fields in area, and one and a half stories high). The thermal option could also result in unrestricted land use of the affected areas after treatment.

Next Steps

The Urgency in Moving Forward

The GVN is currently expanding the Danang airport. Construction is taking place close to areas with the highest levels of contamination. In fact, Sen Lake, a dioxin hotspot, has already been partially affected by airport expansion work which may risk airport workers' exposure to dioxin. Given the extent of the contamination, imminent airport construction plans of the GVN, and the potential threat to the local population, the USG and the GVN should act now to remediate the dioxin at Danang to ensure that airport construction work does not increase exposure to dioxin contamination.

Remediation Timeline and Costs

In December 2009, USAID signed a memorandum of understanding with the Government of Vietnam to proceed with the remediation project at Danang airport. The Environmental Assessment, which I approved on July 7, 2010, selected thermal desorption as the remedial technology for dioxin remediation at Danang airport. USAID will complete the engineering design – the first phase of the remediation program - over the next several months. This phase was fully funded under the USAID/Vietnam budget. Subject to the availability of funds, subsequent phases – the thermal desorption activity - may be implemented in future years. We estimate that the project cost will be approximately \$34 million.

Benefits of Engagement

USAID's environmental remediation work will help close a difficult chapter in U.S.-Vietnam relations. The complete elimination of dioxin in the soils and sediment at Danang would represent the most significant action we could take to alleviate environmental concerns and protect vulnerable populations. It would permanently resolve one of the Government of Vietnam's lingering concerns about dioxin contamination associated with Agent Orange, and tangibly demonstrate the United States commitment to the continued improvement of U.S.-Vietnam relations.

Conclusion

Mr. Chairman, I'd like to close by thanking Congress for its support and continuous commitment to dioxin remediation in Vietnam. The U.S. government can make a big difference. We can be a leader on this issue and make a significant impact in the lives of many Vietnamese.

Thank you again for the opportunity to testify before you today. I look forward to responding to your questions.

Mr. FALEOMAVAEGA. I want to thank you both, gentlemen, for your most precise statements.

I do have a couple of questions, if I may, to follow up on some of the good indicators that I hear with such positive reaction to your sharing with us the developments in dealing with this.

Mr. PALMER, you mentioned that this is the fifth annual JAC meeting that was held in Hanoi. Was this last year?

Mr. PALMER. I believe the date of that meeting was 2010, but I need to double check that, sir.

Mr. FALEOMAVAEGA. It doesn't have to be specific. I just wanted to get an idea. This is the fifth time that we have had annual meetings on this?

Mr. PALMER. It is my understanding that—yes, it is the fifth, and it was just held in July.

Mr. FALEOMAVAEGA. Do you think it might be the fifth and the last time that we might be meeting? I am just so encouraged by some of these decisions to appropriate \$46 million here and \$35 million there. This is big-time news, the first time that I hear in specific terms that we are focusing on the Agent Orange issue that we have been trying to address.

You mentioned that the other important issue that caused both of our countries to work together was dealing with POWs and those missing in action, over which the Vietnamese Government was very cooperative and very much wanted to be as much help. Ironically, there are still 30,000 of our soldiers who have not been located from World War II, especially in Asia. But that is a pretty good record, the fact that of the 2,000 missing and now to the point where we have been able to locate about another 600, as you had mentioned. Are we still looking for others? What are the statistics on those still missing in action so far? Have we developed a statistic on that?

Mr. PALMER. Mr. Chairman, I don't have those numbers with me. I would have to check with my colleagues at the Department of Defense.

Mr. FALEOMAVAEGA. I would appreciate it if you can submit that for the record. I want to know that.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MR. MATTHEW PALMER TO QUESTION ASKED DURING THE HEARING BY THE HONORABLE ENI F.H. FALEOMAVAEGA

The Department of Defense, Prisoner of War/Missing Personnel Office has provided the following information:

As of August 2, the most recent posting of numbers, there are 1,712 Americans still unaccounted for from the Vietnam War.

The breakdown by country is:

- Vietnam: 1,310 still unaccounted for/661 recovered and identified
- Laos: 336 still unaccounted for/239 recovered and identified
- Cambodia: 59 still unaccounted for/31 recovered and identified
- China: 7 still unaccounted for/3 recovered and identified

Mr. FALEOMAVAEGA. How was it possible that when we conducted these spraying operations for some 10-year period, until 5 years later found out that this dioxin substance was discovered contained in Agent Orange? Were there other operations in previous wars where this substance was utilized as we did in Vietnam?

Mr. PALMER. Again, Mr. Chairman, I need to refer that question to my colleagues at the Defense Department. I can check and get back to you.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MR. MATTHEW PALMER TO QUESTION ASKED
DURING THE HEARING BY THE HONORABLE ENI F.H. FALEOMAVAEGA

As then Secretary of Defense Cohen stated publicly in 1999, in the late 1960s Republic of Korea (ROK) troops sprayed Agent Orange in the area of the Demilitarized Zone. Agent Orange was not used in wars prior to the Vietnam War, the Department of Defense reports. According to a study of Agent Orange (Cecil PF (1986): Herbicidal Warfare: The RANCH HAND Project in Vietnam. Praeger Special Studies, Praeger Scientific, New York, NY) the United States Army Chemical Corps at Fort Detrick, Maryland, developed the formulation for Agent Orange in 1963. Following extensive evaluation, it was first deployed in Southern Vietnam on March 1, 1965.

Mr. FALEOMAVAEGA. Yes, I would be interested. I am curious. The point I wanted to make is that I know we are very sensitive about chemical and biological substances that we have even participated in conventions and treaties to make sure that we do not use chemical and biological agents as much as we can discern, and yet in this specific instance where this very deadly substance, the dioxin, was used during the Vietnam War. I am just curious if we have used the same substance in some other conflicts. Have we ever had any previous experience to now coming to an understanding that we had used dioxin as part of our war effort in Vietnam? Were there other countries that were also exposed to this, whether it be during World War II or was this something that we just discovered in the 1960s?

Mr. PALMER. Mr. Chairman, I have no information on that. I will address that question to my defense colleagues.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MR. MATTHEW PALMER TO QUESTION ASKED
DURING THE HEARING BY THE HONORABLE ENI F.H. FALEOMAVAEGA

As noted in response to the previous question, in the late 1960s ROK troops sprayed Agent Orange in the area of the Demilitarized Zone, as then Secretary of Defense Cohen stated publicly in 1999.

Regarding Agent Orange in Vietnam, according to the Department of Defense, the United States did not know until late 1968 that Dioxin was a contaminant in Agent Orange. The United States subsequently restricted the use of Agent Orange near any populated areas. Once the science was clarified, the Department of Defense terminated all spraying of Agent Orange on 15 April 1970.

The Department of Defense is currently reviewing a report covering allegations that veterans were exposed to Agent Orange in countries besides Vietnam. The report is expected to be released and briefed in September 2010. There are no known records, documents, or staff reports that show that Agent Orange or other tactical herbicides, were ever sprayed on military bases in countries where (and when) U.S. troops were located during the Vietnam War.

Mr. FALEOMAVAEGA. I fully understand. I am not a doctor. I am not a scientist myself, but I am just curious and wanted to get a little more substance on this.

Since your JAC meeting, have there been any estimates made on the number of Vietnamese victims who were exposed to Agent Orange?

Mr. PALMER. The U.S. Government has no such estimates, sir. Our programming in Vietnam related to assistance to people with disabilities is for people regardless of cause. We do not ask people

to prove what the source or cause for a particular disability is. So we have significant, robust assistance programs in Vietnam helping those who are disabled as a humanitarian concern, but we do not seek to identify the particular cause.

Mr. FALEOMAVAEGA. I mean, we are spending \$45 million, \$46 million, \$25 million. At least we should know the numbers we are dealing with. I mean, is it two Vietnamese, or is it 3,000 or 20,000 victims? I am a little surprised that for the annual meeting there hasn't been some kind of record keeping, at least by way of identifying how many victims there are.

Mr. PALMER. I don't know that there is a scientific way to do that, Mr. Chairman. Birth defects are due to many factors, including malnutrition, inherited disorders, parental age, environmental and occupational exposures. These factors add to the complexity of linking any particular disease or disorder with dioxin alone. So through our efforts we are not attempting to do that, we are attempting, to the extent possible, to provide assistance to those in Vietnam with disabilities without asking for proof or evidence regarding the origins or source of that disability.

Mr. FALEOMAVAEGA. How is it that we have established our national policy, especially for those of us who were there at the time when the Agent Orange was being utilized? I was there in 1967 and 1968, and our Government now says any of our soldiers who were in Vietnam during that 10-year period can apply and get some kind of a restitution or effort, even though you don't even have to prove that you may have been exposed to Agent Orange. Just the fact that you were in Vietnam is the trigger. I haven't even made an application for an Agent Orange benefit yet, so I have high blood pressure, I have all kinds of stuff that could all be related my service in Vietnam. But I just wanted to know, you are saying that you don't keep track of any of the records or studies. Is this one of the problems that we still have of not being able to specifically pinpoint the fact that these people ended up being disabled because of the Agent Orange/dioxin? You said there were other critical factors. I understand that.

Mr. PALMER. Mr. Chairman, we do not believe that there is a scientific way in which to tell whether a particular disability or an individual suffering from a disability is suffering that disability as a consequence or a result of exposure to dioxin. As a consequence of that, our assistance efforts in Vietnam are very broad based. We provide assistance without regard to the cause of disability.

We recognize and understand the burden that people with disabilities place on an under-resourced Vietnamese system, and we are doing what we can do provide assistance, but we are not, through our programming, seeking to differentiate between those who are suffering from exposure to dioxin and those who are not.

Mr. FALEOMAVAEGA. Is our Government giving some kind of assistance for conducting laboratory research about dioxin and its effect on human beings? To what extent could this be one of the reasons why many Vietnamese babies end up being disabled and deformed?

Mr. PALMER. If there is such a program, it is not a State Department program. I don't know if there are other scientific programs

that may be funded through other institutions. I would also ask my USAID colleague if he is familiar with any such activities.

Mr. FALEOMAVAEGA. So as far as the State Department is concerned, you are not in any way involved in any form of research to even find out a the connection? That is what I am trying to figure out, if there is a connection between dioxin and the Vietnamese people being what they are in terms of ending up being abnormal and deformed.

Mr. PALMER. The programs that we support, Mr. Chairman, are to provide assistance to people with disabilities.

Mr. FALEOMAVAEGA. And not just on Agent Orange?

Mr. PALMER. Without regard to cause.

Mr. FALEOMAVAEGA. Okay. Dr. Wilson.

Mr. WILSON. I am unaware of any program such as you have just described, sir. I believe that we are providing support for laboratory equipment and testing on the presence of dioxin in soils so that we can proceed with the cleanup.

Mr. FALEOMAVAEGA. What is your view of the fact that our policy toward all the veterans who served in Vietnam from 1961 to 1971, our broad policy is the fact that they are entitled to some kind of benefit? The presumption is that they may have been exposed to Agent Orange. I guess that is quite a contrast from our policy toward the Vietnamese concerning this very issue.

Mr. PALMER. I think it is a matter of effect, Mr. Chairman, that the programs that we have in Vietnam which don't seek to identify the origins or source of a disability provide assistance equally to all those who are dealing with these challenges.

Mr. FALEOMAVAEGA. I am sorry. I just want to say that I want to recognize the presence of my dear friend and ranking member of our subcommittee, the gentleman from Illinois, Mr. Manzullo. And I would like to invite him to give his opening statement.

Mr. MANZULLO. Mr. Chairman, I don't have any questions. You have been asking the very questions that I would ask anyway, so I would give my time to you so you can finish up on your current thought.

Mr. FALEOMAVAEGA. All right. I appreciate that. I appreciate that.

I just want to be clear, do we have a policy toward Agent Orange? I mean, you are saying that whatever assistance you are giving Vietnam, Agent Orange really is not in there. I am a little fuzzy about this now. I thought that this JAC meeting that you have had for the fifth annual period now in Hanoi, that one of them was intended to address people with disabilities who were impacted or exposed to Agent Orange, specifically the dioxin chemical that I have just said is one of the deadliest chemicals that man has ever devised. If I am hearing correctly, you are saying that that really is not the basis of the assistance that we are giving Vietnam, that Agent Orange is not one of them. Please clarify that. I am not catching on here.

