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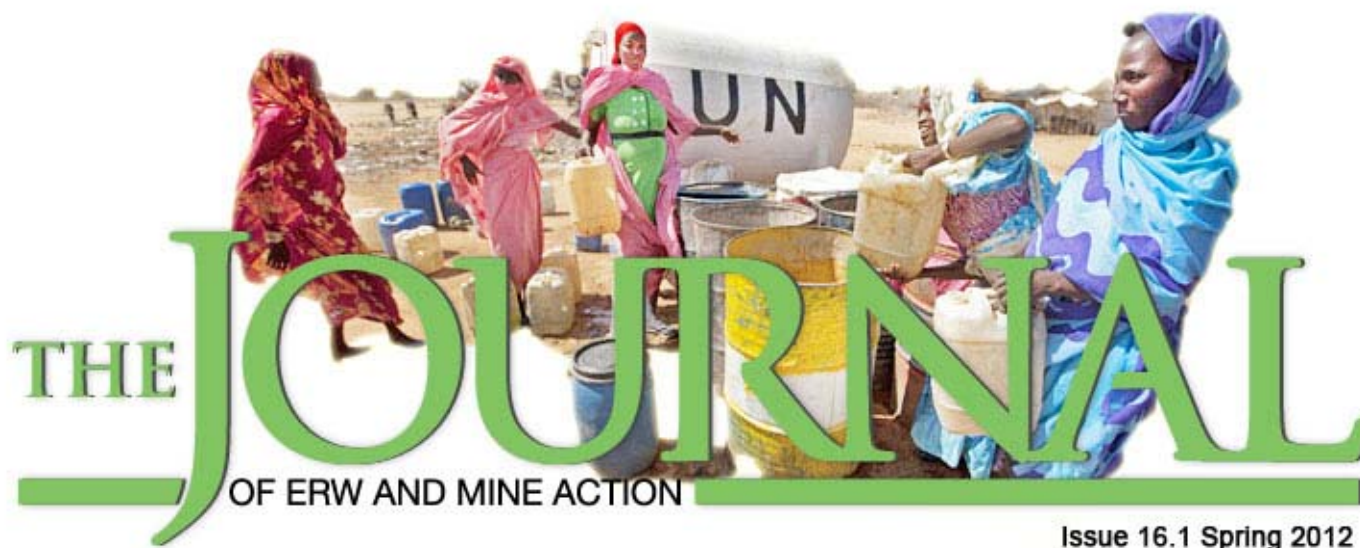
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A Holistic Approach: VVAF's Work to Improve Lives in Vietnam

by Joseph House [[The International Center](#)]

Transferred to the International Center in 2008, the Vietnam Veterans of America Foundation conducts a multitude of projects aiming to protect the health and welfare of the Vietnamese people. VVAF approaches the security and well-being of Vietnamese citizens with a holistic mindset. Projects include demining, rehabilitation, vocational training, Agent Orange and dioxin mitigation, community-based mental health training and school construction projects.

VBMAC and BOMICEN

One of VVAF's projects focuses on demining capacity-building in Vietnam. Funded by the Office of Weapons Removal and Abatement in the U.S. Department of State's Bureau of Political-Military Affairs (PM/WRA), this program helps coordinate mine-clearance activities for the Vietnam Bomb and Mine Action Center and the Technology Centre for Bomb and Mine Disposal (BOMICEN). In April 2010, Prime Minister Nguyen Tan Dung approved the first Vietnam National Mine Action Plan for the period of 2010–2025. This plan put mine-action removal coordination under the control of VBMAC and BOMICEN.¹

This VVAF project builds capacity for landmine-clearance activities and helps VBMAC coordinate and manage mine action in Vietnam. To do this, VVAF works with relevant organizations to plan and conduct workshops, as well as send representatives from these organizations to other events in both Vietnam and

“VVAF approaches the security and well-being of Vietnamese citizens with a holistic mindset.”

internationally. Recently, VVAF helped plan a workshop for senior mine-action managers,² sent a group from BOMICEN and VBMAC to a land-release workshop in Cambodia³ and coordinated a Vietnamese delegation visit to the Convention on Cluster Munitions in Beirut, Lebanon.⁴ In addition to these activities, VVAF used information from the previously completed unexploded-ordnance/landmine impact survey to implement a pilot clearance initiative using international protocols and technical standards to clear a UXO-contaminated commune in Ha Tinh province on Vietnam's northcentral coast. The project, completed in February 2011, cleared 20 hectares (49 acres) of land in the Duc Lam commune of the Duc Tho district in Ha Tinh province.¹

