THE REHAB ARCHIPELAGO

Forced Labor and Other Abuses in Drug Detention Centers in Southern Vietnam

“Although no one wanted to work, no one refused to work.”

Truc Ninh, a woman who spent three and a half years detained at Duc Hanh center, Binh Phuoc province
Detainees in Duc Hanh have to perform several hours of labor therapy each day, six days a week. Detainees can spend up to four years in such centers.
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A detainee sorts cashews before they are packed into sacks to be taken outside the center. Detainees are paid well below the minimum wage, and their wages are docked further by charges for food, accommodation, and “management fees.”
Binh Phuoc is a remote border province in southern Vietnam dubbed the country’s “Cashew Kingdom.” There are at least five drug detention centers in the province, including “Duc Hanh Medical Treatment Center.” Staff at this center and others have received training in drug dependency treatment funded by the US government.
Binh Phuoc is a remote border province in southern Vietnam renowned for its agriculture. So many cashew farms are strewn throughout its verdant fields and hills that media have dubbed the province Vietnam’s “cashew kingdom.”

In March 2010 Binh Phuoc hosted the “Golden Cashew” festival. Held in Dong Xoai, the provincial capital, the three-day trade fair was attended by foreign dignitaries, representatives of various cashew organizations, and a host of Vietnamese government officials, including the country’s then-president. At one point during the event’s three-hour singing and dancing-filled opening extravaganza, fireworks exploded and a model of a giant golden cashew rose up over proceedings—a symbol, national media reported, of the cashew industry’s growing success. Indeed, Vietnam is today the world’s leading exporter of cashew nuts, which it exports mainly to the United States (US) and European Union (EU).

Just a few dozen kilometers from Dong Xoai are a number of centers involved in cashew production. Formally classified as “Centers for Social Education and Labor” (Trung Tam Giao Duc Lao Dong Xa Hoai) or “Centers for Post Rehabilitation Management” (Trung Tam Quan Ly Sau CaI Nghien), they purportedly provide treatment for drug dependency to thousands of people. According to the testimony of former detainees, husking cashews is their “labor therapy.”

One recent resident of one such center is Que Phong. He was in his late 20s when his family encouraged him to go to one of the Binh Phuoc centers for drug dependency treatment. He agreed to get help for his heroin addiction and signed up for what he thought would be 12 months of treatment. Instead, he endured five years of forced labor, torture, and abuse.

During his time at the center, Que Phong was given a daily quota of cashews to husk and peel. Although the caustic resin from the cashews burnt his hands, he was forced to work for six or seven hours a day. Asked why he performed such hazardous work, he said:

If you refused to work they slapped you. If you still refused to work then they sent you to the punishment room. Everyone worked.

He estimates there were some 800 people at the center, performing different types of agricultural work. He was paid for his cashew production but at a fraction of the minimum wage. The center reduced his meager wages even further, taking three-quarters in fees ostensibly to pay for his food. He estimated that he ended up with 50,000 Vietnamese dong (VND) each month (just under US$3), which the center kept for him.

Although he had entered voluntarily, Que Phong was not free to leave: the center management told him that his time in “drug treatment” was extended, first by an extra year, then by an extra three. Throughout he continued to work and receive beatings. On one occasion, when caught playing cards with other detainees, center staff tied his hands behind his back and beat him with a truncheon for an hour.
A guard keeps an eye on detainees before they head to their morning work session. Duc Hanh is one of 16 drug detention centers under the administration of Ho Chi Minh City authorities.
After his release and return to Vietnam’s largest city, Ho Chi Minh City, in 2008, Que Phong returned to smoking and injecting heroin. When Human Rights Watch spoke to him in 2010, he said that he had not used heroin for several months. When asked to reflect on his time in the Binh Phuoc center, he stated simply: “The time and work in the center didn’t help me.”

Vietnam’s system of forced labor centers for people who use drugs has expanded over the last decade. In 2000, there were 56 drug detention centers across Vietnam; by early 2011 that number had risen to 123 centers. Between 2000 and 2010, over 309,000 people across Vietnam passed through the centers.