Mr. PALMER. There are two prongs to the assistance efforts in Vietnam, Mr. Chairman. Together with our Vietnamese partners, we continue to refine a strategy to respond to environmental contamination and health concerns. As part of that strategy we are working on dioxin containment and remediation, improving the

lives of people with disabilities and the development of programs to prevent birth defects in Vietnam.

So on the one hand, we are providing assistance to those suffering from disabilities without regard to the source or cause of those disabilities, and on the other, we are working to contain and remediate dioxin hotspots in Vietnam.

Mr. FALEOMAVAEGA. You mentioned Da Nang Airport as one of the hotspots where we are conducting these remediation projects. How big is Da Nang Airport?

Mr. PALMER. How big is the area that—

Mr. FALEOMAVAEGA. Yes, 200 acres, 3,000 acres? How big is Da Nang Airport?

Mr. PALMER. Dr. Wilson, do you know the answer to that? I have to admit I am not sure.

Mr. WILSON. I believe that it is about 20 acres that we are dealing with. It is a substantial amount of soil, but it is not that large an area at Da Nang Airport that we are going to be working on. There is a lake that has sediment that is contaminated that needs to be remediated, and there is a mixing and loading area that is also going to be remediated.

Mr. FALEOMAVAEGA. Is Da Nang the only location where we stockpiled these chemical agents, or were there other places in Vietnam where we did this?

Mr. PALMER. There were other places in Vietnam, Mr. Chairman, and there are other hotspots. We are beginning with Da Nang, and the hope is that success in Da Nang can serve as a model for remediation efforts in other hotspot areas.

Mr. FALEOMAVAEGA. This being the fifth time that you have had this annual meeting, how many other hotspots do we have in Vietnam besides Da Nang?

Mr. PALMER. I believe there are three major hotspots and a number of smaller areas of concern, on the order of 20 to 25.

Mr. FALEOMAVAEGA. Dr. Wilson.

Mr. WILSON. There are three known hotspots that the donors are working on. The United Nations Development Program has recently signed a grant for \$5 million with the Government of Vietnam to work on the remediation of Bien Hoa, and Phu Cat has also been identified as a hotspot that needs to be remediated.

Mr. FALEOMAVAEGA. I am still learning how to speak English. Can you elaborate when you say "remediation?" Are you going to clean up the soil or take the dioxin? What do you do, put it in milk or something? When you remediate something, what do you mean?

Mr. WILSON. Mr. Chairman, we mean that in the case of Da Nang Airport we are going to destroy the dioxin through a thermal desorption and destruction—

Mr. FALEOMAVAEGA. How do you destroy dioxin?

Mr. WILSON. You destroy it, sir, by digging it up, putting it into a pile, heating that pile to 350 degrees centigrade and vaporizing and destroying the dioxin.

Mr. FALEOMAVAEGA. Not 350 degrees Fahrenheit?

Mr. WILSON. Not Fahrenheit, sir. Centigrade.

Mr. FALEOMAVAEGA. Centigrade?

Mr. WILSON. Yes, it is hot.

Mr. FALEOMAVAEGA. And what is the life span of the dioxin?

Mr. WILSON. The dioxin will be destroyed through this process. The process has been tested and proven to work in California, and the Japanese Government also recently tested and accepted thermal desorption as an acceptable treatment for dioxin destruction.

Mr. FALEOMAVAEGA. So you breathe the air. You are burning this 350 degrees centigrade?

Mr. WILSON. This is different, sir, than the incineration of the soil. It is a technique by which the pile is capped and the air is extracted and treated, but there is no release of dioxin in the air.

Mr. FALEOMAVAEGA. How deep do you dig in the soil?

Mr. WILSON. The testing that will be carried out will determine the depth of soil that has to be removed. That is part of the process of the digging that will be done. The testing has shown that it is several meters deep in some places, but we are making sure that we capture the contaminated sediment and treat the contaminated sediment.

Mr. FALEOMAVAEGA. When you say sediment, what if they are wetlands?

Mr. WILSON. That is true, sir. There are two areas that are contaminated, one of them is wetlands, it is a lake. The lake will need to be drained, the sediment will need to be removed, and then the wetlands will be restored. There is also contamination of soil, and that will also be treated.

The benefit of this technique is that it is the most environmentally safe way to deal with the dioxin. It removes the dioxin permanently, and it is the most effective way to reduce the threat in the future.

Mr. FALEOMAVAEGA. What was the reason dioxin was used as part of this chemical substance that we conducted to defoliate operations in Vietnam? I know the reason we conducted this was to clear the forest so we could identify the enemy soldiers, which blows my mind. I just can't understand the logic of that.

So in the process of conducting this deforestation, the substance ends up being exposed to human beings that are not trees or flowers, or whatever, but human beings were being exposed to this.

Have there been any estimates by our Government on the number of soldiers, our own soldiers, who were exposed to Agent Orange?

Mr. PALMER. None that I am familiar with, Mr. Chairman. Again, that is a question that I would need to refer to colleagues at the Department of Defense.

Mr. FALEOMAVAEGA. Okay. I am just trying to get some connection here. I felt very encouraged. When is your next annual JAC meeting? Is it next year or are you having it this year again?

Mr. PALMER. My understanding is that it should be next year. I don't know that a date has been scheduled. It is intended as an annual meeting. We recently had the 2010 meeting, so my understanding is there will be another meeting in 2011, but I don't have a date for you, sir.

Mr. FALEOMAVAEGA. I don't know if I am going to be reelected come November, but will I be invited if I do come back in November?

Mr. PALMER. I will see what I can do.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MR. MATTHEW PALMER TO QUESTION ASKED
DURING THE HEARING BY THE HONORABLE ENI F.H. FALEOMAVEGA

The General Counsel's Office at the Department of Veterans Affairs (VA) reports that veterans' benefits laws reflect the assumption that veterans may have been exposed to herbicides by means of inhalation, ingestion, or skin contact during service in areas where herbicides were applied and could have developed health problems due to such exposure. For purposes of entitlement to veterans' benefits, Congress has provided in 38 U.S.C. 1116(f) that any veteran who served in Vietnam between January 9, 1962, and May 7, 1975, will be presumed to have been exposed to herbicides during such service. The statute codified a longstanding VA policy of conceding exposure because VA concluded that it was not feasible to determine which veterans were actually exposed to herbicides in service, due to limitations of records documenting dates and locations of herbicide application and troop movements. For similar practical reasons, VA also concedes exposure for veterans who served in or near the Korean demilitarized zone (DMZ) during periods when herbicides are known to have been applied in that area.

The Department of Defense reports that there were only two military units in Vietnam known to have come into actual contact with the tactical liquid herbicide, the men of Operation Ranch Hand (approximately 1,200) and the men in the U.S. Army Chemical Corps (approximately 2,900). These were the men who handled and sprayed Agent Orange, Agent Blue, and Agent White. The Department of Defense notes that the term "tactical herbicide" is very important because it distinguishes the commercial herbicides that were used by the Base Engineers from the tactical herbicides used by Operation Ranch Hand and Chemical Corps personnel. Agent Orange and the other tactical herbicides were not permitted to be sprayed over or on bases.

Mr. FALEOMAVEGA. Well, I do want to thank both of you gentlemen. I am going to have to fault my staff for not getting someone from the Department of Defense who basically is responsible for the conduct of this whole operation. So we are going to have to have another hearing then. It is going to be the fourth hearing now we are going to have on this issue.

But I do want to thank the State Department and especially USAID for all that you are doing. But I am not letting you guys off now. I am still trying to dig in on this thing. And of course it isn't just that we expect that we are going to do the work. This is a partnership effort and I am sure our good friends—the leaders of Vietnam and the people there—are going to be very cooperative and see what we can do to work together on this. But I am going to have to work this with the Department of Defense. All you do is sign treaties, right? So the Department of Defense is the one that actually puts out the poison, right? It is not the State Department. It is the Department of Defense that does the bad work.

Mr. PALMER. We do have some programs that are currently in place run through the authority of the Department of State aimed, again, at providing assistance to those with disabilities and remediating the dioxin. So in terms of the efforts that are underway now, that is led by the Department of State and USAID.

Mr. FALEOMAVEGA. In your meeting, did both of you attend the JAC meeting that was held in Hanoi?

Mr. WILSON. Mr. Chairman, I was invited to the JAC meeting. I would like to point out that the JAC meeting, the U.S. Joint Advisory Committee meeting, is a meeting to talk about research cooperation in large part. USAID is leading the thermal desorption destruction effort. We plan to move forward as quickly as possible with that, and we will keep the JAC people informed as we move forward.

Mr. FALEOMAVAEGA. And the Ford Foundation is still a participant in the series of meetings?

What do you gentlemen see as something that the Congress can do to help in the effort?

Mr. PALMER. Unless we have the resources necessary to carry out the programming in place, we will not be successful in these efforts. There is a budget process that results in a request to Congress. We stand behind the budget request, and we look forward to working with Congress on the administration's budget requests in future fiscal years.

Mr. FALEOMAVAEGA. Dr. Wilson, you mentioned that you are going to need about \$37 million to conduct a thermal desorption. You gave me some scientific description, but I have no idea what you meant by it. Can you elaborate a little further on that? How are we going to spend this \$37 million?

Mr. WILSON. The \$37 million is to complete the destruction of the dioxin at the site. There are three components of the engineering plan. The first component is the oversight of the construction process. The second part is digging it up and hauling it and storing it in the stockpile. And the third component of the engineering work is actually working with a firm in California, TerraTherm, that will install the heating system and monitor and destroy the dioxin in the soil. So we expect to complete this exercise over 2 years, if we can move forward as quickly as possible.

Mr. FALEOMAVAEGA. You know, the companies, Dow and Monsanto, were the primary makers of Agent Orange. And I was just wondering, has the government contacted them? I would think they know more about the substance because they were the ones that created it. Have you conducted any dialogue with these two companies that produced this Agent Orange?

Mr. WILSON. Mr. Chairman, I am not aware of contact with those companies. I am aware that we have identified the firm that knows how to destroy dioxin. They have done it before, and we are going to use them.

Mr. FALEOMAVAEGA. I forgot to ask for the record, what is the lifespan of dioxin?

Mr. WILSON. I did not. I understand that the half life of dioxin is 100 years in the environment.

Mr. FALEOMAVAEGA. What do you mean by half life? It lasts only 50 years?

Mr. WILSON. No, sir, Mr. Chairman. It means that after 100 years, half of the dioxin will be gone, so it takes a long time.

Mr. FALEOMAVAEGA. My gosh, we will all be dead and it will still be there.

Mr. WILSON. Sir, that is why we need to destroy the substance.

Mr. FALEOMAVAEGA. Okay. And you are saying that there is no connection to the problems facing the Vietnamese people who end up disabled and handicapped and deformed?

Mr. PALMER. No, Mr. Chairman. I am saying no such thing. The point that I was making is that the U.S. program is to provide assistance to people with disabilities without asking for evidence of cause or origin of the disability.

Mr. FALEOMAVAEGA. Shouldn't we be asking for that to know specifically how we are spending our money?

Mr. PALMER. Our goal in our programs is to provide humanitarian assistance to all of those in Vietnam who require assistance. In our view, it would be an unfair and undue burden to place on those suffering from disabilities to prove the cause, source, or origin of the disabilities that they struggle with.

Mr. FALEOMAVAEGA. At the same time, have Vietnamese officials contacted by our Government shown us that there definitely is a connection between Agent Orange and these people ending up being deformed?

Mr. PALMER. It is certainly the position of the Government of Vietnam, as understand it, that that is true.

Mr. FALEOMAVAEGA. But it is not our position?

Mr. PALMER. We do not believe that there is sufficient scientific evidence that would enable us to identify the cause or origin of an individual's disability.

Mr. FALEOMAVAEGA. Even though we know that dioxin is one of the deadliest chemical substances ever made?

Mr. PALMER. These are the sorts of questions that Jack is discussing scientist to scientist. I have not seen any evidence—we have not seen any evidence that would allow us to draw those kinds of one-for-one conclusions that might enable the kind of thing that you are talking about.

So our goal is to provide assistance to people in Vietnam who need assistance, to those with disabilities who struggle with their disabilities and who place a burden on the Vietnamese social service system, which is under-resourced.