Landmine Impact Survey

Prior to the capacity-building program, VVAF focused on demining efforts and conducted a survey on the impact of landmines and UXO in Vietnam. VVAF worked with teams from the Ministry of Defense to survey and clear landmines and UXO from the Hai Le Commune in Quang Tri province. Conducted in two phases, the UXO/Landmine Impact Assessment and Rapid Technical Response project helped clear 22 hectares (54 acres) of land in the commune. In Phase I, VVAF and Ministry of Defense personnel interviewed more than 10,000 villagers, mapped more than 1,400 bomb and mine areas, conducted rapid technical response to the depth of one meter (detecting to the depth of five meters) on 400 hectares (988 acres) of land and returned the land to the community for productive use.¹

After the successful implementation of Phase I, the Vietnamese Ministry of Defense approved Phase II. With experience gained and lessons learned from Phase I, Phase II surveyed the remaining 214 communes in Ha Tinh, Quang Binh and Quang Tri provinces, and expanded to 803 more communes in Nghe An, Quang Ngai and Thua Thien Hue provinces. Following nine months of field implementation and the completion of Phase II, 837 communes were surveyed, bringing the total to 1,361 communes surveyed during the project's two phases. By the end of the Phase II field period, more than 33,000 people were interviewed, more than 3,200 bomb and mine areas were mapped and in excess of 1,200 hectares (2,965 acres) of land were cleared from bombs and mines.¹

DRIVE Program

In addition to demining, VVAF also works to address the problem of toxic remnants of war in Vietnam. Through the Dioxin Resolution Initiatives in Vietnam, also known as the DRIVE program, VVAF mitigates the impact of dioxin and Agent Orange specifically. From 1962 to 1971, an estimated 72 million liters of herbicide containing dioxin, commonly called Agent Orange, were sprayed in areas south of the former demilitarized zone, along the 17th parallel. Exposure to dioxin can result in serious health effects, such as blindness, poliomyelitis, deafness, brain diseases, mental disorders, blood diseases and congenital birth defects. The General Statistic Office of Vietnam conducted a survey in 2006 showing that around 13.5 percent of Vietnam's population—about 11 million people—have disabilities.⁵ In August 2011, several Vietnamese-American fellows traveled to Vietnam—at the expense of VVAF—to work with Vietnamese organizations and help people with disabilities, many of whom were exposed to dioxins, including Agent Orange, or other remnants of war in Vietnam.^{6, 7} VVAF Country Representative Thao Griffiths attended the Second International Conference of Victims of Agent Orange/Dioxin on 8–9 August 2011, 50 years after Agent Orange was first used in Vietnam.⁶

The history of VVAF's DRIVE program can be broken into two phases. When Phase I began in 2006, the project worked in 11 provinces. These provinces were selected for their large numbers of resident legacy war veterans, former soldiers exposed to dioxin during military service who returned home after the war,¹ and significant residual concentrations of chemical contaminants that the Hatfield studies⁸ identified. At the end of this first phase, VVAF selected six provinces in which dioxin had heavily affected the citizens. The six provinces were selected for their strong commitment, continued support and leadership shown by the provincial authorities during Phase I implementation. These provinces were categorized into two priority tiers: Tier 1 and Tier 2.¹

Tier 1 areas, in Central Vietnam, were chosen because of their proximity to the on-going contaminated hotspots. This group of provinces received higher priority, among which Da Nang was listed No. 1 priority because it had the highest levels of contamination. Tier 2 areas, located in northern Vietnam, included Nam Dinh, Ninh Binh and Thai Binh. These provinces were chosen for their large number of people with disabilities. These areas have high concentrations of legacy veterans.

Phase II was designed to increase living standards and promote the inclusion of people with disabilities, residents of dioxin-hotspot areas and legacy war victims, and contribute to Vietnam's development through a cross-sectoral approach involving health care, vocational training and social inclusion. This phase works extensively in rehabilitation and rehabilitative training to better serve persons with disabilities in Vietnam.⁵



VVAF staff engage in rehabilitation activities in Dien Tho, Quang Nam province, Vietnam.

All photos courtesy of VVAF.

Mental Health Assistance

VVAF continues to improve health and well-being in Vietnam with funding from Atlantic Philanthropies. This allows VVAF to operate a community-based, mental health project and collaborate with the Da Nang and Khanh Hoa Departments of Health and Psychiatric Hospitals. The project receives technical assistance from the U.S. National Institutes of Health (Fogarty International Center), Vanderbilt University and the Rand Corporation. VVAF aims to provide treatment for depression in primary-care practices at the commune level. No mental health specialists or psychiatrists work at the commune level, and patients receive medication and psychotherapy treatment in a collaborative manner from the community health station's general practitioner, nurses and village health workers under supervision of mobile psychiatrists. By providing these services, VVAF helps to build capacity.⁹

The mental health program provides the following:

- A mobile team of psychiatrists to improve community health stations

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- The training of the community health stations' general practitioners and nurses to provide guideline treatment, screening and basic psychological education, and follow-ups provided by village health workers
- Social support from local authorities, mass organizations and families
- The use of culturally appropriate models of healing that incorporate family orientation, spiritual beliefs and practices and community connectedness

