

ACTION FOR AGENT ORANGE VICTIMS

In our last News Bulletin, we gave a brief history of the Agent Orange (AO) tragedy. Over the years, as recorded in Bulletins 134, 135 and 140, MSAVLC has publicised the tragedy and done what it could to alleviate the suffering of the victims and their families. But this is a tragedy so enormous that it can scarcely be comprehended and what we have done is a very small drop in an ocean. However, oceans are made up of billions of small drops and, **at least, we can do something.** That "something" includes provision of wheel-chairs for those victims whose handicaps make them unable to walk and, following the advice of the Director of the Vietnamese Red Cross Agent Orange Victims Fund (AGORAVIF), in 2003, we sent £2000 for this purpose. Since then, VAVA (the Vietnam Association of Victims of Agent Orange) has been founded, whose President is Mme. Nguyen thi Binh who was, until recently, a Vice-President of Vietnam. VAVA proposes that 10th August should in future be recognised as "Agent Orange Victims Day". This date has been nominated because it was on 10th August 1961 that Admiral Elmo Zumwalt, as senior officer in the US forces in Vietnam, gave the order for the spraying of the forests of the south of Vietnam to begin. (Tragically for the Admiral's family, his own son, who was also serving in Vietnam at the time, later died of one of the cancers associated with Agent Orange and his grandson was born with severe learning difficulties.) We recently received the following communication from VAVA:-



*Photographs courtesy of Len Aldis
Britain Vietnam Friendship Society*

"In commemorating the Day for Vietnamese Victims of Agent Orange, 10th August 2006, VAVA has designed the following tentative plan of actions. This plan is not meant for a day but for a period of time as long as possible before and after 10 August.

Aims:

Continuing pushing forward public awareness in support for Vietnamese victims of AO especially in their lawsuit against the US chemical companies.

Main Actions:

Organising press briefings and press release;

holding interviews and talk-shows and art performance on TV, radio and press media, in support of AO victims;

distributing papers, leaflets, picture books on issues related to the Vietnamese victims;

mounting a special campaign for getting more aid (material and spiritual) from all possible sources."

The August issue of the magazine "Vanity Fair" carries a good example of "pushing forward public awareness" in a

most moving ten-page article by Christopher Hitchens, illustrated by the outstanding photography of James Nachtwey.

In Bulletin 146, we reported how, during the City of Coventry's Month of Peace Activities in 2005, with the theme "Coventry's Peace Activities Past, Present and Future", a special appeal had been made for wheel-chairs for AO victims in Ky Anh District of Ha Tinh Province. It had seemed appropriate that

the city's efforts on behalf of the people of Vietnam during the war and since should be remembered: Coventrians had contributed £2000 of the £100,000 raised for the British Friendship Hospital which was built at Ky Anh; had made a sizeable contribution to operative correction of hare lip/cleft palate in Thanh Hoa Province and to the Jaipur Limb programme. The enormity of the problem is both illustrated and emphasised by the fact that Ky Anh is just one district of one province, yet it has over 500 victims of AO and, of these, over 100 need wheel-chairs.

£1000 was raised in response to the appeal and this was handed to Mme. Binh during her visit, with officers of VAVA, to Coventry last December and, subsequent to the communication about 10th August, we have received the following message from VAVA:-

"The Ha Tinh provincial Chapter is going to be organised soon and we will present your donation at the formulating ceremony."

We would ask all supporters to do whatever they can in their locality to bring the AO tragedy to public notice and, if



possible, to muster activity on behalf of the victims and their families. Letters to local newspapers are very useful. So are letters to MP's and requests to them to sign Early Day Motions (EDM's) in the House of Commons. Statistically, it has been proved that the most effective "evangelisation" is by one-to-one discussion, so house meetings have a very useful part to play and we shall be happy to provide the documentary "Battle's Poison Cloud", with or without an accompanying speaker, for such a meeting. *Madeleine Sharp*



ANTI-TRACHOMA PROJECT - FINAL STAGE

In October 1997, having just been to Thieu Hoa District Hospital in Thanh Hoa province to watch some cataract operations, I was walking with Dr. Ngo Hong, the Director of the Provincial Institute of Ophthalmology, through a village where small boys were swimming in the local pond, when he remarked "That's one of the ways they catch trachoma" and went on to outline a project planned to tackle this painful eye infection which is responsible for over 6% of blindness in Vietnam. There would be a health education programme for children at primary schools, with radio and TV broadcasts, public meetings and distribution of leaflets and pamphlets for the adult population. When he asked for the support of MSAVLC, we readily agreed.

