

APPENDIX D: STATEMENTS OF CONCERN



we wearSM responsibility

December 15, 2011

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RE: Vietnam's Drug Detention Centers

To Whom It May Concern:

On the behalf of the American Apparel & Footwear Association (AAFA), the national association of apparel and footwear industries, I am writing to express our deep concern with regard to recent reports from non-governmental organizations (NGOs), our members, and others regarding the government-sanctioned forced labor of detainees in Vietnam's drug detention centers.

Members of the AAFA are internationally-renowned brands, producing and selling all over the world, including Vietnam. Brand reputation is a vital part to the success of our members in the competitive apparel and footwear industry. Not only does this include quality, style, and value, but it also includes how the products are being made.

As a result, our members are fully engaged in ensuring that the apparel and footwear we produce are manufactured under lawful, humane and ethical conditions. Our association's mission statement, developed in 2001, reinforces this strong commitment by stating that the American Apparel & Footwear Association (AAFA) should focus on "Ensuring that individuals employed in the sewn products industries are afforded opportunities, and are treated with fairness and respect."

More and more, brands are increasingly demanding the improvement of factory conditions throughout Vietnam in exchange for business, and Vietnam has responded. Vietnam's footwear and apparel industries have diligently worked to dramatically improve its reputation. Thanks in part to these efforts, Vietnam now ranks as the 2nd largest supplier of both apparel and footwear to the United States.

As such, we are very concerned that these reports of government sanctioned forced labor of drug detention center detainees for the production of goods could severely damage the image of the apparel and footwear industry in Vietnam, particularly as the issue of forced labor has never previously been associated with the footwear and apparel industries in Vietnam.

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Moreover, these reports come just as the world has become increasingly focused on the issue of forced labor. In the United States, for example, there is a growing focus on forced labor with the implementation of the State of California's recently approved *Transparency in Supply Chains Act* (SB-657) as well as the U.S. Department of Labor's ongoing publication of and updates to the *TVPRA List of Goods Produced by Child and Forced Labor*. Further, there are efforts in the United States to strengthen the provisions of the *Tariff Act of 1930* to not only allow, but require, U.S. Customs to seize shipments of products at the border that they believe are made with prison or forced labor.

These reports also come at a time when the world is increasingly focused on Vietnam for its role in the ongoing negotiations towards a Trans-Pacific Partnership (TPP) free trade agreement.

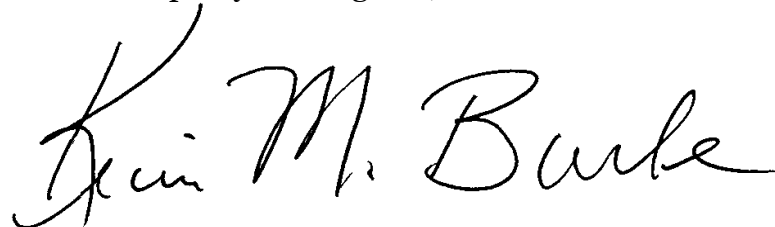
Mounting evidence questions the effectiveness of utilizing forced labor as a rehabilitation tool for drug addicts, as shown by the extremely high drug recidivism rate among former detainees. Regardless of the efficacy of the rehabilitation program, the government-sanctioned use of such forced labor in our industry, or in any industry, severely tarnishes the reputation of Vietnam and undermines the Vietnamese government's own efforts to reduce the poverty and improve the lives of the Vietnamese people through economic growth and exports.

The continued government-sanctioned forced labor of detainees in Vietnam's drug detention centers jeopardizes the significant sourcing conducted by our members in Vietnam's apparel and footwear industries. As such, we urge the government to end this practice.

Thank you for your time and consideration in this matter. We look forward to continuing to grow our long-term and mutually beneficial relationship.

Please contact Nate Herman of my staff at 703-797-9062 or by e-mail at nherman@wewear.org if you have any questions or would like additional information.

Please accept my best regards,

A handwritten signature in black ink that reads "Kevin M. Burke". The signature is written in a cursive, flowing style.

Kevin M. Burke
President & CEO

CC:

- Nguyen Manh Cuong, Director, Center for Industrial Relations Development, MOLISA



JOINT STATEMENT

Compulsory drug detention and rehabilitation centres

United Nations entities call on States to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community

The continued existence of compulsory drug detention and rehabilitation centres, where people who are suspected of using drugs or being dependent on drugs, people who have engaged in sex work, or children who have been victims of sexual exploitation are detained without due process in the name of “treatment” or “rehabilitation”, is a serious concern.

Compulsory drug detention and rehabilitation centres¹ raise human rights issues and threaten the health of detainees, including through increased vulnerability to HIV and tuberculosis (TB) infection. Criteria for detention of individuals in these centres vary within and among countries. However, such detention often takes place without the benefit of sufficient due process, legal safeguards or judicial review. The deprivation of liberty without due process is an unacceptable violation of internationally recognised human rights standards. Furthermore, detention in these centres has been reported to involve physical and sexual violence, forced labour, sub-standard conditions, denial of health care, and other measures that violate human rights.

There is no evidence that these centres represent a favorable or effective environment for the treatment of drug dependence, for the “rehabilitation” of individuals who have engaged in sex work, or for children who have been victims of sexual exploitation, abuse or the lack of adequate care and protection.