The length of time in detention has also grown. At the beginning of 2000, the law provided for a person dependent on drugs to be detained for treatment from three months to a year. In 2009 the National Assembly passed a law allowing for individuals to be held for up to four years for supposed drug treatment.

“The Rehab Archipelago” describes the experiences of people from Ho Chi Minh City or its immediate suburbs recently detained in 14 of 16 drug detention centers under the city’s administration. Some centers are located in the city itself, although most are scattered around other provinces in southern Vietnam.

Many of the laws, regulations, and principles that govern drug detention centers in Ho Chi Minh City apply to all of Vietnam’s drug detention centers. Human Rights Watch is concerned that the abuses described in “The Rehab Archipelago” are present in the centers—over a hundred of them—in other parts of Vietnam.
Que Phong’s story is typical of the experiences recounted to Human Rights Watch, except in one regard: most people enter the centers on a compulsory basis after being detained by police or local authorities. Ho Chi Minh City’s drug detention centers operate as part of the Vietnamese administrative—rather than criminal justice—system. According to Vietnamese law, court orders are not required to round up people who use drugs and detain them at the centers, and normal legal safeguards relating to imprisonment do not apply. Whether they enter voluntarily or after being taken into police custody, former detainees reported they had no lawyer or hearing, nor were they able to review the decision to detain them. When their detentions were extended, detainees reported that they did not receive a warning, explanation, or opportunity for appeal.

There is no standard type of labor performed in the centers. Most have a variety of labor arrangements, some involving outside businesses, although cashew processing is common. Former detainees told Human Rights Watch that they knew of cashew production in 11 of the 16 centers under the administration of Ho Chi Minh City authorities.

Former detainees also described how they are forced to work in other forms of agricultural production (either for outside sale, such as potato or coffee farming, or for consumption by detainees), garment manufacturing, other forms of manufacturing (such as making bamboo and rattan products), and construction work.

Human Rights Watch received reports about particular products that were allegedly manufactured or processed in drug detention centers. Under Vietnamese law, companies who source products from these centers are eligible for tax
A detainee overseer watches the work of other detainees in a cashew workshop. Detainees designated as guards and overseers play a central role in the day-to-day control of detainees.
exemptions. However, there is no public record in Vietnam listing all the companies that have commercial or contractual relations with the centers. Some of the products produced as a result of forced labor may make their way into the supply chain of companies who sell goods abroad, including to the US and Europe.

Consistent with the responsibility in international law of all businesses to respect human rights and avoid complicity in abuses, companies that source products from Vietnam such as cashews or other goods identified in “The Rehab Archipelago” should undertake vigorous reviews to identify whether they are directly or indirectly purchasing from these centers. If they are, they should immediately sever those commercial ties.

Some former detainees told Human Rights Watch that the labor they were forced to perform was unpaid. More commonly, forced labor is paid at wages well below the minimum wage. Centers commonly hold the wages of detainees as credit, against which centers levy charges for items such as food, accommodation, and “managerial fees.” These charges often represent a significant amount—in some cases all—the detainee’s wages. Some detainees, when they are released from detention, owe the center money.

Refusing to work, or violating any one of a number of center rules, results in beatings or confinement in disciplinary rooms (phong ky luat). Staff beat detainees with wooden truncheons or shock them with electrical batons, sometimes causing them to faint. In disciplinary rooms—either crowded punishment rooms or solitary confinement cells—physical deprivation is used as an additional form of punishment: food and/or drinking water rations are often reduced, access to bathing is restricted, and family visits are prohibited. People held in disciplinary rooms often have to work longer hours or conduct more strenuous work than usual, or are only allowed out of such rooms for 30 minutes each day, if they are allowed out at all.

In addition to adults, children who use drugs are also held in drug detention centers. Like adults, they are forced to work, beaten, and abused.