So, through our programming, we do provide considerable assistance to disabled individuals in Vietnam. We do not ask them to provide any kind of evidence or documentation regarding how it is that they became disabled or what the cause or source of their disability is. That seems like an unreasonable burden to us, sir.

Mr. FALEOMAVAEGA. The gentleman from Illinois.

Mr. MANZULLO. Thank you.

Just a short question. Even if you knew or agreed with others that there is a causal link with Agent Orange and the disabilities, my understanding from your testimony is that you would simply continue in doing what you are doing now and treating everybody with disabilities, regardless of the cause. Would that be correct, Mr. Palmer?

Mr. PALMER. Not everybody, Mr. Manzullo. As many as we can with the resources that we have available.

So the fundamental underlying principle of our program efforts in Vietnam with respect to those, supporting those suffering from disabilities, is that we provide this assistance without a requirement that those benefiting from these programs provide evidence or documentation related to the cause of their disabilities. We have no such requirement. We think such a requirement would be unreasonable and scientifically unfeasible.

Mr. MANZULLO. So you bypass that causal requirement, and go right to the needs of the people.

Mr. PALMER. We see no causal requirement, sir. The program is to provide assistance to people with disabilities.

Mr. MANZULLO. Okay. I think I understand.

Thank you.

Mr. FALEOMAVAEGA. Well, with all due respect, I don't understand this.

How is it that we are able to recognize the seriousness of this chemical agent, Agent Orange? Of course, it took us many years until our veterans started screaming bloody hell after being exposed to dioxin and Agent Orange that their health was affected? And now we are giving them assistance. But by your statement, saying that our policy is not toward Agent Orange but to help anyone with disabilities, including those who were exposed to Agent Orange. Is this our policy right now?

Mr. PALMER. Mr. Chairman, there are two issues that we see in front of us.

One is the issue of health services, and the other is the issue of environmental remediation.

Mr. FALEOMAVAEGA. Okay.

Mr. PALMER. On the issue of environmental remediation, our goal is to identify dioxin hot spots, come up with a plan—

Mr. FALEOMAVAEGA. Well, environmental remediation because of the dangers that dioxin poses to human beings exposed to it.

Mr. PALMER. Certainly, in the hot spot in Danang, the levels of dioxin are above those that are generally accepted as international safety standards. So, yes, because of potential health risks, we do wish to complete the remediation of the dioxin hot spots in Danang.

So we have on the one track that is related to environmental remediation and robust programming design to make progress in that area.

In terms of the consequences that—the potential health consequences of Agent Orange, we understand that this is an important and sensitive issue for the Government of Vietnam. And we want to do what we can to provide assistance in this area.

Since it is our position that there is no accepted scientific link, scientific method by which you can identify whether a particular individual is suffering from a birth defect as a consequence or result of dioxin exposure or Agent Orange, our policy is to provide assistance to those with disabilities in Vietnam without regard to cause. So these two things we see as mutually reinforcing, mutually supporting, and consistent with the needs and the goals of the Government of Vietnam.

Mr. FALEOMAVAEGA. Well, mutually enforcing and mutually supporting, but mutually denying that the presence of dioxin may have impacted the lives and the health of these people who were exposed to Agent Orange.

And I am not trying to argue with you, Mr. Palmer. I am just trying to figure exactly what the policy of our Government is.

You are saying that we are helping anyone with disabilities. But you don't mention anything about dioxin. Is that because there has been no scientific research to prove that there is a connection between people with physical disabilities and exposure to dioxin?

Mr. PALMER. No, Mr. Chairman.

Again, that is not what I am saying.

The point that I would like to make here is that our assistance efforts in Vietnam for those with disabilities do not ask for individ-

uals with disabilities to prove or document the source of those disabilities.

The science on whether or not dioxin itself is dangerous is separate and apart from this issue.

The question before us is, if we wish to provide support and assistance to those in Vietnam who are suffering from disabilities, does it make sense to try through some system to identify those whose disabilities is a direct cause or consequence of Agent Orange? And we do not believe that there is a scientific way of doing that.

Therefore, in our view, it is the most humanitarian approach to provide treatment to those who need treatment, to provide assistance to those who need assistance, without regard to cause and without asking them to document that which, in our view, cannot be documented.

Mr. FALEOMAVAEGA. I know that our veterans organizations filed suit against these two chemical companies to find a causal connection between them who produced the substance, Agent Orange, with the dioxin contained in it. And it went through the Federal courts.

And is this one reason for the refusal to acknowledge any connection of liability for these lawsuits. Even our own veterans have felt that their health conditions were due to exposure to Agent Orange. But now, the policy basically of our Government is that there is no such connection. And that is the same thing with the people and the Government of Vietnam.

Mr. PALMER. Sir, it is not our position that Agent Orange and dioxin are not dangerous.

It is our position that you cannot identify, on an individual case, the cause or source of that disability.

Given that view, it is our policy to provide assistance to those who need assistance in Vietnam without regard to cause. We don't ask them to prove the source or the cause of the disability in question. We provide services to as many people as we can with the resources that we have.

Mr. FALEOMAVAEGA. That has been a sensitive issue for all these years because we refuse to admit that, because of Agent Orange, this is the reason why we have abnormal and deformed children and people out of Vietnam. I mean, that seems to be the very bottom line why we continue our policy, to admit some sense of culpability, because we are the ones who sprayed the Agent Orange, not the Vietnamese.

But would you support the idea of conducting scientific research as much as possible to see if there is a causal connection between dioxin and Agent Orange and the people who were exposed to the substance?

Mr. PALMER. Mr. Chairman, in my view and in the view of the administration, the most humanitarian approach that we could take to dealing with this problem in Vietnam is to continue to provide assistance to people without requiring that they document the cause of their disability—

Mr. FALEOMAVAEGA. But that doesn't answer my question.

My point is that we spread this substance that impacted not only the flora and the fauna but also exposed a lot of human beings and

caused a lot of problems. And my question is whether or not our Government would be willing to conduct scientific research just to see what the effects of dioxin are toward human beings if they are exposed. Would that be something that we ought to do at our next annual JAG meeting?

Mr. PALMER. In my own view, sir, the best use of the resources that we have available is to provide assistance to those who need assistance.

Mr. FALEOMAVAEGA. And let's just forget about dioxin?

Mr. PALMER. No, sir. We think that it is very important to continue efforts to remediate the dioxin hot spots in Vietnam.

Mr. FALEOMAVAEGA. And in our programs to remediate the presence of dioxin throughout Vietnam, what are we looking at in terms of how that will help the people who are already exposed to dioxin?

Mr. PALMER. As part of our two-track approach to dealing both with the environmental and the health issues, the environmental goals are through direct remediation of hot spots to address health concerns. We have robust programs in place to provide assistance to people with disabilities in Vietnam. Those programs are meeting a very important need, and we intend to continue those programs.

Mr. FALEOMAVAEGA. Are there any laboratories in other parts of the world that are researching the good things that come out of dioxin or the bad things that come out of it? Are there companies or countries that continue to study the effects of dioxin in that sense? Are there any scientific studies being conducted right now in labs and other countries, or do we just not even bother with it?

Mr. PALMER. I don't know the answer to that, Mr. Chairman.

I will see what I can find out, but it is a very broad question and I don't know the answer to that.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MR. MATTHEW PALMER TO QUESTION ASKED DURING THE HEARING BY THE HONORABLE ENI F.H. FALEOMAVAEGA

The Department of Defense reports that no known scientific studies are currently being undertaken on the effects of dioxin, but extensive data has been compiled from past examinations of the herbicides in Agent Orange.

Mr. FALEOMAVAEGA. Has there been any movement to maybe put a sense of convention to ban forevermore the use of Agent Orange which contains dioxin, just like we are in an effort to ban chemical and biological substances in warfare?

Mr. PALMER. Again, Mr. Chairman, I will have to get back to you about whether there has been any discussions about that issue. None that I am familiar with.

[The information referred to follows:]

WRITTEN RESPONSE RECEIVED FROM MR. MATTHEW PALMER TO QUESTION ASKED DURING THE HEARING BY THE HONORABLE ENI F.H. FALEOMAVAEGA

There is no need to take such a step. The Department of Defense reports that Agent Orange was last produced in 1969 and last used on April 15, 1970, when the Department of Defense terminated all uses of Agent Orange in Vietnam. In March 1972, all remaining stocks of Agent Orange in Vietnam were shipped to Johnston Island. All remaining "surplus" stocks of Agent Orange in the Continental United States were placed in storage in 1970 at the Naval Construction Battalion Center, Gulfport, Mississippi. From May through August 1977, all stocks of Agent Orange in Mississippi and on Johnston Island were destroyed by at-sea incineration in the

Central Pacific Ocean. Agent Orange was never registered by the United States Environmental Protection Agency for commercial use. It was a tactical herbicide that could be used only in military operations.

Mr. FALEOMAVEGA. Okay. Well, gentleman, I really appreciate your participation. You are definitely going to see my ugly face again if I come back in November, and we are going to continue the dialogue.

And I realize that this is a very sensitive issue. But sometimes, sensitivities aside, all we are trying to do is see that we get some good answers and, hopefully, a better sense of direction on how we can resolve this problem, not only for the people of Vietnam but also our soldiers and many of our veterans who were exposed to the substance. And that is something that I am sure that in the coming months is going to continue to be in the mix of issues that we are going to be looking at.

I notice the Department of Veterans Administration is also looking at the Agent Orange issue again. And for those who were also exposed to Post-Traumatic Syndrome situation with our veterans coming out of Iraq and Afghanistan, and of course, our soldiers that were also in Vietnam are still affected by this.

So, again, I want to thank both of you gentlemen for coming this afternoon. We will definitely keep in touch.

Thank you very much. We appreciate it.

We are very honored and happy to have with us our next panel with Dr. Nguyen Thi Ngoc Phuong, medical doctor and currently the director general of Ngoc Tam Hospital in Ho Chi Minh City in Vietnam. As I mentioned earlier, he also is a former vice speaker of Vietnam's National Assembly and currently is a member of the U.S.-Vietnam dialogue group on Agent Orange/dioxin. Dr. Phuong has had a distinguished career as a medical doctor specializing in obstetrics and gynecology, and as a former professor. My gosh, just a list that goes on and on, having such a fantastic career and being a true hero as a medical doctor. And we are very happy to have her come.

Also with us is Ms. Tran Thi Hoan, who is a second-generation victim of Agent Orange. Her mother was exposed to Agent Orange during the Vietnam war. Hoan was born without legs and is missing her left hand. She is about to graduate from college in Ho Chi Minh City with a degree in information technology. She is a member of the Ho Chi Minh City chapter of the Vietnam Association of Victims of Agent Orange/Dioxin.

I cannot say enough about how deeply grateful I am and appreciative of the efforts that our two witnesses have made to come all the way from Vietnam to share with us their testimony and their life experience as we address the problems of Agent Orange, what are some of the latest developments out of Vietnam, and at least some of the things that we had discussed earlier with Dr. Palmer and Dr. Wilson. I look forward to the testimony of Dr. Phuong and Ms. Hoan this afternoon, and I would like to ask Dr. Phuong to begin.

And does she need a translator?

The INTERPRETER. No. She can speak English herself, but I will just help her with the questions if she cannot hear your questions very well.

Mr. FALCOMA. Okay.

Before we proceed, I am very honored to have along with us this afternoon a distinguished member of our subcommittee, Dr. Watson, a distinguished Member of Congress from the State of California and former Ambassador to the Federated States of Micronesia. And I would like to give her this opportunity, if she has an opening statement to share it with us.

Ms. WATSON. Thank you so much, Mr. Chairman.

And I am always appreciative when you hold these important hearings to inquire about the recent developments in remediation and the efforts being made to address the continuing impact of dioxin, also known as Agent Orange, in Vietnam.

We know that in between 1961 and 1971, as part of Operation Ranch Hand, 11 million to 12 million gallons of Agent Orange were sprayed onto south Vietnam. As a result of spraying of the agent, between 2.1 million and 4.8 million Vietnamese were directly exposed to Agent Orange and other herbicides during the Vietnamese war.

While the damages and the effects of any war are devastating to locals and U.S. troops alike, I believe that now is the time to accurately assess the damage to the fullest extent possible and accept our responsibility in dealing with the aftermath of this act.

