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To: 'Keith Barney' <[kbarney@yorku.ca](mailto:kbarney@yorku.ca)>

Subject: Respond to Hinboun District, Letter to THPC

Dear Mr. Keith D. Barney,

I would like to provide you with some additional information and clarifications about the mortality of livestock at B. Pakveng during early rainy season this year.

You claim that Hemorrhagic Septicemia (HS) is caused primarily by flooding of water discharged from the power station. In reality, the mortality of livestock at that time was discovered not only at Pakveng. Before that the outbreak of this disease there it occurred in Khamkeut district, leading to a close down all butcher shops in KM 20 for a while, due to the death of 250 buffaloes, 25 cows, 2,450 pigs, 85 goats and 20,940 poultries. Mortality of livestock was not only in Khamkeut district, other places such as upper Hinboun River, in Phontieu numerous of livestock mortality was also found. The total mortality of buffaloes and cows all over Hinboun district were 274 and 366 respectively. There were also reported cases on the Nakai Plateau.

The first buffalo that died at Pakveng belonged to Mr. Seng, he took it from his parents at B. Nongdong. On the way he was taking this buffalo from Nongdong to Pakveng, it died and he separated buffalo in to pieces and took the pieces of meat to village for sell and offer to his cousins. He told villagers that his buffalo died due to the rope tighten it neck. Four days after that, there was a cow of Mr. Pain died, and he told villagers that it was trapped in the deep dug well. So almost all people in the village ate the meat. After that Livestock in the village started to die on by one. All together there were 13 buffaloes, 4 cows died and 11 buffaloes were treated.

EMD has taken Livestock activity as an important factor to develop in impacted project villages. Our strategies of Livestock development are conducted as follow.

1. Management Improving.
  - Area for grazing allocation.
  - Basic knowledge training on Livestock
  - Establish two veterinary surgeons in each village and equipped with necessary materials.
2. Breeding Improvement.
3. Livestock health care.
  - Providing materials for construction standard pen
  - Collecting animal manure for sell to EMD.
  - Vaccination.
  - To worm.
  - Treatment of sick animals.
4. Develop animal feed.
  - Utilize available feed in the local area (rice straw processing, grass nursery...).
  - Produce mineral block.

The mortality of Livestock caused by HS is considered as a regular event in South-East-Asia countries, particularly live-stock that is not received vaccination.

Every year we request for cooperation from head of the village, veterinarian in the village and owner of livestock to have vaccination of livestock. We schedule to vaccinate cows and buffaloes twice a year, April and December, because outbreak of the HS is often occurred at the beginning of rainy season.

Vaccination of livestock during the past three years we faced a lot of difficulties due to lack of cooperation and careless of livestock owner and village authority. Majority of livestock in the village are released without control, no monitoring of livestock health, even though EMD is always ready to provide lump sum budget of 100,000 kip to each household for purchasing necessary materials to build their own livestock pen.

During 2002-04, EMD in cooperation with district personnel had organized vaccination in each village base on vaccination calendar and we found that only minority of people took their livestock for injection of vaccine. Then we reconsider again maybe charging 3000 kip per each cattle irritates villagers to have their livestock vaccinated, even though they realize that 3000 kip could replace livestock that worth 4,000,000 kip.

Then 2005-2006 we changed to new strategy with the objective of how to convince villagers to take attention on Livestock vaccination role. So we offer the vaccination with free of charge. We cooperate with villagers to setup rules and regulations on livestock development in the village, referring to the regulation of Ministry of Agriculture and Forestry issued in 1996. This regulation is mentioning to Management of livestock. One of the most importance of village regulation is mentioned to vaccination calendar and how to struggle with mortality of Livestock both clear and unclear mortal reason:

- Bury, incinerate.
- Cover with lime powder.
- Forbidden to eat meat.
- Livestock mobilization is forbidden.
- Emergency Report to authorized personnel, etc.

We also announced that vaccination of Livestock is free of charge and veterinary surgeons can obtain benefit from each vaccination. But we still did not have proper cooperation from villagers especially Ban Pakveng, none of cows and buffaloes were vaccinated.

On the other hand, the villages as B. Done and Vangdao the vaccination reached 70-80%, so there was no mortality of Livestock during that time.

What I would like to explain is the vaccination of livestock can not be conducted when decease outbreak is being occurred. Only anti-biotic can be used for treatment. We have to schedule 4-5 moths in advance, because vaccine is affected within 5-6 month only.

I would finally like to summarize that:

People participation in each development activity that suit to the time and situation are a big challenge for us. Flooding that caused by Hydropower station is not the most significant issue, because 110 m<sup>3</sup>/s of discharged water is considered as small volume if compare with thousand hectares of flooded area that could receive 5,000-6,000 m<sup>3</sup>/s of natural flooding along stretches of the Hinboun.

Flooding of Nam Hinboun is not different from other rivers. The flood occurs only during the rainy season, once again it is another challenge if communities or we all do not help each other to protect environment. If the forest have not been well reserved especially along Nam Hinboun and Nam Hai now the dense forest has been destroyed by different activities inside and outside people, nowadays small trees along Nam Hai and Hinboun river side are being cut for tobacco plating.

Regarding spiritual beliefs, this is a complex issue and is related to leadership and levels of technology and knowledge at the village level. Other villages of the same ethnic group in the region allow vaccination. It is a challenge to convince villages to accept changes in practices but EMD is attempting to introduce methods and materials in a culturally sensitive manner. Using such an approach means reaching consensus and compromises through dialogue, and some groups will take longer to adapt and only do so after they see benefits themselves in neighboring villages. Thus some losses will be expected but in the long run, there will be acceptance gradually and without the use of coercion.

Regards,

Bounma Molakhasouk