VVAF follows the collaborative stepped care model, which stresses the integration of mental health care into general health services. This integration allows paraprofessionals at the grassroots level to manage common mental health problems. This program increases mental health resources and improves community mental health care services for management of common mental health disorders. Currently in its third phase, the project successfully mapped the inadequacies of these regions in the Formative Phase, which ended at the beginning of 2010. The project also conducted a successful Pilot Phase in these two provinces from January 2010 to December 2010.⁹

Designed to improve the mental health infrastructure in the two provinces, the Pilot Phase included construction projects in Da Nang and Khanh Hoa. These projects research and test program methods on a smaller scale before implementing the project further and training staff in various commune health systems. The Pilot Phase finalized all research measures for this project, and in 2011, VVAF entered the intervention phase and presented the collaborative stepped care model to eight commune health stations as follows:

“VVAF follows the collaborative stepped care model, which stresses the integration of mental health care into general health services.”

- Three communes in Khanh Hoa: Phuoc Tan/Nha Trang City, Dien Son/Dien Khanh district and Vinh Ngoc/Nha Trang City
- Five communes in Da Nang: Hoa Cuong Nam/Hai Chau district, Hoa Phong/Hoa Vang district, Man Thai/Son Tra district, Tam Thuan/Thanh Khe district and Hoa Minh/Lien Chieu district

Integral to the intervention phase, the research program operates in four of the eight communes. In September 2011, VVAF completed its midterm review of the project and found that by the end of the hospital-based implementation phase, mental health specialists from the provincial psychiatric hospital were implementing the program effectively.¹⁰ Furthermore, the midterm review showed that implementation in the four original commune health systems was more difficult due to low detection rates and limited opportunities for commune health system providers to practice program methods.¹⁰ However, after the implementation phase began, treatment numbers improved in Dien Son, Hoa Cuong Nam, Hoa Phong and Phuoc Tan.¹⁰

During the project, VVAF actively engaged officials from the Ministry of Health and the National Mental Health Hospital No. 1, who are responsible for implementing the National Mental Health Program. Regularly conducted training workshops shared VVAF's community-based, mental health program with government officials at central and provincial levels. As a result, the central government shows a substantial level of interest in following up on the research study of VVAF's program in order to evaluate its effectiveness and sustainability.

“VVAF's programs show great success, yet need to improve the understanding and treatment of mental health issues in Vietnam.”

Through its mental health program, VVAF developed a feasible model for implementation and a practical psychoeducation training program, which VVAF has begun to provide to health collaborators, commune health systems and nurse trainees at the hospital. VVAF also gained experience doing systematic screening, identification and treatment of depression at hospitals. Moreover, the organization inspired high levels of interest in this program, as reported by service providers. However, VVAF also faces significant challenges, including:

- The continued social stigma surrounding mental health issues in Vietnam
- The need to improve patient engagement in therapy
- Low mental health service utilization
- Lack of trust in community providers and commune health systems
- Continued burden on staff due to lack of mental health infrastructure in rural Vietnam
- Lack of comfort with the therapeutic process by service providers who lack experience treating mental health patients
- An over-reliance on medication
- The continued need for regular supervision and ongoing consultation

VVAF's programs show great success, yet need to improve the understanding and treatment of mental health issues in Vietnam.

Educational Assistance



A VVAF-sponsored vocational training meeting in Duy Xuyen, Quang Nam province, Vietnam.

VVAF also focuses on issues outside of health to improve the well-being of the Vietnamese populace. The VVAF School Redevelopment program aids in the construction and improvement of schools and their facilities, and provides schoolbags and supplies to students and teachers to improve the learning environment. VVAF sponsors scholarships, supports English clubs and provides tuition and health-insurance assistance for the children of veterans attending the Hanoi College of Technology and Business Administration.¹¹ On 13 May 2010, VVAF completed construction of 10 new classrooms for the Hai Hung School in the Hai Hung Commune of the Nam Dinh province, dedicated a new building for the No. 3 Primary School, Muong Phang Commune in the Dien Bien district and upgraded the current building's infrastructure.¹¹

Conclusion

Demining and capacity-building are but one cornerstone of VVAF's work to improve the safety and security of the Vietnamese population. VVAF has worked tirelessly to combat the effects of Agent Orange and dioxin through mitigation and rehabilitation, and it has improved health care services in Vietnam. The organization works to create an effective, holistic approach to improving Vietnamese society. 📌

Biography



Joseph House is the Program Coordinator for The International Center. The International Center maintains five programs worldwide, including Vietnam Veterans of America Foundation. House holds a master's degree in international politics from American University (U.S.) and a bachelor's degree in Political Science from Missouri State University (U.S.). Prior to working at The International Center, House worked as a Communications and Development Associate at The Justice Project.

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