Although Agent Orange has long been attached to uncertainty and controversy, I am pleased that we are seeing progress in our relationship with the Vietnamese Government and the nongovernmental organizations. The selfless efforts of the NGOs are to be commended. Included are the Ford Foundation, UNICEF, the United Nations Development Program, the Bill and Melinda Gates Foundation, as well as the Vietnamese NGOs, and the guests that are here on our panel today.

Over the years, in speaking with the many Vietnamese veterans in my congressional district, exposure to Agent Orange has caused many health issues, such as but not limited to Hodgkin's disease, respiratory cancer in the lungs, bronchus, the larynx, and the trachea, as well as prostate cancer and type II diabetes. Many Vietnamese veterans in my district as well as around the country are still feeling the effects of Agent Orange some 40 years later.

And, Mr. Chairman, before I close, I would like to sincerely thank you for your personal efforts championing this issue. We so appreciate you and your tenacity.

And as you know, many agencies and nongovernment organizations and individuals have put much time and resources aiding the Vietnamese people to remedy the effects of the dioxin. So continued assistance is our humanitarian responsibility, and continued study and research is still vital and necessary, and continued remediation efforts is simply the right thing to do.

And so I am so pleased to see your panelists today. Let me stop here so we can hear from them, and I yield back the balance of my time.

[The prepared statement of Ms. Watson follows:]

**Opening Statement
Congresswoman Diane E. Watson
Subcommittee on Asia, the Pacific, and the Global Environment
Committee on Foreign Affairs
Thursday July 15, 2010
2:00 p.m.**

“Agent Orange in Vietnam: Recent Developments in Remediation”

Thank you, Mr. Chairman, for holding this important hearing to inquire about recent developments in remediation and the efforts being made to address the continuing impact of dioxin (a.k.a. Agent Orange) in Vietnam.

We know that between 1961 and 1971, as part of Operation Ranch Hand, 11-12 million gallons of Agent Orange were sprayed on South Vietnam. As a result of spraying the agent, between 2.1 million and 4.8 million Vietnamese were directly exposed to Agent Orange and other herbicides during the Vietnam War. While the damages and effects of any war are devastating to locals and U.S. troops alike, I believe that now is the time to accurately assess the damage to the fullest extent possible and accept our responsibility in dealing with the aftermath of this act.

Although Agent Orange has long been attached to uncertainty and controversy, I am pleased that we are seeing progress in our relationship with the Vietnamese government, and non-governmental organizations (NGO's). The selfless efforts of NGO's are to be commended. Included are: the Ford Foundation, UNICEF, the United Nations Development Program, the Bill and Melinda Gates Foundation; as well as Vietnamese NGO's; and the guests on our panel today.

Over the years in speaking with the many Vietnam veterans in my congressional district, exposure to Agent Orange has caused many health issues such as, but not limited to: Hodgkin's disease, respiratory cancer in the lungs, bronchus, larynx, and trachea; as well as prostate cancer, and Type 2 Diabetes. Many Vietnam veterans in my district as well as around the country are still feeling the effects of Agent Orange some 40+ years later.

I am pleased to see the selected panelists before us today and I look forward to hearing their testimony.

Thank you Mr. Chairman. I yield back the balance of my time.

Mr. FALEOMAVAEGA. I thank the gentlelady from California for her most eloquent statement, and certainly a clear understanding of the issues and the challenges that are before us in dealing with this issue of Agent Orange. I appreciate deeply her support and always her commitment in serving as a member of this subcommittee, especially as our former Ambassador to the Federated States of Micronesia, where she was given a real deep sense of appreciation and understanding of people living in this part of the world, where she has also had an opportunity of visiting various countries throughout Asia.

So her exposure could not have been a better and more fitting occasion for her to serve on this subcommittee where she can at least have a sense of understanding and appreciating when people coming from this part of the world, she can feel what it means to be affected and to be exposed or to be involved in this region.

So I thank the gentlelady, and I deeply appreciate her presence. So Dr. Phuong, please proceed with your testimony.

STATEMENT OF NGUYEN THI NGOC PHUONG, M.D., DIRECTOR GENERAL, NGOC TAM HOSPITAL, HO CHI MINH CITY, VIETNAM (FORMER VICE SPEAKER OF THE VIETNAM NATIONAL ASSEMBLY; PRESENTLY MEMBER OF THE U.S.-VIETNAM DIALOGUE GROUP ON AGENT ORANGE/DIOXIN)

Dr. PHUONG. Honorable Chairman Faleomavaega, and Congress Members, ladies and gentlemen. First, I would like to extend my sincere thanks to Chairman Faleomavaega and the members of the Subcommittee on Asia, the Pacific and the Global Environment for organizing this hearing on "Agent Orange in Vietnam: Recent Developments in Remediation."

I am pleased to have the opportunity to once again talk about the urgent needs of the victims of Agent Orange in Vietnam and what we can do together to help them.

I am testifying today as a vice president of the only organization that represents the millions of victims of Agent Orange in Vietnam. The Vietnamese Association of Victims of Agent Orange/dioxin, or VAVA. Our association was founded in 2003 by a handful of victims of Agent Orange, many of whom have now died from their Agent Orange-related illnesses.

From 2003 until today, VAVA has grown to over 300,000 members with chapters in 55 provinces and 326 districts. We advocate for the rights of those affected by Agent Orange and dioxin in Vietnam and internationally, and we provide direct aid and health services by and for three generations of those harmed by Agent Orange, dioxin and other agents.

I am a physician and scientist who worked for many years at a big obstetrics-gynecology hospital in Ho Chi Minh City, the Tu Du Hospital, where I witnessed the suffering of the families having babies born with deformities related to Agent Orange and dioxin and other toxic chemicals exposure. I am now vice president of Ho Chi Minh City's Society for Reproductive Medicine and standing vice president of the Association of Obstetrician and Gynecologists with my colleagues in Vietnam as well as in the other countries, including in the USA.

I have conducted many studies on the long-term effects of dioxin contained in Agent Orange and in other agents sprayed over the southern part of Vietnam during wartime and the human health and human reproduction. The result of those numerous studies confirm that about 4.8 million, from 2.1 million to 4.8 million Vietnamese people were directly exposed to Agent Orange/dioxin during the wartime, with more than 3 million suffering from illnesses. And among those 3 million, there are about 150,000 visible children now in Vietnam alive.

Many million more Vietnamese people have been indirectly exposed through the breast milk from the exposed mother or through the food chain when living around the dioxin-contaminated areas. Where the U.S. Air Force had stored barrels of Agent Orange that we call now the hot spots, the land, soil, sediment, fish, fowl in and around those hot spots still contain dioxin at a very high level, from a few hundred to 1 million parts per trillion.

Dioxin can cause a wide range of illnesses, including cancerous and other diseases and birth defects. More tragically, these harmful effects can be transmitted to many generations through the damage to DNA molecules and genes caused by dioxin once it enters into the cells of the exposed people.

Based on the evidence of the harmful effects of the use of Agent Orange and other toxic chemicals during wartime in Vietnam, the International Peoples' Tribunal of Conscience in Support of the Vietnamese Victims of Agent Orange/dioxin, convened on May 15 and 16 of 2009 in Paris, concluded that all victims of Agent Orange and dioxin should be rightfully compensated.

The Vietnamese people, similar to the American Vietnam veterans, are subject to all the diseases and birth defects recognized by the American Veterans Administration, the Institutes of Medicine and the U.S. Government. More than that, in Vietnam, we have identified many additional health problems due to repeated exposure to dioxin at a greater scale and during a very long period of time.

The U.S. Veterans won a legislative victory for compensation for exposure to Agent Orange and received about \$1.5 billion per year in benefits related to the use of this agent. However, their children and grandchildren, who are being born with dioxin-related birth defects, do not yet receive any assistance. We support the U.S. veterans' efforts to gain full compensation and medical treatment for their children and grandchildren.

We are also aware that some of the more than 1 million people in the Vietnamese-American community in the United States suffer from Agent Orange and dioxin-related conditions and are in need of health care. We hope that this will be provided to them.

About the victims in Vietnam. The Vietnamese Government provides a monthly stipend of about \$17 U.S. dollars for each of the 300,000 victims. This totals up to \$50 million per year. VAVA has raised money, about \$20 million USA per year, to support 1 million families of victims who are facing lives of extreme hardship and poverty. VAVA is also conducting a survey to identify others affected nationwide.

The Vietnam-U.S. Dialogue Group, of which I am a member, supported by the Ford Foundation, along with UNICEF and UNDP,

has done a temporary containment of one part of Danang Airport, one part, and that part is the dioxin contaminated. And with the financial assistance from Bill and Melinda Gates Foundation and the philanthropy, one laboratory for dioxin analysis is being built in Hanoi.

The Dialogue Group has just released a plan of action for the 10 coming years with a proposed \$300 million for cleaning dioxin-contaminated soil and restoring damaged ecosystems and expanding services to people with disabilities linked to dioxin and to people with other forms of disabilities. The amount is modest as compared with what the victims need, but the effort of the Dialogue Group is well appreciated in Vietnam.

Beginning in 2002, the U.S. Congress and government began to recognize the severity of the problem and to provide some monetary assistance to Vietnam to remediate the hot spots and help the victims in Danang. The U.S. Congress has allocated \$9 million over 4 years for hot spot remediation and health programs. So far, \$2 million has been allocated to three U.S. nongovernmental organizations for programs to support and care for those with disabilities in Danang.

For a comparison, according to some experts, only the cleanup and remediation just in one area of high concentration is estimated to be \$60 million. In Vietnam today, there are still 28 hot spots and many million victims of Agent Orange and dioxin.

The first generation of victims are suffering and dying every day from cancers and other diseases related to Agent Orange/dioxin exposures. They cannot wait any longer for the basic treatment and care that will ease their agony. The youngest and most fragile victims are born with the most tragic birth defects. They cannot wait any longer for justice.

Mr. Chairman, ladies and gentlemen, I would like to respectfully suggest that you and your colleagues in the Congress continue the work begun by the U.S. veterans groups and other American nongovernmental organizations to decisively heal the wounds of war for Vietnam's more than 3 million Agent Orange/dioxin victims.

I propose that Congress agree to provide resources from comprehensive medical services, chronic care, rehabilitation, and educational services and facilities for Agent Orange/dioxin victims; provide assistance for impoverished families and caretakers of Agent Orange/dioxin victims; provide the above resources by funding Vietnamese nongovernmental organizations, including the Vietnam Association for Victims of Agent Orange/dioxin, to engage in these activities; provide funding to remediate those areas in Vietnam that continue to contain high levels of dioxin; to stop as soon as possible exposure for people living around those hot spots so we can prevent birth defects and diseases related to dioxin exposure for the future generations; and, require the chemical companies who manufactured Agent Orange to recognize their responsibility and assist the victims.

I hope that this third hearing convened by Mr. Chairman and the Subcommittee on Asia, the Pacific and the Global Environment will build on the testimony in the previous hearings and result in action to address the agony and the suffering the victims of Agent Orange and dioxin are experiencing daily. We look forward to your

understanding and empathy. The pain of our victims is too great. Timely and effective actions taken by this Congress to help victims of Agent Orange and dioxin in Vietnam are the final step in healing the wounds of war as our two peoples in two countries continue to build a relationship of friendship and peace. Thank you.

[The prepared statement of Dr. Phuong follows:]



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SUBCOMMITTEE ON ASIA, THE PACIFIC AND THE GLOBAL ENVIRONMENT

Agent Orange in Vietnam: Recent Developments in Remediation

Testimony of Dr. Nguyen Thi Ngoc Phuong
Vietnam Association of Victims of Agent Orange/dioxin

Honorable Chairman Faleomavaega, Congress members, Ladies and Gentlemen,

First, I would like to extend my sincere thanks to Chairman Faleomavaega and the members of the Subcommittee on Asia, the Pacific and the Global Environment for organizing this Hearing on "Agent Orange in Vietnam: Recent Developments for Remediation". I am pleased to have this opportunity to once again talk about the urgent needs of the victims of Agent Orange/dioxin and what we can do together to help them.