Since this would be, perhaps, the most ambitious project we had ever undertaken, we decided in 1998 to apply for a grant from the National Lottery Charities Board (as the Community Fund was then called) to give it a good "kick start". Unfortunately, our application was unsuccessful but we sent £7000 to the Institute of Ophthalmology and with this the Institute put the plan into operation in three districts - Ha Trung, Yen Dinh and Nong Cong. In 1999, we made a further application, having been advised that the three districts could be considered a "pilot project" which would not be eligible for lottery funding. This time we were successful and received a grant of £93,500 (over four years) to which we pledged to add £5000.

Trachoma is the commonest infective cause of blindness in Vietnam. It has two stages: an active or acute stage,

when it presents as a severe conjunctivitis, which is curable if diagnosed and treated immediately and adequately, and a chronic and recurring stage, when complications develop, such as distortion of the eyelashes (trichiasis) and in-turning of the eyelids (entropion). As the lashes scratch the cornea, as well as causing excruciating pain they introduce the infection starting the sequence of events ulceration, scarring and eventual blindness.

The World Health Organisation has found that, if the incidence of the acute infection can be reduced to 5% of the population or below, there is a dramatic drop in complications.

The aim of this project was to get the incidence reduced to 5% or below by 2010.

In Vietnam, it has been found that the great majority of cases of active trachoma occur in children up to fifteen years of age, so the anti-trachoma project has concentrated on children in primary schools and kindergartens.

The results of the project have been very gratifying. Fifteen districts were involved in the lottery-funded programme and in its four years, the incidence of acute infection fell from 11.86% to 4.01%, with an even lower incidence in the three districts of the pilot project. There was greatly increased public awareness of the infection, especially of the simple hygiene measures preventing its spread. In addition, in these eighteen districts, over 2000 men and women with entropion had had this surgically corrected. And all this had been achieved at a cost per capita of about 30 pence!

It may be interesting, especially for more recent supporters, to review in detail the work involved in the early stages of the project. With the grant from the NLCB, in August 1999, the project was implemented in a further five districts - Hau Loc, Thieu Hoa, Dong Son, Trieu Son and Nhu Thanh. That autumn, Margaret Methley and I spent two days in Thanh Hoa, carrying out what was called by the Lottery Board "on-site evaluation". We were very impressed with the progress which had been made in the three districts of the pilot project and also with the planning for the other five. We were particularly struck by the excellent poster, subsequently seen on display in clinics and schools, whose photographs were such that they scarcely needed accompanying text.

We had discussions at provincial, district and commune level. At provincial level, we had an overview of planning for the five districts: since August, besides preparation of publicity material, 271 medical personnel and volunteers had attended

Short, concentrated courses on early symptoms and signs of the disease, how to treat it and how to prevent its spread; and how most effectively to convey this information to the public, using mass media and conferences as well as more personal communication.

The next three months would see the start of examination of all pupils in the primary schools of the five districts. At Nong Cong District Health Committee, we got a good idea of the enthusiasm and thoroughness with which the programme had been implemented. 50 members of the

medical professions and 152 volunteers had completed short training courses; there had been 395 broadcasts on radio and TV; 200 pamphlets had been distributed to schools, along with 400 posters and 800 leaflets; 132 programme supervisors had been appointed. In the 135 primary schools of the 33communes, 27,000 pupils had been examined, of whom 3,115 (11.52%) were found to have the infection.

