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How to Support People with Disabilities in War-Impacted Regions of Laos

KEY TAKEAWAYS

- War Legacies Project identified hundreds with birth defects in districts sprayed with herbicides by the U.S. during the Vietnam War.
- Medical staff need training to refer people with disabilities to appropriate levels of care.
- Disabled require resources to establish sustainable livelihoods.

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Much of the postwar focus in the Lao People's Democratic Republic has rightly been on explosive remnants of war (ERWs). These ERWs have continued to kill or maim hundreds of people each year since the Secret War in Laos ended in 1975, disproportionately affecting children and young people.



Unexploded ordnance from the U.S. air campaign during the Vietnam War is destroyed in a field in Xieng Khouang province, Laos. March 16, 2015. (Adam Dean/The New York Times)

Meanwhile, relatively little is known about the consequences of the wartime use of [dioxin-contaminated herbicides](#) by the U.S. during Operation Ranch Hand. Between 1965 and 1970, the southeastern border regions of Laos along the Ho Chi Minh Trail — home to more than 800 villages — were subjected to herbicide spraying, with at least 600,000 gallons of Agent Orange and other herbicides used. Parts of central and northern Laos were also sprayed; however, records for these regions are incomplete and likely remain classified.

Unlike Vietnam, Laos has not conducted comprehensive surveys to determine whether the same types of birth defects associated with [Agent Orange](#) exposure are present among its population.

Launching the Laos Agent Orange Survey

In 2018, to better understand the generational impacts of Agent Orange in Laos, [War Legacies Project \(WLP\)](#) launched the [Laos Agent Orange Survey](#). The survey took WLP to five of the 15 Lao districts transected by the Ho Chi Minh Trail — a network of roads and paths that wound through the mountains of

Vietnam, Laos and Cambodia. Surveys were conducted in 241 villages across Nong, Villabouly and Sepone districts of Savannakhet province, as well as Samoi and Taoey districts of Salavan province. Ethnic minorities of the Mon-Khmer linguistic group constitute the largest populations in this remote and forested plateau of the Annamese Cordillera. The survey focused on individuals born after 1965, when spraying first began in Laos, who had birth defects or disabilities either present from birth or that appeared within the first few years of life.

The survey identified 769 people with birth defects and disabilities similar to those found in Vietnam — conditions recognized by the Vietnamese government as being associated with Agent Orange exposure. An additional 309 individuals were documented with other birth defects or disabilities not on this list, usually congenital, such as epilepsy, deafness or muteness, or cerebral palsy. The highest rates of birth defects associated with Agent Orange were found in Samoi district, the most heavily sprayed area surveyed, with villages located within five miles of the wartime spraying paths along the Ho Chi Minh Trail. The most common disabilities identified were movement disorders, followed by congenital malformations of the limbs or spine, and cognitive disabilities.

The survey revealed that many individuals with disabilities — preexisting conditions that contributed to further socio-health challenges — also suffered from malnutrition, undernourishment, food insecurity or stunted growth. This population likely did not attend school and, therefore, did not benefit from school meal programs unless a sibling brought meals home. Many of these individuals, including those born with birth defects, did not receive medical care, even in cases where conditions could be improved through surgical procedures, such as cleft lip or palate repair, or the use of braces for conditions like clubfoot.

Addressing Health Care Access

Limited access to health care in Laos is a multifaceted issue. As observed in the survey, families were often unaware of medical intervention options or didn't know where to seek treatment, even when it was available. Most rural families lacked the funds to travel to provincial cities or the national capital, Vientiane, where well-equipped facilities and trained medical professionals are located.

In the past decade, the Laotian government has introduced National Health Insurance (NHI) to help citizens access low-cost health care through a referral system from district to provincial health centers. However, information channels have not always effectively communicated the availability of NHI to the public.

Another impediment to access is infrastructural and topographical. Many individuals have to walk on rudimentary trails from remote villages, often crossing rivers and streams, to reach main roads. These roads are difficult to navigate and sometimes impassable during the monsoon season.