I am testifying today as a Vice President of the only organization that represents the millions of victims of Agent Orange in Vietnam. The Vietnam Association of Victims of Agent Orange/dioxin (or VAVA). Our Association was founded in 2003 by a handful of Agent Orange victims, many of whom have now died from their Agent Orange related illnesses. From 2003 until now, our Association has grown to over 300,000 members with chapters in 55 provinces and more than 326 districts. We advocate for the rights of those affected by Agent Orange in Vietnam and internationally. And we provide direct aid and public health and other services by and for three generations of those harmed by the dioxin in Agent Orange.

I am a physician and scientist who worked for many years at a big obstetrics-gynecology hospital in Ho Chi Minh City – Tu Du hospital where I witnessed the suffering of babies born with deformities related to Agent Orange exposure. I am now the Vice President of the Vietnam Obstetricians and Gynecologists Association.

In my position as Vice President of VAVA and as a public health expert, I see daily the effect of Agent Orange on the bodies and minds of those exposed to this deadly chemical. Their suffering is immense and acute!

I have conducted numerous studies about birth defects and cancers related to the toxic chemicals sprayed over the southern part of Vietnam during wartime. The first generation of victims, who were exposed during the war, is dying from cancers,



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complications of diabetes type 2, leukemia, multiple myeloma, Hodgkins and non Hodgkins lymphoma, and ischemic heart disease and other diseases that are recognized by the US Department of Affairs for American veterans. Like many U.S. veterans, their lives are cut short. Tragically, the toxic impact of the dioxin in Agent Orange continues in their children and grandchildren. Two and now three generations of children are being sickened and maimed -- born with severe, multi system organ disease, developmental disabilities, neurological problems, and multiple deformities of their limbs.

Other people become Agent Orange victims through environmental exposure. They live in one of the 28 "hot spots" where Agent Orange/dioxin was dumped or stored during and after the war. In these areas of my country, the water, land, fish and fowl contains much higher levels of dioxin than is acceptable by international standards. This has resulted in the systematic destruction of entire ecosystems in significant areas of Vietnam

From 1961 to 1971, more than 20 million gallons of toxic chemicals containing more than 366 kg of dioxin were sprayed over the land and people of Viet Nam. Only one billionth of a gram of dioxin can cause cancers, birth defects, miscarriages, etc. dioxin is the most toxic chemical made by humans. The spraying of these toxic agents (Agent Orange, Blue, White, Purple, Green, Pink, etc.) has devastating effects on human health and nature. It destroys the environment, and biodiversity, causing annual natural catastrophes such as flooding.

Numerous scientific studies have confirmed the association between the dioxin in Agent Orange and a range of health conditions.

Studies at a number of hospitals in Vietnam show a higher incidence of reproductive abnormalities among residents of sprayed regions in families of veterans who fought in the south, including the severe birth defects of ancephaly, hydrocephaly, cleft lip and cleft palate, spina bifida, lack of limbs. An estimated 800,000 people currently suffer serious health problems and are in need of constant medical attention. An estimated 50,000 deformed children are born to parents who were directly sprayed or were exposed through food and water. Parents exposed to Agent Orange/dioxin are 3 times more likely to have deformed children.

There has also been some progress in understanding how parents' exposure to dioxin can result in birth defects in their children and grandchildren. It is proven that, dioxin once it enters into the cell, causes damages to DNA and to genes, so that it increases the rate of cancers and other diseases, including birth defects for generations.

The Vietnamese are subject to all the diseases recognized by studies conducted on American veterans: acute and subacute peripheral neuropathy, chloracne, chronic lymphocytic leukemia, Hodgkin's Disease, Multiple myeloma, non-Hodgkin's



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lymphoma, Prostate cancer, Respiratory cancers, Soft tissue sarcoma-acute, and Type II Diabetes mellitus. We, in Vietnam, have identified additional health care issues related to prolonged exposure over a significant period of time. Many Vietnamese people have died and continue to suffer from the same respiratory problems, cancers and diabetes which can lead to heart and circulatory problems, liver problems, ischemic heart disease and neurological problems.

The U.S. government currently awards service connected disability to U.S. veterans presumptively exposed to Agent Orange for these conditions. However, they have yet to be assisted for all of the conditions related to Agent Orange exposure. And families of U.S. veterans whose children are being born with dioxin-related birth defects, are also asking for assistance from their government. We support their efforts to gain full compensation and medical treatment for their children and grandchildren!

We are also aware that some of the more than one million people in the Vietnamese American community in the United States suffer from Agent Orange related conditions and are also in need of health care. We hope that this will be provided to them.

VAVA certainly supports continuing scientific research and studies. But the time for waiting for results while our children suffer and die is over! Our victims cannot wait any longer for the basic treatment and care that will ease their agony!

Nowhere in the world is there a population that has been so greatly exposed to Agent Orange/dioxin as the Vietnamese people. Because of their medical conditions and birth defects, the victims and their families face lives of extreme hardship and poverty. VAVA and the Vietnamese people and government are doing our best to help. VAVA in particular has 20 centers and provides direct assistance to thousands of families of Agent Orange victims. But, our resources are limited and the needs are great. The victims who suffer from cancers and other Agent Orange related illnesses die every day. And daily, the youngest and most fragile victims are born with the most tragic birth defects. They cannot wait any longer for justice!

Beginning in 2002, the U.S. Congress and government began to recognize the severity of the problem and to provide some monetary assistance to Vietnam to remediate the hot spots and help the victims in Danang.

Some NGOs including the U.S. -Vietnam Dialogue Group, of which I am a member, the Ford Foundation and US veterans' groups are working to raise money for the clean up efforts and to help the victims and the disabled. Their assistance is greatly appreciated. But their resources are hardly sufficient.

Here I would like to say a word about the specificity of Agent Orange victims. We in VAVA have also been working to identify the Agent Orange victims across Vietnam.



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There is some confusion about the use of the term “disabled” with regard to these victims. While some victims become disabled, others are not. Many disabled people in Vietnam are not Agent Orange victims. Agent Orange victims are those who were directly exposed to Agent Orange/dioxin whether by being sprayed, through the “hot spots” or through their parents. While we welcome assistance for the disabled, we believe that there is a particular responsibility to those who are suffering due to the use of Agent Orange.

The American Public Health Association in its 2007 policy statement on Agent Orange recognized the responsibility of the US government and chemical companies to alleviate the harm caused by their use of Agent Orange/dioxin in recommending that,

“... the US government and involved chemical companies provide resources for the disabled... provide medical and nursing services for those harmed by Agent Orange; develop community support organizations, including health care and educational and chronic care services... for American and Vietnamese people harmed...[and] remediate or attempt to clean up those areas of in Vietnam that still contain high levels of dioxin.” (APHA Policy # 20075)

Since I testified several years ago at the first hearing of this committee, there has been growing international public awareness of the need to address this urgent public health and environmental crisis. I believe that the American people, and particularly the veterans who experience the same pain, want to do the right thing! The best way to build friendship and mutual understanding on this, the 15th anniversary of relations between the U.S. and Vietnam is to deal with this legacy from our shared past.

I would like to respectfully suggest that you and your colleagues in the Congress continue the work begun by U.S. veterans and other American groups to decisively heal the wounds of war for Vietnam’s more than 3 million Agent Orange victims:

1. Provide resources for comprehensive medical, rehabilitation, chronic care and educational services and facilities for Agent Orange victims;
2. Provide assistance for impoverished families and caretakers of Agent Orange victims;
3. Provide the above resources by funding Vietnamese non-governmental organizations including the Vietnam Association for Victims of Agent Orange/dioxin to engage in these activities;
4. Provide funding to remediate those areas in Vietnam that continue to contain high levels of dioxin



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5. Require the chemical companies who manufactured Agent Orange to recognize their responsibility and assist the victims.

I hope that this third hearing on Agent Orange convened by the subcommittee on Asia, the Pacific and the Global Environment will build on the testimony in the previous hearings and result in action to address the agony and the suffering the victims of Agent Orange/dioxin are experiencing daily. We look forward to your understanding and empathy. The pain of our victims is too great! Timely and effective actions by this Congress to help victims of Agent Orange/dioxin are the final step in healing the wounds of war as our two peoples and countries continue to build a relationship of friendship and peace.

Thank you.

Mr. FALEOMAVAEGA. Thank you, Dr. Phuong.
 Ms. Hoan, for her testimony.

STATEMENT OF MS. TRAN THI HOAN, AGENT ORANGE VICTIM

Ms. HOAN. First, I want to thank Chairman Faleomavaega and Member Watson and everybody spending time to come here.

The subject of this hearing is to understand the needs of the victims of Agent Orange. I would like to contribute to this discussion because I am one of those victims. I would like to share my personal experience with you today. But my experience is not unique. I am one of hundreds of thousands of young people whose lives have been marked by our parents' or grandparents' exposure to Agent Orange.

I was born as you see me, without two legs and missing a hand. I was born on December 16, 1986, into a farming family in Duc Linh district of Binh Thuan province in central Vietnam. My mother was exposed to Agent Orange earlier when she was farming her plot of land, which turned out to have Agent Orange canisters buried in the soil. My older sisters and my older brother were born without any problems, and my younger brother was stillborn in 1988, due to an abdominal wall defect.

When I was young, it was difficult for me to play with the other children or attend school because at that time, people didn't understand about Agent Orange. They thought my condition was a result of bad karma in my family.

When I was 8 years old, I met a local journalist who suggested I go to Tu Do Hospital in Ho Chi Minh City so that I could get better care and an education. With my parents' encouragement, I moved to Peace Village II, the Agent Orange center at Tu Du Hospital.

Since then, I have been living in Peace Village II. I share the ward with 60 children suffering from the effects of Agent Orange. Let me tell you about some of my friends who share my home. They suffer from spinal bifida, congenital limb deformity,

multijoint stiffness, different types of syndromes, microcephaly, hydrocephalus, cerebral palsy, and others.

I also know others, such as Pham Thi Thuy Dung, who is 16 years old, and Pham Thi Linh Nhi, her younger sister, 14, and their sufferings, but I don't know how they are classified. She cannot speak. Dung was born in Binh Thuan province; 48 inches in height, 53 pounds in weight, bedridden, she cannot speak. She gets sick when there is a change in temperature. Linh Nhi is 64 pounds and 49 inches tall, she sleeps most of the time and suffers from nutritional deficiencies. Little Pham Thi Thuy Linh, born 1994 without arms, now lives in Peace Village II. She writes with her toes. Her grandpa was an ARVN soldier who participated in the spraying of Agent Orange.

At Peace Village II, we all live together, and those of us who are able help those who are sicker.

Some of my friends have died from their birth defects, like Nguyen Thi Hanh, born in 1997, who had multijoint stiffness, and died in 2007. Little Huynh Thurong Hoai, born in 1996 in Cu Chi without a left arm and without legs, had a heart defect and suffered from epilepsy and multideformity and died in 1999 from total heart muscle failure. Victims of Agent Orange die every day, and they need immediate attention and help.

The staff of the Peace Village II is loving and kind and does their best to create a warm atmosphere for us. There are many other children who could benefit from this treatment, but there is not enough room for all those children who need this kind of care. Some of the residents, like me, can go to school and work, but others will lie in their beds until they eventually die. All over Vietnam there are hundreds of thousands of children like Dung and Hanh who lie at home without access to the services available to those at Peace Village II.

I don't know what would have happened to me if I hadn't been able to come to Peace Village II. Without legs and a hand, it would be difficult to farm. And without education, other jobs would be out of reach. But I was able to go through school. I am now about to graduate from the Ho Chi Minh City University of Foreign Languages and Information Technology with a certificate in computer science. In fact, I took a week away from preparing for final exams to come and testify here today.

I am considering continuing my education. I had dreamed about being a doctor, but I don't know if my physical condition will allow me to do this. But I am confident that I will be able to find a way to make a contribution to my society and to continue to help other Agent Orange victims.

I am one of the lucky ones. While I am missing limbs, my mental functioning is fine. No one knows what other effects of the dioxin/Agent Orange may develop in my body, but many babies, children, and young people my age live lives of quiet agony. They are trapped in bodies that do not work. Their brain remains in infancy even as their bodies grow. Most of these children have much fewer medical and rehabilitative services than me. Most live with their families in farming communities like the one I grew up in. Some of their parents, the generation directly exposed to Agent Orange, are also sick with cancer. Whatever their health, most parents of

seriously disabled victims are poor. Needing to provide constant care for their children, they cannot work. Many must spend money they don't have each month for medicines. Some live in sub-standard housing.