We visited two commune clinics - Van Hoa in Nong Cong District and Ha Ninh in Ha Trung District - where we found the representatives of the Women's Union very aware of the need for

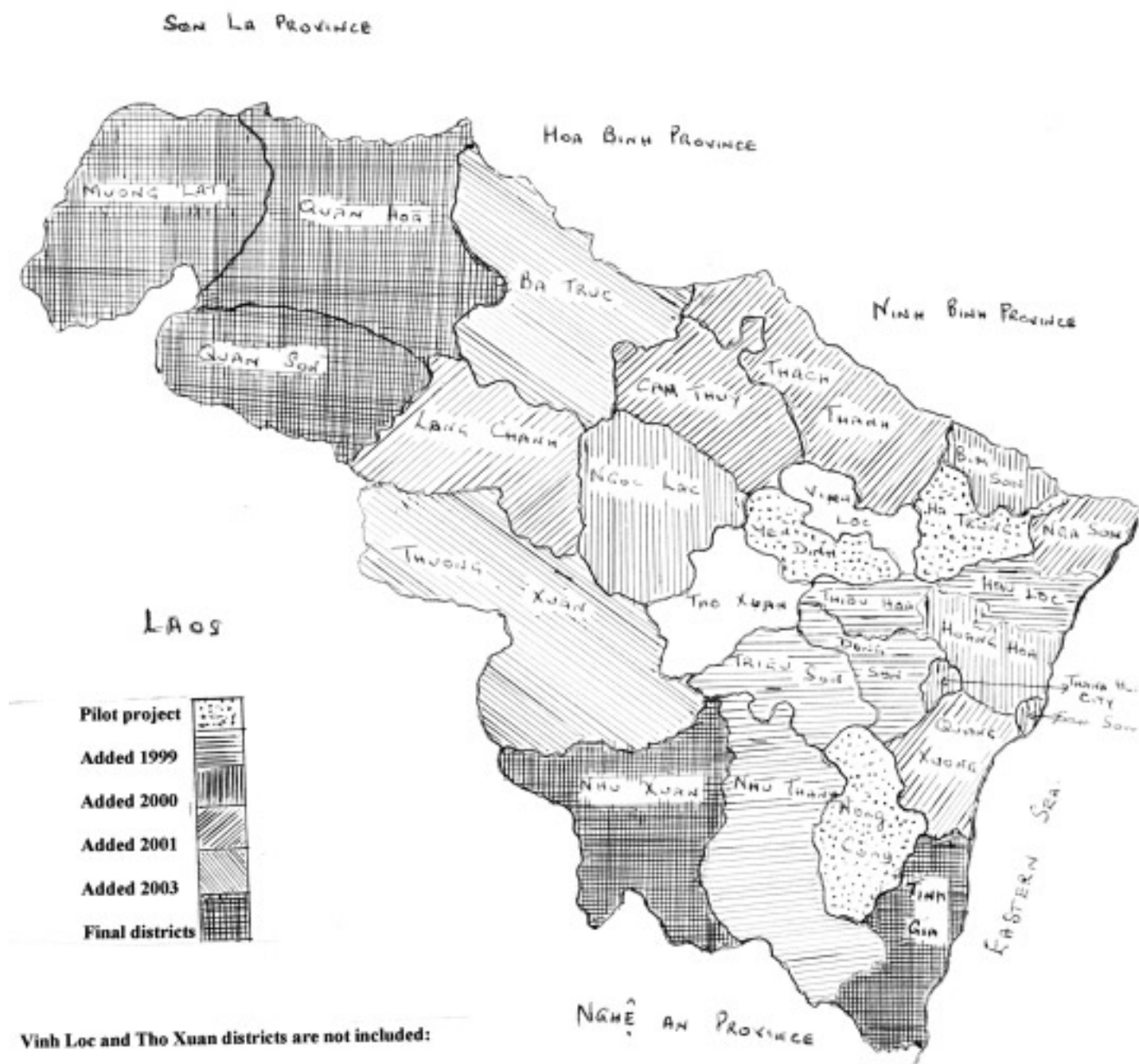
preventive measures and the importance of correct treatment in the home and the heads of the local schools particularly concerned that there should be close involvement of families, who must be given as much information as possible.

At Ha Ninh, we visited the primary school and learned that each school had one teacher ultimately responsible for the carrying out of the programme; twice a week, at morning assembly, the children spent five minutes in consideration of trachoma; children with the infection had drops put into their eyes by their class teacher (a good practical demonstration to all present) and pupils were encouraged, under

supervision, to instill drops. Class teachers kept registers of affected children and questioned them each week regarding their treatment at home.