Whether committed against adults or children, abuses such as arbitrary detention, torture, inhuman and degrading treatment, and forced labor are illegal under Vietnamese and international law.

No one who had been detained described any form of scientifically or medically appropriate drug dependency treatment within a center. Psychosocial counseling involved lectures on the evils of drug use and morning exercises while chanting slogans such as “Healthy! Healthy! Healthy!”

While compulsory healthcare interventions that involve restricting rights can be ethically justifiable in exceptional circumstances, such circumstances are rare. When they do occur, the decision to impose coercive medical treatment
should be taken on an individualized basis; be overseen by judicial protections and due process; and respect best practices and international standards. Long-term, en masse detention of drug users for labor therapy is incompatible with the tenets of scientifically and medically appropriate drug dependency treatment and contravenes international law.

Vietnamese authorities and the international community acknowledge that Vietnam’s system of forced labor in detention centers is not effective drug dependency treatment. Rates of relapse to drug use after “treatment” in the centers have been reported at between 80 and 97 percent. Yet Vietnamese officials have simply redoubled their efforts, lengthening periods of detention and institutionalizing labor therapy on an industrial scale.

While it is estimated that between 15 and 60 percent of individuals in drug detention centers in Vietnam are infected with HIV, few centers provide appropriate medical care for HIV, tuberculosis (TB), or other opportunistic diseases. Recognizing the high rates of HIV inside drug detention centers, some bilateral and multilateral donors have supported interventions targeting detainees, citing an intention to relieve detainee suffering.

Some external organizations provide detainees with HIV prevention information and/or HIV treatment and care, or fund government authorities to do so. Other organizations provide drug dependency services for detainees or fund training and capacity building for detention center staff on drug dependency treatment.

Among the most significant donors providing funding support for activities inside Vietnam’s drug detention centers are the US President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the GF), and the World Bank. The United Nations Office of Drugs and Crime (UNODC) and the US Department of State’s International Narcotics and Law Enforcement Affairs (INL) have funded capacity building programs for staff of the centers. PEPFAR and the GF have recently proposed to expand their funding of projects in Vietnam’s drug detention centers.

Under Vietnamese law, HIV-positive individuals in detention have a right to be released if drug detention centers cannot provide appropriate medical care. While the provision of HIV treatment can be life-saving, donor support for expanded HIV treatment inside centers has had the perverse impact of enabling the government to maximize profits from the centers by detaining HIV-positive drug users—and subjecting them to forced labor—for more time. Human Rights Watch believes that donor support should focus on releasing detainees from these centers so they can access appropriate treatment in the community.

External support also raises questions about the effectiveness of conducting HIV interventions inside abusive and illegitimate centers, and the ethics of addressing HIV while seeming to ignore serious human rights abuses. The failure of donors and the implementing partners to monitor the human rights conditions of detainees renders impossible any accurate assessment of the impact of donor’s humanitarian assistance.

Forced labor and physical abuse are not an adjunct to drug dependency treatment in Vietnam. Rather, they are central to how the centers operate. Developing the capacity of Ho Chi Minh City’s centers to provide drug dependency services ignores the fact that even if relapse rates could be reduced to zero, what happens in Vietnam’s drug detention centers (such as arbitrary detention, torture, inhuman and degrading treatment, and forced labor) is illegal under Vietnamese and international law.

People currently detained against their will in Vietnam’s drug detention centers in violation of international and Vietnamese law should be immediately released. The Vietnamese government should permanently close the country’s drug detention centers. It should also launch a prompt, thorough investigation capable of leading to the criminal prosecution of those who have committed acts of torture or cruel and inhuman treatment and other abuses amounting to criminal acts in the drug detention centers.

At the same time, Human Rights Watch calls on the Vietnamese government to expand access to voluntary, community-based drug dependency treatment and ensure that such treatment is medically appropriate and comports with international standards.