Our Government does provide assistance to the most seriously ill victims, but our country is still developing, and the system doesn't meet all the needs. The organization that represents individuals, the Vietnam Association for Victims of Agent Orange/dioxin, also assists the victims. VAVA, as it is called, is building daycare centers for young victims, rehabilitation centers, and providing medical care and social services. I am part of the new generation of VAVA members around the country.

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

Building more centers like Peace Village II in many regions of Vietnam is necessary, particularly for those with severe birth defects.

For those who are somewhat better off, daycare centers, vocational and educational rehabilitation centers, and aid to families to facilitate home care are crucial. Medical care specifically targeted to the conditions we face, as well as prosthetics and other services, is needed.

For our parents and grandparents exposed during the war, treatment for their cancers and all the diseases is a responsibility.

A comprehensive approach will be required to meet these human health needs. Going along with this is the requirement that the toxic hot spots where dioxin remains in the land and water be cleaned up.

Agent Orange victims also want a say in how services for us are planned and delivered. That is why our organization, VAVA, should be central to the development of all assistance programs.

Many youth like me were born after the war. Like other young people, we dream of having a family, getting a job, and having a peaceful life. But the aftermath of the war destroys the dreams of many young Agent Orange victims in Vietnam. In this 15th year of relations between Vietnam and the U.S., we ask the U.S. people and their representatives to reach out your hands in friendship and understanding.

I am aware that the children and grandchildren of U.S. veterans exposed to Agent Orange are suffering like us. We wish to share common experiences with them. We hope that they receive the medical care and assistance they need.

There is a Vietnamese saying, "Ngay mai troi lai sang," something like the American popular song, "The sun will come up tomorrow."

I hope that this hearing will be testament to the power of hope, of dreams, and of assuring justice. Thank you.

[The prepared statement of Ms. Hoan follows:]



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SUBCOMMITTEE ON ASIA, THE PACIFIC AND THE GLOBAL ENVIRONMENT

Agent Orange in Vietnam: Recent Developments in Remediation

Testimony of Ms. Tran Thi Hoan
 July 11, 2010

The subject of this hearing is to understand the needs of the victims of Agent Orange. I would like to contribute to this discussion because I am one of those victims. I would like to share my personal experience with you today. But my experience is not unique. I am one of hundreds of thousands of young people whose lives have been marked by our parents or grandparents exposure to Agent Orange.

I was born, as you see me, without two legs and missing a hand. I was born on December 16, 1986 into a farming family in Đức Linh district of Bình Thuận province in Central Vietnam. My mother was exposed to Agent Orange earlier when she was farming her plot of land which turned out to have Agent Orange canisters buried in the soil. My older sisters and my older brother were born without any problems, but my younger brother was still born in 1988, due to an abdominal wall deformity.

When I was young, it was difficult for me to play with the other children, or attend school because, at that time, people didn't understand about Agent Orange. They thought that my condition was a result of bad karma in my family.

When I was 8 years old, I met a local journalist who suggested I go to Từ Dũ Hospital in Ho Chi Minh City so that I could get better care and an education. With my parents' encouragement, I moved to Peace Village II, the Agent Orange center at Từ Dũ Hospital.

Since then I have been living in Peace Village II. I share the ward with 60 children suffering from the effects of Agent Orange. Let me tell you about some my friends who share my home. They suffer from spina bifida, congenital limb deformity, multijoint stiffness, different types of syndromes, microcephalae, hydrocephalus, cerebral palsy, etc. I also know others such as Phạm Thị Thuý Dung (pronounced, Zung), is 16 years old and Phạm Thị Linh Nhi, her younger sister, 14, and their sufferings, but I do not know how they are classified. Dung was born in Bình Thuận province, 48 inches in height, 53 pounds in weight, bed ridden. She cannot speak. She gets sick when there is a change in temperature. Linh Nhi is 64 pounds, and 49 inches tall, she sleeps most of the time, and suffers from nutritional deficiency. Little Phạm Thị Thuý Linh,

born 1994 without arms, now lives in Peace Village II. She writes with her toes. Her grandpa was an ARVN soldier who participated in the spraying of Agent Orange.

At Peace Village II we all live together and those of us who are able help those who are sicker. Some of my friends have died from their birth defects, like Nguyễn Thị Hạnh, born in 1997, who had multijoint stiffness, and died in 2007. Little Huỳnh Thương Hoài, born in 1996 in Cù Chi, without a left arm and without legs, had a heart defect, and suffered from epilepsy and multideformity and died in 1999 from total heart muscle failure. Victims of Agent Orange die every day, and they need immediate attention and help.

The staff at Peace Village II is loving and kind, and does their best to create a warm atmosphere for us. There are many other children who could benefit from this treatment but there is not enough room for all those children who need this kind of care. Some of the residents, like me, can go to school and work but others will lie in their beds until they eventually die. All over Vietnam there are hundreds of thousands of children like little Dung and Hạnh, who lie at home without access to the services available to those at Peace Village II.

I don't know what would have happened to me if I hadn't been able to come to Peace Village II. Without legs and a hand it would be difficult to farm, and without education, other jobs would also be out of reach.

But I was able to go to school. I am now about to graduate from the Ho Chi Minh City University of Foreign Languages and Information Technology (HUFLIT) with a certificate in computer science. In fact, I took a week away from preparing for final exams to come and testify here today!

I am considering continuing my education. I had dreamed about being a doctor but I don't know if my physical condition will allow me to do this. But I am confident that I will be able to find a way to make a contribution to my society and to continue to help other Agent Orange victims.

I am one of the lucky ones! While I am missing limbs, my mental functioning is fine. No one knows what other effects of the dioxin in Agent Orange may develop in my body. But many babies, children and young people my age live lives of quiet agony. They are trapped in bodies that do not work. Their brains remain in infancy even as their bodies grow.

Most of these children have access to much fewer medical and rehabilitative services than me. Most live with their families in farming communities like the one I grew up in. Some of their parents – the generation directly exposed to Agent Orange – are also sick with cancers. Whatever their health, most parents of seriously disabled victims are poor. Needing to provide constant care for their children, they cannot work. Many must spend money they don't have each month for medicines. Some live in substandard housing.

Our government does provide assistance to the most seriously ill victims. But our country is still developing and the assistance doesn't meet all the needs.

The organization that represents the victims, the Vietnam Association for Victims of Agent Orange/Dioxin (VAVA), also assists the victims. VAVA as it is called, is building day care centers for young victims, rehabilitation centers and providing medical care and social services. I am part of the new generation of VAVA members around the country.

What do the victims need and want? We want those responsible for the terrible consequences of Agent Orange to hear our pain and then to respond as members of the human family.

The chemical manufacturers who made the Agent Orange and the U.S. government who sprayed and dumped it in our country should respond to this human tragedy by doing the right thing! It is a matter of justice and humanity!

Building more centers like Peace Village II in many regions of Vietnam is necessary, particularly for those with severe birth defects. For those who are somewhat better off, daycare centers, vocational and educational rehabilitation centers and aid to families to facilitate home care are crucial. Medical care specifically targeted to the conditions we face as well as prosthetics and other services is needed.

For our parents and grandparents exposed during the war, treatment for their cancers and other diseases is a responsibility.

A comprehensive approach will be required to meet these human health needs. Going along with this is the requirement that the toxic "hot spots" where dioxin remains in the land and water be cleaned up.

Agent Orange victims also want a say in how services for us are planned and delivered. That's why our organization, VAVA, should be central to the development of all assistance programs.

Many youth like me were born after the war. Like other young people, we dream of having a family, getting a job and having a peaceful life. But the aftermath of the war destroys the dreams of many young Agent Orange victims in Vietnam. In this 15th year of relations between Vietnam and the U.S. we ask the U.S. people and their representatives to reach out your hands in friendship and understanding.

I am aware that the children and grandchildren of U.S. veterans exposed to Agent Orange are suffering like us. We wish to share common experiences with them. We hope that they receive the medical care and assistance they need.

There is a Vietnamese saying *Ngày mai trời lại sáng* something like the American popular song, "the sun will come up tomorrow".

I hope that this hearing will be a testament to the power of hope, of dreams and of assuring justice!

Thank you!

Mr. FALCOMAVAEGA. Thank you, Dr. Phuong and Ms. Hoan, for your statements.

Without objection, the statements of all our witnesses this afternoon will be made part of the record and any other extraneous materials they want will be added to the record as well.

I would like to turn the time now to Dr. Watson for her line of questions.

Ms. WATSON. I want to thank our two witnesses for coming here and giving us an update. My colleague and I almost 10 years ago went over to Vietnam, and we looked at some of the victims and their rehabilitation programs.

However, many years later, and maybe Dr. Phuong can address this, have you done the long-term studies as to what generational effects there are? Because we are looking at 40 years later. And what are you seeing now among the new births?

Dr. PHUONG. Ms. Congresswoman, yes, we do have many studies, but the long-term follow up we do not have. But every year, almost every year, we have a cross-sectional study on villages in sprayed areas, so that now we follow, not very continuously, but every year, once every year.

So we found out in, for example, Phnom Tamao, where the spread was very heavy during wartime, and the third generation has the same as the second generation; they also have birth defects, they also have cancers very young, and many diseases like their parents.

Ms. WATSON. Are you seeing a reduction in these effects? Or just generation after generation, when babies are born, you see the same defects as you did in the first generation? I am wondering if the spray, whatever the antibodies are, if they wear down after a period of time. Are you still seeing the defects as strong as they were in the first generation?

Dr. PHUONG. I have many patients where the first generation is okay, no birth defects, but the second generation, they have cancer. But the third generation, the father and mother look outside normal, but the father later has cancer. But now, at the time they have the child, he is still normal, but the child has birth defects, it is invisible, and the second child is also invisible and the third child is also invisible. The second generation, no visibilities. But the third generation, there are many.

Ms. WATSON. Well, you are seeing a pattern, sometimes it skips over a generation, but it is picked up.

Dr. PHUONG. Yes.

Ms. WATSON. The studies that you have done, could you share that information with us?

Dr. PHUONG. Yes. It was published in many scientific journals, like the "Chemosphere" in the U.K. and in the journal of the APAA in the USA.

Ms. WATSON. Let me now speak to the chair. I just appreciate you following up the way you have done. If this information is available, then if there is a subsequent hearing, because I do know you have a second panel—

Mr. FALCOMAVAEGA. No. Will the gentlelady yield?

Ms. WATSON. Please.

Mr. FALCOMVAEGA. Because I think your line of questions fits right into the most serious dialogue that I had with our friends from the State Department and USAID. Unless I am deaf or something, they suggested that there is no causal relationship between dioxin and Agent Orange and the people of Vietnam who were exposed to it. And what I have come to understand now, from the testimony of Mr. Palmer and Dr. Wilson, is that our Government has done no scientific study on this issue.

Would you believe this? If there was a study, we don't accept it to say that there is a causal relationship between the deformities and abnormalities of the victims, the people who were exposed to Agent Orange and dioxin. And I was wondering if Dr. Phuong could help us along this line about the scientific studies, at least to her understanding, I was a little surprised to learn this from our friends from the administration that we don't admit the connection between Agent Orange and the causes of what has happened to being exposed to it.

Ms. WATSON. Mr. Chairman, if you will yield?

Mr. FALCOMVAEGA. Absolutely.

Ms. WATSON. Dr. Phuong, you mentioned that a lot of this information has appeared in some of the medical journals?

Dr. PHUONG. Yes.

Ms. WATSON. Would you expand on that, give us a sense of time when they appeared. And after you finish, I would like to suggest that we get a copy of her raw data.

Mr. FALCOMVAEGA. Without objection. All materials from Dr. Phuong's good office will be made part of the record on anything proven in terms of any scientific studies, medical journals, experiments that were done on a causal connection between birth defects and exposure to Agent Orange.

Dr. PHUONG. Mr. Chairman and Mrs. Watson, I would like to provide you one detail, one more detail, that the American Public Health Association has about 14,000 members, and they are very informed in epidemiology and in its 2007 policy statement on Agent Orange recognized the responsibility of the U.S. Government and chemical companies to alleviate the harm caused by the use of Agent Orange in recommending that the U.S. Government and both chemical companies provide resources for the disabled, provide medical nursing services, et cetera. So that means that they accept the connection, the link between Agent Orange, dioxin, and the disability and the illnesses. So that they recommend U.S. Government and the chemical companies because all of them are at the top of epidemiologists. I think that you do know that. So I think it is proof that now we can rely on, I think.