One matter came to light as the result of pilot project experience: because of extreme poverty, many of the families in these rural areas could not afford a separate face towel for each member, although the cost was only about fifteen pence. As a consequence, at the end of twelve months, the number of cases completely cured was lower than it should have been, most probably because of re-infection.

THANH HOA PROVINCE



It was, therefore, decided to include provision of face towels as part of the project. These have been produced in Vietnam and have a slogan stressing the importance of washing the face in clean water printed at one end. The health authorities have instituted towel presentation ceremonies, attended by local dignitaries, to emphasise the importance of individual towels.

As more districts were added, surveillance and treatment were maintained in the districts already included. In August 2000, five more districts - Ngoc Lac, Bim Son, Thanh Hoa City, Hoang Hoa and Sam Son - were included in the programme; and, in August 2001, five more - Lang Chanh, Cam Thuy, Thach Thanh, Nga Son and Quang Son. Lottery funding came to an end in July 2002, since when funding for the project has been the exclusive responsibility of MSAVLC. In the eighteen districts, there has been a further drop in incidence from 4.01% to 3.01%. Two more districts, Ba Truc and Thuong Xuan, have been included since

2003, and incidence there has dropped from 8.23% to 5.4%.

We now come to the final phase of the project: inclusion of the remaining five districts - Tinh Gia, Muong Lat, Quan Son, Quan Hoa and Nhu Xuan - the four last-named being in remote areas of the province. As the crow flies, they are no farther than many other districts but because of winding roads with bad surface, it takes the better part of a day to get there. In addition, the population is sparse and scattered, standard of living is very low, malnutrition is common and the people have to be completely self-reliant for their food supply. Consequently, many families keep their children at home to help with the chores, so primary schools are not in the same useful position to spread knowledge and advice as in other districts. Moreover, because many of the people belong to ethnic minority tribes, pamphlets and leaflets will have to be in two languages and there is also a great deal of superstition to be overcome. All this means that the cost

of the project will be about 25% higher than in other districts.

Yet, just because of all these difficulties, implementation of the project here is probably of particular importance since it will have wider benefits than eye care. The estimated cost for the first year of the project is £39,302, of which £14,710 is needed in the first quarter. But this would benefit a population of over 166,000, of whom over 35,000 are children of nursery and primary school age. However, in common with many other smaller charities, we have suffered a serious fall in donations over the past eighteen months as various disasters have taken first call on public generosity. It would be little short of tragic if we had to abandon this remarkably successful project before it was complete, particularly since the population of districts not yet included, as a reservoir of infection could actually undo much of the previous achievement.

Madeleine Sharp

A MESSAGE FROM THE CHAIRMAN OF THE EXECUTIVE COMMITTEE

Looking over the forty-one years of our existence, we can be proud of what has been achieved thanks to the generosity of so many loyal supporters. What has been achieved also bears witness to thriftiness of our Vietnamese friends who have in general proved excellent stewards of the funds we have sent. We also have been thrifty: only during the busiest period during the Vietnam war have we had any paid staff and, since 1990, we have not even had an office which, although not ideal, has meant that no money has gone on rent, rates, heating and lighting but every penny possible has gone to our projects

However, as I have been pointing out for some time, we have been suffering a serious reduction in our income. We are not alone in this: many smaller charities are similarly affected, probably because victims of natural disasters such as earthquakes and famine have taken first call on people's limited resources. At

the same time, however, we have been somewhat appalled by the fees demanded for attendance at one-day conferences (to which invitations frequently arrive) on how to improve our fund-raising: these can be as much as £600 (concessionary!!).

Until recently, we have been able to count on about £50,000 per annum which has allowed us to agree to support the projects listed in my Message in Bulletin 144. If we are not to renege on our promises, we must find some way of boosting our income. (We know that many supporters have pledged generous legacies to MSAVLC but, if we cannot overcome the current difficulties, when the time comes there may be no charity to benefit.)

I am therefore asking everyone, who generously gives £5 or £10 to our funds regularly, if they can possibly increase this.

OBITUARY

It is with great sadness that we announce the death of Alan Sapper, for many years our Honorary Treasurer. He had to resign from his post in 2004 because of ill-health. While mourning his death, we give thanks for a life of service and especially for his practical support for the people of Vietnam.

We are also sad to record the deaths of two other loyal supporters, Mr Chamings and Mr Bolger

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