Even after reaching health care facilities, challenges persist. Many health care seekers, particularly those included in the survey, belong to ethnic minority groups from the southeastern hinterlands who are not fluent in Lao. This language barrier makes navigating the modern medical system even more daunting, especially for parents uncertain about the best course of action for their children. The process often requires weeks or months in an unfamiliar setting, with little guidance available for parents along the way.

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Survey findings help WLP staff to identify and meet the needs of those seeking care at provincial or national medical facilities. WLP collaborates with local officials to secure transportation funding upon referral from district doctors. Planning takes into account planting and harvest seasons — since subsistence rice and cassava cultivation are common in this region — as well as the availability of caregivers for children who remain at home. WLP closely monitors the logistics of a family's care-seeking journey, providing translators if needed, from departure to hospital admission, treatment, discharge and the return trip home.

Producing Livelihoods

For persons with disabilities (PWDs), especially those with severe hip dysplasia or scoliosis, accessing alternative livelihoods is essential after receiving medical care. While vocational training programs exist, they are primarily available in Vientiane and focus on skills related to textiles and industrial manufacturing.

Furthermore, most available training programs require a basic level of education, excluding approximately 74 percent of PWDs identified in the survey over six years old who have never attended school. Only nine percent had completed a fifth-grade education — primarily those born more recently, when access to primary education had improved.

PWDs also face discrimination, which further compounds their challenges. There is a critical need for vocational training programs tailored to the diverse needs of PWDs, without educational prerequisites, to help dispel biases against them.

Creating a Future Without War Legacies

Recently, World Education, which has been implementing the [USAID-funded Okard program](#) since 2017, expanded its work to Nong and Sepone districts in Savannakhet province and Dak Cheung district in Xekong province, as well as Kham and Khoun districts in Xieng Khouang province.

USAID Okard — okard means “opportunity” in Lao — collaborates with the Lao government and two civil society organizations to improve the accessibility and quality of rehabilitation services and assistive products at all levels of care. The program also helps PWDs achieve economic self-sufficiency by participating in income-generating activity or on-the-job skills development internships in both the public and private sectors.

Additionally, USAID Okard trains district-level officials and health care providers to enhance medical procedures, improve the accuracy of diagnoses and ensure appropriate referrals for PWDs to provincial or national health care facilities.

These efforts to expand the USAID Okard program to the southeastern region of Laos were made possible in part by U.S. congressional funding, [first appropriated in 2022](#), specifically designated “for programs to assist persons with severe physical mobility, cognitive, or developmental disabilities in areas sprayed with Agent Orange.”

World Education and its local partners — the Quality of Life Association and the Association for Rural Mobilization and Improvement — are targeting all people with disabilities, not specifically those who may be affected by Agent Orange. Nevertheless, this marks the first time the United States has allocated funds with the goal of reaching those with disabilities in the herbicide-sprayed areas of Laos, following 15 years of similar efforts in Vietnam.

With funding from the Bill Cook Foundation, WLP is supporting a project with the Nong District Department of Education to train teachers and provide nonformal education to children and young people with disabilities as well as other disadvantaged youth. This WLP program is helping many individuals obtain basic education certificates in their home villages.

What More Is Needed to Support PWDs

Lessons from projects in other parts of the country can improve services for PWDs from non-Lao-speaking ethnic minority groups and other marginalized populations living in the 15 districts along the former Ho Chi Minh Trail bordering Vietnam. However, more comprehensive surveying is needed to better understand and address the human health implications of wartime herbicide spraying.

Much remains to be done. Efforts should focus on training medical staff at the district level to detect and refer disabilities to appropriate levels of care, ensuring access to translation services, and deploying mobile clinics for follow-up care. Local rehabilitation services need to be expanded along with the school feeding program to include all children, even those not enrolled in school, as well as nonformal education programs teaching literacy and numeracy skills.

Finally, training programs must be further tailored to provide resources and opportunities for PWDs, increasing their prospects for establishing sustainable livelihoods suited to their unique needs.

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PHOTO: Unexploded ordnance from the U.S. air campaign during the Vietnam War is destroyed in a field in Xieng Khouang province, Laos. March 16, 2015. (Adam Dean/The New York Times)

The views expressed in this publication are those of the author(s).