Ms. WATSON. Mr. Chairman, I think in light of Dr. Phuong's testimony, we might want to call some of them in. We can have a subsequent hearing with the data and the epidemiology studies, what are we doing? And since they have made the connection between Agent Orange and dioxin and it has had a negative effect, we need to query that.

I chair a subcommittee on procurement. And since it is the responsibility of our Government to follow up, what are we doing? We could hold a joint hearing, Mr. Chair, and raise these questions with those who have received the information.

Mr. FALEOMAVAEGA. If the gentlelady will yield. I would be more than delighted to have a joint hearing with your subcommittee to follow up on this issue because I have now come to realize that there is resistance from the administration and from our Government to have any sense of admission that there is a causal connection between Agent Orange and its effect, especially in the substance of dioxin. That is the reason why we are making this inquiry of why the sensitivity because for many years our own veterans filed lawsuits against Monsanto and Dow Jones chemical companies because they were the ones responsible for manufacturing and producing Agent Orange. And I believe that is where it gets a little fuzzy in terms of our courts also came up with decisions that doesn't seem to really—well, you know what lawyers can do with things like this, they make you go round and round and round and still with no clear answer.

But I would be delighted to do a joint hearing with the gentlelady.

Ms. WATSON. And I have one more question, if I may, of Ms. Hoan.

You have overcome a lot of the disabilities or handicaps. I must commend you on your speaking of English. I could understand everything that you were saying. So that shows that you are someone who has gotten in there and you are fighting. It is my hope that you will further continue, if possible, and aid those who are suffering from the results of Agent Orange.

What services would you suggest or would you like to see us provide to accomplish this goal to help people live, but to be sure we will have an impact on generations yet unborn? So can you just tell us what you see is missing that we might supply?

Mr. FALEOMAVAEGA. If it makes it easier for Ms. Hoan, she can speak in Vietnamese and then you translate in English.

Ms. HOAN. I will try to speak by English.

Mr. FALEOMAVAEGA. All right. Whatever is easier.

Ms. HOAN. In my testimony, I think we need more centers like Peace Village II. We need vocational and educational rehabilitation centers, and facilitate home care and medical care and prosthetics because Peace Village has a lot of children that are missing a hand or a leg, so they need prosthetics to go to school or to do something they want.

And with some other children, they need more centers to take care of medical to help their health. And we also need education for the victims who still have normal brain like me. We need education for in the future we can get a job to earn money for themselves.

Mr. FALEOMAVAEGA. Dr. Phuong, as I had mentioned earlier, I want to get to the bottom line on the issues that we are confronted with in terms of scientific studies that have been conducted. I would welcome your assistance in providing for the record any scientific studies or experiments that you are aware of to prove that there is definitely a relationship between what happened to Ms. Hoan as a result of the Agent Orange. Because it seems that there is still resistance on the part of the administration to admit the connection. And I believe this is one of the reasons why over the years the sensitivity of the case is to the extent that we just don't

want to admit liability or gullibility—or whatever you want to call it—to what has happened.

And I might also add that this is just as much a tremendous challenge even in our own country of providing proper assistance to people with disabilities. It is a big issue even here in America, that we have been totally inadequate in providing assistance, even as you said, prosthetics and the proper facilities for training, for education, for all of these areas, even facilities to accommodate the needs of citizens with disabilities even to go through a door or to go up a stairway, a situation that most of us who are normal take for granted. Even having wheelchairs, just to be mobile, to be able to more self-sufficient.

I really would like for you to share with us a little more. Is there any question in your mind about what dioxin and Agent Orange have done to your people? Because I hear our friends downtown saying we are there to help people with disabilities regardless. But they never say they will include those suffering from effects of Agent Orange. And I would like your response to that.

Dr. PHUONG. Mr. Chairman, I am very pleased to be able to help a little bit about proving the link between, so after going home, I will send you all my papers published in the U.K. or in the U.S. concerning the dioxin and the health effects.

Mr. FALEOMAVAEGA. Could you please do that? I would deeply appreciate it. Like I said, this is the third hearing that we have held. And the purpose of the hearing is to establish a firm record, establish a record with sufficient data, information and evidence to show that there is not only a connection, but the question following then, what are we doing about it in giving assistance to your people? This is what we are trying to do.

The contradiction of this issue is the fact that my own Government, after years and years of resistance about our veterans or soldiers who were exposed—presumably exposed to Agent Orange, is that we now have established a policy for any soldier like myself who served in Vietnam during that 10-year period. The Veterans Administration says there may be a connection between our illnesses and exposure to Agent Orange while we were in Vietnam, and yet we don't have to prove there is a connection. So this is where I am getting somewhat of a very interesting policy being formulated by my Government, not only because of our bilateral relationship, but internally, for the treatment of our own soldiers where we have had to take a lawsuit, had to file a lawsuit on this matter.

Ms. WATSON. Will the chairman yield?

Mr. FALEOMAVAEGA. Please.

Ms. WATSON. I think our new administration would be more sensitive to what we are proposing and the relationship between Agent Orange and dioxin and the generational defects as a result. And so I think we ought to make a real effort, after we have our second hearing with the—I think we ought to have the chemical companies sitting at that table—

Mr. FALEOMAVAEGA. If the gentlelady will yield?

Ms. WATSON. I will yield.

Mr. FALEOMAVAEGA. I would love to have a joint hearing with you sometime in September to bring people from DOD, the medical

people, some of our veterans who have been actively engaged in this issue. This is just an internal matter, Dr. Phuong, that we have to do, but please bear with us in doing this. Absolutely, I would love to do this.

But I do want to say to Ms. Hoan, I sincerely hope that the sun will come up tomorrow.

Dr. Phuong, you mentioned that there was a conference held in Paris. Was this a medical conference discussing the issue of Agent Orange? You had mentioned this in your testimony. Can you elaborate a little further on that?

Dr. PHUONG. Mr. Chairman, you are asking about the comprehensive medical care?

Mr. FALEOMAVAEGA. Yes.

Dr. PHUONG. Yes. We have a lot of disabled, so that we need to set up many centers. We have Peace Village. Peace Village is in Vietnam. Each of them take care of only 50 or 60, so that we cannot take care of as many as possible because we have too many victims, disabled children. So that we wish to have more centers for the disabled children due to Agent Orange.

And then we would like to have a network of the people who can do the rehabilitation, not only for the movement of the limbs, but also for speech and for the other sensory organs, and also for the mental retardation. And then we wish to have enough facilities for making diagnosis of birth defects very early during pregnancy. And also, we wish to have enough facilities to detect very early the cancers, many kind of cancers.

In my country, in the big cities, in Hanoi, in Ho Chi Minh City and Da Nang and some more cities we can have such a facility. But in district or in the remote areas where the dioxin is still there, we cannot have a network reaching down to the district or community. So we wish to have more facilities for detect cancers, for detect birth defects at a very early stage.

Mr. FALEOMAVAEGA. Dr. Phuong and Ms. Hoan, again, I cannot thank you both enough for traveling all the way from Vietnam to come and testify before this subcommittee. Please rest assured that our keen interest is not lessened in any way, and that I am just very happy that the gentlelady from California and I are going to continue to do the work.

The situation now is more of an internal matter so that we get a better settlement on this issue with our own administration and our own leaders to see what we need to do from our side. Because I honestly believe that the mindset of how we are looking at this issue for all these years has not been positive. But I do believe that if we continue pushing the matter and see that the proper facts and data and information on this matter will be such that not only will be as a matter to better inform the American public, but also our colleagues here in the Congress.

So with that, I do want to sincerely thank you both for being here. I wish you Godspeed on your travels back to Vietnam. The gentlelady, unfortunately, decided to do better things than being a Member of Congress. She has decided to move on in her brilliant career and she will not be with us because she has decided to retire. But like I said, Dr. Phuong, assuming that I get reelected in

November, you will see my ugly face again pushing this issue, all right?

So thank you both. The hearing is adjourned.

Dr. PHUONG. Mr. Chairman, Hoan told me before the hearing that she wishes to have a photo with you and Mrs. Watson. Is it possible, Mr. Chairman?

Mr. FALEOMAVAEGA. Better yet, come to my office. We will have a photo here, and then we will go to my office. I am going to cook a pig there for you.

The hearing is adjourned.

[Whereupon, at 4:40 p.m., the subcommittee was adjourned.]

A P P E N D I X



MATERIAL SUBMITTED FOR THE HEARING RECORD

SUBCOMMITTEE HEARING NOTICE
COMMITTEE ON FOREIGN AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515-0128

SUBCOMMITTEE ON ASIA, THE PACIFIC AND THE GLOBAL ENVIRONMENT
Eni F.H. Faleomavaega (D-AS), Chairman

July 8, 2010

TO: MEMBERS OF THE COMMITTEE ON FOREIGN AFFAIRS

You are respectfully requested to attend an OPEN hearing of the Subcommittee on Asia, the Pacific and the Global Environment, to be held in **Room 2172 of the Rayburn House Office Building** **(and available live, via the WEBCAST link on the Committee website at <http://www.hcfa.house.gov>)**:

DATE: Thursday, July 15, 2010

TIME: 2:00 p.m.

SUBJECT: Agent Orange in Vietnam: Recent Developments in Remediation

WITNESSES: **Panel I**
Mr. Matthew Palmer
Acting Deputy Assistant Secretary
Bureau of East Asian and Pacific Affairs
U.S. Department of State

John Wilson, Ph.D.
Director
Office of Technical Support
Bureaus for Asia and the Middle East
U.S. Agency for International Development

Panel II
Nguyen Thi Ngoc Phuong, M.D.
Director General, Ngoc Tam Hospital, Ho Chi Minh City, Vietnam
*(Former Vice Speaker of the Vietnam National Assembly; presently
Member of the U.S.-Vietnam Dialogue Group on Agent Orange/Dioxin)*

Ms. Tran Thi Hoan
Agent Orange Victim

By Direction of the Chairman

The Committee on Foreign Affairs seeks to make its facilities accessible to persons with disabilities. If you are in need of special accommodations, please call 202/225-5021 at least four business days in advance of the event, whenever practicable. Questions with regard to special accommodations in general (including availability of Committee materials in alternative formats and assistive listening devices) may be directed to the Committee.

COMMITTEE ON FOREIGN AFFAIRS

HEARING MINUTES OF THE SUBCOMMITTEE ON ASIA, THE PACIFIC AND THE GLOBAL ENVIRONMENT

Day: Thursday
Date: July 15, 2010
Room: 2172 Rayburn House Office Bldg.
Start Time: 2:15 p.m.
End Time: 4:40 p.m.
Recesses:
Presiding Member(s): Chairman Eni F.H. Faleomavaega

CHECK ALL OF THE FOLLOWING THAT APPLY:

- Open Session [X]
Executive (closed) Session [X]
Televised [X]
Electronically Recorded (taped) [X]
Stenographic Record [X]

TITLE OF HEARING: "Agent Orange in Vietnam: Recent Developments in Remediation"

COMMITTEE MEMBERS PRESENT: Ranking Member Manzullo, Rep. Watson

NONCOMMITTEE MEMBERS PRESENT:

WITNESSES: Same as meeting notice attached? Yes [X] No [] (If "no", please list below and include title, agency, department, or organization.)

ACCOMPANYING WITNESSES: (Include title, agency, department, or organization, and which witness the person accompanied)

STATEMENTS FOR THE RECORD: (List any statements submitted for the record)
Chairman Faleomavaega, Rep. Watson, Mr. Palmer (witness), Dr. Wilson (witness), Dr. Phuong (witness), Ms. Hoan (witness)

[Handwritten signature of Lisa Williams]
Lisa Williams
Staff Director



VIETNAM AGENT ORANGE RELIEF & RESPONSIBILITY CAMPAIGN

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U.S. HOUSE OF REPRESENTATIVES, COMMITTEE ON FOREIGN AFFAIRS SUBCOMMITTEE ON ASIA, THE PACIFIC AND THE GLOBAL ENVIRONMENT

Agent Orange in Vietnam: Recent Developments in Remediation

Testimony of Merle E. Ratner and Susan M. Schnell, RN, FACHE Co-Coordinators, Vietnam Agent Orange Relief & Responsibility Campaign

We would like to thank Chairman Eni Faleomavaega for his farsighted and compassionate dedication to justice for Agent Orange victims in Vietnam and in the U.S. A veteran of the Vietnam War, Congressman Faleomavaega has personally experienced the consequences of Agent Orange. His determination to assure that our government does the right thing and heals the wounds of war for those suffering the effects of Agent Orange/dioxin reflects the concerns of millions of veterans, public health experts, environmentalists and other community leaders.