In situations where individuals are unjustifiably detained, Human Rights Watch believes that donor funds should not contribute towards that detention, nor should private companies be able to benefit from their labor. Adding an additional profit motive into the operations of drug detention centers creates too much human rights risk for companies and the detained. Foreign and Vietnamese companies working with Vietnam’s drug detention centers, including through subcontractors and sub-sub-contractors, should cease such commercial relationships immediately. Separately, donors and their implementing agencies should review all funding, programming, and activities directed to assisting Vietnam’s drug detention centers to ensure no funding is supporting policies or programs that violate international human rights law.

Vietnam’s trading partners—in particular those countries negotiating or engaged in preferential trade programs with Vietnam—should urgently review those arrangements to ensure that products subject to preferential benefits are not made at drug detention centers in light of reports of abuses, such as forced and child labor at those facilities.
A cart filled with sacks of cashew shells waits outside the workshops at Duc Hanh.
KEY RECOMMENDATIONS

TO THE VIETNAMESE GOVERNMENT

• Instruct the Ministry of Labor, Invalids and Social Affairs (Ministry of Labor) to release current detainees in Vietnam’s drug detention centers, as their continued detention cannot be justified on legal or health grounds.

• Instruct the Ministry of Labor to permanently close Vietnam’s drug detention centers.

• Carry out prompt, independent, thorough investigations into the use of torture, cruel, inhuman or degrading treatment or punishment and other human rights abuses and criminal acts in Vietnam’s drug detention centers. Follow up with appropriate legal actions (including criminal prosecution) of identified perpetrators of abuses.

TO VIETNAMESE AND FOREIGN COMPANIES WITH COMMERCIAL RELATIONSHIPS WITH DRUG DETENTION CENTERS IN VIETNAM

• Cease all commercial relationships (including through sub-contractors and sub-sub-contractors) with Vietnam’s drug detention centers.

TO BILATERAL AND MULTILATERAL DONORS AND NONGOVERNMENTAL ORGANIZATIONS (NGOS) PROVIDING ASSISTANCE TO VIETNAM ON DRUGS OR HIV/AIDS ISSUES

• Review all funding, programming, and activities directed to assisting Vietnam’s drug detention centers to ensure no funding is supporting policies or programs that violate international human rights law, including prohibitions on arbitrary detention, forced labor, torture and cruel, inhuman or degrading treatment or punishment.
In Vietnam, people dependent on drugs can be held in government detention centers, where they are forced to perform menial labor for up to four years in the name of “treatment.” Their detention is not subject to any form of judicial oversight. The result is a system of forced labor on a massive scale: between 2000 and 2010, over 309,000 people across Vietnam passed through the centers, all of whom were required to work producing goods for the centers.

The Rehab Archipelago is based upon the experiences of 34 former detainees from 14 of the 16 centers under Ho Chi Minh City administration. They describe how they were beaten with wooden truncheons, shocked with electrical batons, and deprived of food and water. Children who use drugs are also held in these centers, where they are forced to work, beaten, and abused.

The report describes some of the industries profiting from so-called labor therapy. Former detainees reported being forced to work in agricultural production, manufacturing, and construction work. Some detainees received no payment for this work. Others were paid at a fraction of the minimum wage, their meager pay reduced further by charges for food, accommodation, and “managerial fees.”

Some international donors have funded the training of center staff in drug dependency treatment, thus undermining the need to end this abusive system. Other donors have supported health interventions inside these centers because of the high number of detainees living with HIV. However, under Vietnamese law, HIV-positive individuals in drug detention centers have a right to be released if the centers cannot provide appropriate medical care. In this way efforts to support HIV treatment in drug detention centers have had the perverse impact of enabling the centers to detain HIV-positive drug users for more time.

Human Rights Watch calls on the Vietnamese government to permanently close its drug detention centers and expand access to voluntary, community-based drug dependency treatment that comports with international standards. Foreign and Vietnamese companies working with Vietnam’s drug detention centers, including through sub-contractors, should cease such relationships immediately. Donors and their implementing agencies should review all funding, programming, and activities directed to assisting Vietnam’s drug detention centers to ensure no funding supports policies or programs that violate international human rights law.