The UN entities which have signed on to this statement² call on States that operate compulsory drug detention and rehabilitation centres to close them without delay and to release the individuals detained. Upon release, appropriate health care services should be provided to those in need of such services, on a voluntary basis, at community level. These services should include evidence-informed drug dependence treatment; HIV and TB prevention, treatment,

¹ Various terms are used for these centres.

² International Labour Organisation; Office of the High Commissioner for Human Rights; United Nations Development Programme; United Nations Educational, Scientific and Cultural Organisation; United Nations Population Fund; United Nations High Commissioner for Refugees; United Nations Children’s Fund; United Nations Office on Drugs and Crime; United Nations Entity for Gender Equality and the Empowerment of Women; World Food Programme; World Health Organisation; and Joint United Nations Programme on HIV/AIDS.

care and support; as well as health, legal and social services to address physical and sexual violence and enable reintegration. The UN stands ready to work with States as they take steps to close compulsory drug detention and rehabilitation centres and to implement voluntary, ambulatory, residential and evidence-informed alternatives in the community.

Where a State is unable to close the centres rapidly, without undue delay, we urge that the following be established immediately:

- a process to review the detention of those in the centres to ensure that there is no arbitrary detention and that any detention is conducted according to relevant international standards of due process and provides alternatives to imprisonment. This review will allow the identification of those who should be released immediately and those who should be referred for voluntary, evidence-informed treatment programmes within the community;
- a process to review conditions in compulsory drug detention and rehabilitation centres with a view to immediately improving those conditions so as to meet relevant international standards applicable in closed settings, including access to quality and evidence-informed health care, social and education services, and the elimination of inhumane and degrading treatment and forced labour,³ until the centres are closed;
- provision of health care services pending closure of the centres, including for treatment of HIV and other sexually transmitted infections (STIs), TB and opportunistic infections, as well as health and legal services to respond to physical and sexual violence;
- judicial and other independent oversight and reporting over the review and closure process of the centres; and
- moratoria on further admission into compulsory drug detention and rehabilitation centres of people who use drugs, people who have engaged in sex work and children who have been the victims of sexual exploitation.

Evidence demonstrates that the most effective responses to drug dependence and the health-related harms associated with it, such as HIV infection, require treating drug dependence as a health condition through evidence-informed and rights-based approaches, which in many cases need to be established. All health care interventions, including drug dependence treatment, should be carried out on a voluntary basis with informed consent, except in clearly defined exceptional circumstances in conformity with international human rights law that guarantees such provisions are not subject to abuse. Responses to drug use and health-related harms associated with it should include evidenced-informed prevention and treatment of HIV, other STIs and TB, for those engaged in drug use.

Where sex workers benefit from due process, protection from discrimination and violence, and access to HIV prevention, treatment, care and support, they have been able to dramatically reduce their vulnerability and that of their clients to HIV and other STIs.

³ For more on a rights-based approach to HIV in the context of labour, see ILO recommendation of HIV and AIDS and the World of Work, 2010 (No. 200).

In the case of children under the age of 18 years, the most effective and appropriate responses are those that are family-based and build on the strengths of local communities.⁴ These should be the first option in full compliance with their rights to welfare, protection, care and justice. Children who are, or have been, involved in sex work should be treated as child survivors of commercial sexual exploitation, in accordance with the Convention on the Rights of the Child (1989) and the ILO Worst Forms of Child Labour Convention, 1999 (No 182), not as offenders liable to criminal penalties. Those children who are dependent on drugs should benefit from rights-based and evidence-informed programmes to facilitate their recovery and reintegration into families and communities.

States increasingly acknowledge the concerns associated with these compulsory drug detention and rehabilitation centres, including their lack of effectiveness in preventing relapse, their high costs, and their potential negative impact on efforts to ensure universal access to HIV prevention, treatment, care and support. We note with appreciation that some countries are in the process of scaling down the number of such centres and building greater capacity for voluntary, evidence-informed, community-based approaches. These positive steps are critical to expanding understanding and building support for an approach to drug dependence, sex work and child sexual exploitation that is based on available scientific and medical evidence, ensures the protection of human rights and enhances public health.

We are committed to work with countries to find alternatives to compulsory drug detention and rehabilitation centres, including through technical assistance, capacity building and advocacy. Forms of support might include the following:

- sharing of information and good practices on voluntary, evidence-informed and community- and rights-based programmes for people who use drugs, those who engage in sex work, and children who have been victims of sexual exploitation;
- dialogue with policy-makers to increase support for voluntary, evidence-informed and rights-based treatment and programmes for drug dependence;
- multisectoral collaboration among law enforcement, health, judiciary, human rights, social welfare and drug control institutions to assist in developing frameworks of action to support voluntary and community-based services for people who use drugs, those who engage in sex work and children who have been victims of sexual exploitation; and
- establishment of services to address the root causes of vulnerability (e.g. poverty, gender inequality and the lack of sufficient family and community support structures).

March 2012

⁴ See also UNICEF "Position on compulsory detention centers in East Asia and Pacific". Available at http://www.unicef.org/eapro/media_18366.html.