Both U.S. and Vietnamese people suffer similar diseases and birth defects from their exposure to the Agent Orange which the U.S. government sprayed over Vietnam from 1961-1971. Agent Orange contains dioxin – the most poisonous chemical known to science. Current figures show that 12% % of Vietnam was sprayed with Agent Orange.

U.S. veterans of the Vietnam War struggled for many years to obtain recognition of and compensation for their Agent Orange related illnesses. They finally succeeded with the passage of The Agent Orange Act of 1991, which provides service connected disability for any veteran who served in Vietnam and has one of a number of illnesses and conditions presumed to be service connected due to Agent Orange exposure. This list, which covers 14 conditions, does not yet include all illnesses related to dioxin exposure or provide sufficient care for veterans. It does provide more than \$2 billion annually in disability and health care payments.

However, the vast majority of children and grandchildren of these veterans receive no medical care or assessment related to their parents or grandparents' exposure to Agent Orange.

The Vietnamese people were exposed to even higher levels of Agent Orange. Many people were sprayed many times over an extended period of time. Dr. Jeanne Stellman of Columbia University estimated that about 4.8 Vietnamese were exposed to Agent Orange. According to the Vietnamese Red Cross, 3 million of them suffer adverse health effects. The first generation of those directly sprayed suffer from the same cancers, heart conditions and other illnesses as U.S. veterans. Their children and grandchildren are born (or die in the womb) with a tragic range of birth defects – both developmental and physical. Tran Thi Hoan, who testified at this hearing, is one such young person.

Other Vietnamese people continue to become ill from the dioxin in Agent Orange that remained in the land and water when the U.S. troops departed. Twenty eight toxic "hot spots" in central and south Vietnam threaten people who eat the contaminated fish or fowl.

This third hearing chaired by Chairman Faleomavaega comes at a time when public support for providing substantial assistance for Vietnam and the U.S. victims of Agent Orange and clean up of the “hot spots” is growing! From statements made by veteran and public health groups to editorials and letters in newspapers, the American people are asking their representatives to do the right thing. They are calling on our nation to address the pain of the victims by providing health care, rehabilitation and other social services to them. They want the “hot spots” in Vietnam to be cleaned up, as many superfund sites in the U.S. have been. And there is particular concern for the youngest victims, born after the end of the war, who live with the scars of that conflict on their bodies and minds.

Our organization, the Vietnam Agent Orange Relief & Responsibility Campaign, is a national grass roots organization, formed in 2005, dedicated to achieving justice and assistance for Vietnam and the U.S. Agent Orange victims. A project of Veterans For Peace, we work with Vietnam Veterans Against the War, the National Lawyers Guild, and many other environmental, public health, and faith based organizations. We maintain a full program of educational work, people to people exchanges, community organizing and dialogue with our elected representatives about resolving the Agent Orange issue.

Several of our national board members have died from Agent Orange related illnesses including Air Force nurse, Joan Duffy, who died of multiple cancers her doctor told her were a result of her exposure to Agent Orange. After their service in Vietnam other service men and women have had children who were born with birth defects. We have hosted many delegations of Agent Orange victims from Vietnam. Two members of one of these delegations, Nguyen Thi Hong and Nguyen Van Quy, died shortly after returning to Vietnam from cancers. Mr. Quy’s two children are also affected by serious birth defects.

We are saddened by the death of those in Vietnam and the U.S. we knew as friends and colleagues. The immense tragedy of many thousands of those who continue to suffer demands our attention. We have been to Vietnam and witnessed the children lying in beds unable to speak, hear, see and communicate. We have seen veterans in Vietnam and in the U.S. dying at a young age from virulent cancers. And we receive messages every week from U.S. Vietnam veterans and their families who have nowhere to turn for help with their children or grandchildren’s birth defects. The forgotten Vietnamese American population, many of whom fought with the U.S. and their children also require help.

We respectfully suggest that our representatives respond to these urgent human needs by providing comprehensive medical, rehabilitative and social assistance to Vietnam’s Agent Orange victims, clean up the hot spots in Vietnam, provide assessment and medical care for the affected children and grandchildren of Agent Orange exposed American veterans, and provide assessment and health care services to Vietnamese American veterans and their offspring similarly affected.

On this 15th anniversary of the establishment of relations between the U.S. and Vietnam, it is in the interests of the United States and its people to solve the last remaining people to people issue remaining from the war. Called the “last ghost of war” the ravages of Agent Orange must be addressed by our nation. In the finest tradition of meeting our responsibility and exhibiting compassion, it is time for our country to do the right thing!

TESTIMONY OF MARJORIE COHN
INTERNATIONAL ASSOCIATION OF DEMOCRATIC LAWYERS
NATIONAL LAWYERS GUILD
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON FOREIGN AFFAIRS
SUBCOMMITTEE ON ASIA, THE PACIFIC AND THE GLOBAL
ENVIRONMENT

July 20, 2010

From 1961 to 1971, the U.S. military sprayed Vietnam with Agent Orange, which contained large quantities of dioxin, in order to defoliate the trees for military objectives. Dioxin is one of the most dangerous chemicals known to man. It has been recognized by the World Health Organization as a carcinogen (causes cancer) and by the American Academy of Medicine as a teratogen (causes birth defects).

Between 2.5 and 4.8 million people were exposed to Agent Orange. 1.4 billion hectares of land and forest - approximately 12 percent of the land area of Vietnam - were sprayed.

The Vietnamese who were exposed to the chemical have suffered from cancer, liver damage, pulmonary and heart diseases, defects to reproductive capacity, and skin and nervous disorders. Children and grandchildren of those exposed have severe physical deformities, mental and physical disabilities, diseases, and shortened life spans. The forests and jungles in large parts of southern Vietnam have been devastated and denuded. They may never grow back and if they do, it will take 50 to 200 years to regenerate. Animals that inhabited the forests and jungles have become extinct, disrupting the communities that depended on them. Erosion and desertification will change the environment, contributing to the warming of the planet and dislocation of crop and animal life.

The U.S. government and the chemical companies knew that Agent Orange, when produced rapidly at high temperatures, would contain large quantities of dioxin. Nevertheless, the chemical companies continued to produce it in this manner. The U.S. government and the chemical companies also knew that the Bionetics Study, commissioned by the government in 1963, showed that even low levels of dioxin produced significant deformities in unborn offspring of laboratory animals. But they suppressed that study and continued to spray Vietnam with Agent Orange. It wasn't until the study was leaked in 1969 that the spraying of Agent Orange was discontinued.

U.S. soldiers who served in Vietnam have experienced similar illnesses. In 1979, they sued the chemical companies, including Dow and Monsanto, that manufactured and sold Agent Orange to the government. The case settled out of court in 1984 for \$180 million which gave survivors of deceased veterans a one-time payment of \$3,400, and totally disabled veterans \$1,280 per year for 10 years—a total of no more than \$12,800. In 1996,

Public Law 102-262, the Veterans Health Care Eligibility Reform Act, mandated that the Veterans Administration provide medical care and disability compensation for exposure to Agent Orange for a variety of Agent Orange-related illnesses. By 2005, the only year for which the Veterans Administration has released figures, veterans received \$1.52 billion for medical care and compensation.

But when the Vietnamese victims of Agent Orange sued the chemical companies in federal court, U.S. District Judge Jack Weinstein dismissed the lawsuit, concluding that Agent Orange did not constitute a poisoned weapon prohibited by the Hague Convention of 1907. Weinstein had reportedly told the chemical companies when they settled the U.S. veterans' suit that they were free of further liability, and he made good on his promise. His dismissal was affirmed by the Second Circuit Court of Appeals and the Supreme Court refused to hear the case. The chemical companies admitted in their filing in the Supreme Court that the harm alleged by the victims was foreseeable although not intended. How can something that is foreseeable be unintended?

On May 15 and 16 of last year, the International Peoples' Tribunal of Conscience in Support of the Vietnamese Victims of Agent Orange convened in Paris and heard testimony from 27 victims, witnesses and scientific experts. Seven people from three continents, including this writer, served as judges of the Tribunal, which was sponsored by the International Association of Democratic Lawyers (IADL).

Testimony given by the witnesses showed the following:

Mai Giang Vu, a former member of the Army of South Vietnam, carried barrels of the chemicals on his back. His two sons could not walk or function normally, their limbs gradually "curled up" and they could only crawl. They died at the ages of 23 and 25.

Pham The Minh, whose parents served in the North Vietnamese Army, showed the Tribunal his severely deformed, crooked, skinny legs; he has great difficulty walking, as well as digestive and pulmonary diseases.

To Nga Tran is a French Vietnamese who worked as a journalist in Vietnam in sprayed areas during the war. Her daughter weighed 6.6 pounds at the age of three months. Her skin began shredding and she could not bear to have skin contact or simple demonstrations of love. She died at 17 months, weighing 6.6 pounds. Ms. To described a woman who gave birth to a "ball" with no human form. Many children are born without brains; others make inhuman sounds.

Rosemarie Hohn Mizo is the widow of George Mizo, who served in the U.S. Army in Vietnam in 1967-1968. He slept on contaminated ground and consumed food and drink that were also contaminated. George helped found the Friendship Village where Vietnamese victims live in a supportive environment. He died in 2002 from conditions related to his exposure to Agent Orange.

Georges Doussin, co-founder of the Friendship Village, visited a dormitory where he saw

50 highly deformed “monsters” who produced inhuman sounds. One man whose parent had been exposed to Agent Orange had four toes on each foot. Doussin said Agent Orange creates “total anarchy in evolution.”

Dr. Nguyen Thi Ngoc Phuong, from Tu Du Hospital in Ho Chi Minh City (Saigon), sees many children born without arms and/or legs, without heads or faces, or without a brain chamber. According to the World Health Organization, only 1 – 4 parts per trillion (PPT) of dioxin in breast milk can cause severe deformities in fetuses and even death. But up to 1450 PPT have been found in maternal milk in Vietnam.

Dr. Jeanne Stellman, who wrote a seminal article about Agent Orange in the magazine *Nature*, testified that “this is the largest unstudied environmental disaster in the world (except for natural disasters).”

Dr. Jean Grassman, from Brooklyn College at City University of New York, testified that dioxin is a potent cellular disruptor which alters a variety of pathways to disrupt many systems. Children, she said, are very sensitive to dioxin; the intrauterine or post natal exposure to dioxin may result in altered immune, neurobehavioral, and hormonal functioning. Women pass their exposure to their children both in utero and through the excretion of dioxin in breast milk. We also heard testimony that while there are only 11 facilities like the Friendship Village in Vietnam, 1000 are needed to care for the many child victims of Agent Orange.

One month after the Tribunal convened, the IADL Bureau met, in Hanoi and presented President Nguyen Minh Triet of the Socialist Republic of Vietnam with the final decision of the Tribunal. The judges found the U.S. government and the chemical companies guilty of war crimes, crimes against humanity, and ecocide during the illegal U.S. war of aggression in Vietnam. We recommended that an Agent Orange Commission be established in Vietnam to assess the damages suffered by the people and destruction of the environment, and that the U.S. government and the chemical companies provide compensation for the damage and destruction.

An estimated 3 million Vietnamese people were killed in the war, which also claimed 58,000 American lives. For many other Vietnamese and U.S. veterans and their families, the war continues to take its toll.

Several treaties the United States has ratified require an effective remedy for violations of human rights. Congress must pass legislation to help the Vietnamese victims of Agent Orange in recognition of our nation's responsibilities, as it recognized its responsibilities to the U.S. Vietnam veteran victims for the damage created by Agent Orange.

Our government must know that it cannot continue to use weapons that target and harm civilians.

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