

# FAMILIES OF AGENT ORANGE/DIOXIN VICTIMS OF THE THIRD GENERATION

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At present there are no available official statistics on the number of families whose third generation members are victims of Agent Orange used by the US army in the Vietnam War. In a research study of the Research Centre on Gender, Family and Environment in Development (CGFED), using the method of telling life stories and reproductive history, it is noted that there are many victims of Agent Orange of the third generation of many families. Several previous research studies (Hoang Dinh Cau, 2003; Le Cao Dai, 1999) mentioned the impacts of Agent Orange on the third generation, but no detailed research study has been conducted on this issue so far, hence complete statistics are not yet available. In particular, the psychological, mental and emotional life of these victims has not yet been studied. This paper discusses briefly victims of Agent Orange of the third generation, through some CGFED case studies, looking from the social science and humanity angle.

## 1. Women of families with victims of Agent Orange/dioxin of the third generation

Agent Orange victim families suffer not only psychologically, spiritually but also materially. They have to give great care to their children with disabilities. For families having victims of Agent Orange/dioxin of the third generation, in addition to parents, there are also grandparents. So talking about women here, we mean the role of mothers and grandmothers in these families.

Like many other Vietnamese families, women burden most of the house chores and care for family members. In a family with sick members, it takes much time of women to care for them, in addition to their house work. For families of Agent Orange victims, the time and efforts of women will multiply. This woman is a case in point. Her husband is affected by Agent Orange/dioxin handed down to him by his father who took part in the fight against the US aggressors in the battlefield of Quang Tri. Her eldest daughter suffers from birth defect and can only lie on bed.

Talking about her husband's illness and her hard work of caring for him, she said in tears: *"If my husband is like other ordinary people I can rely on him. But my husband is seriously ill. Sometimes, if I was not quick enough to bring him the bedpan, he insulted me and even my parents. When he is very painful, he curses his parents also. But I have to stand him for the future of our children. It's very hard for me. Even nurses and doctors said they had never seen such a person before. Other patients were either cured or died. But he falls seriously ill 4-5 times a year. Every year he is the same."* (Woman, 40, Dinh Province)

Being very strenuous in caring for husbands who have been affected by Agent Orange/dioxin, women and their children in Vietnamese families still consider men as pillars to lean on, at least

mentally, even though they are ill or live with disabilities:

*“I have to encourage my husband. Even though he cannot do anything, with his presence the children will fear and rely on him. I also told him that it was unlucky to be ill, so don’t worry or be sad. My children and I can work and care for him. I just want him to live on the more the better. If he dies, the family will be broken. Until whenever Heaven allows him to live, he should be optimistic. Don’t worry about the cost of medical treatment, we can borrow money and our children will replay in the future”* (Woman, 40, Y Yen, Dinh Province)

In a small rural village in the Red River Delta, about 100 km from Hanoi, there is a family with six members from three generations living in a small house. But the life of this 3-generation family depends on only two women — the mother-in-law (65 years old) and her daughter-in-law (40 years old). Only these two women can work to earn money to feed the 6-member family. The man who should have been considered the bread winner of the family is affected by dioxin and now becomes dependent like his three children, two of them suffer from birth defects caused by dioxin (of his three children one is paralytic for 19 years, one is mentally retarded and one is weak).

*“Our life has never been in peace. Very hard. Since I came to this family as a daughter-in-law, my life has been very hard. My children are ill and my husband is ill too and so he cannot help me any thing. Every year he falls seriously ill four times. He has been in this health condition for 19 years now. He was taken to Bach Mai and Viet Duc hospitals (in Hanoi) four times but his illness could not be cured. His mother and I have to take turn to care for him. My children are*

*small and so life is very miserable. At night we have to stay up to care for him and the children. My family has never been happy and joyful, always has ill members”*. (Woman, 40, Nam Dinh Province)

As for this advance aged woman, she has been working hard all her life to care for three members of three generations of her family affected by dioxin, (husband, son and granddaughter). She said:

*“My husband joined the army and since being demobilized for 20 years, I have to care for him with his bedpan. When our son was healthy, he married, but he has been ill for 20 years now. His daughter has been like this for 19 years, so our economic life is very difficult. In the past we had to catch crabs and snails for sale to buy rice. But now we cannot save anything.*

*His house has been sold out. He is now staying in his younger brother’s house. His life is very hard. I don’t have any job to do except farming several sao of land. During off season, I catch crabs and at home I have to care for my son and my granddaughter. Whenever my son falls ill, he wanders throughout the night. My life is very miserable and my daughter-in-law’s life is the same but she has been given some support and assistance by the State.”*(Woman, 65, Nam Dinh Province)

Her daughter-in-law said: *“My mother- in-law has been caring and feeding three generations of disabilities in the family, caring for her husband for 20 years, for her son 30 years and her granddaughter for nearly 20 years with complicated ailments. She has been crying on many occasions, feeling very miserable. Our family has never been peaceful and joyful. The grandfather, the son and the granddaughter take*

turn to be stricken by illnesses”. (Woman, 40, Y Yen, Nam Dinh Province).

In addition to hard work of caring for her sick husband and daughter, this woman also suffers mentally when she gave birth to her daughter with defects:

*“I felt shy. Other women have healthy children and mine is ill and weak. I took her to the Sweden Pediatric Hospital in Hanoi and cried. At that time, it was very difficult. I had to care for her and could not afford logging. I had to carry her on my shoulders because she could not be carried on my arms. I cooked my meals while carrying her but she kept crying. I have to stand her, thinking I did not commit any sins to be punished like this. I am crushed by grief. Other people have beautiful children while I feel ashamed of my child. I did not dare to attend any get-togethers of my former classmates. During the Lunar New Year traditional Festival, I do not dare to visit anyone”.*

This woman has been busy all the year round, earning living for the family and caring for her sick husband and daughter. She has no time and money to go out. She seems to have had no outside visits so far. She said: *“Since getting married, I’ve never visited anywhere, even Nam Dinh City and my district town which is only 3 km away. I’ve just been around my house and village. No money to go anywhere.”*

In addition to such hardship, this woman also feels pity for her daughter with disability, therefore she is hesitant to see and visit others, even the villagers. She said: *“My daughter is in such a condition, where can I go? I had to go to the weddings of my brothers and sisters unwillingly. After eating I left and did not dare to stay on to talk to people because I feel self-pity. I*

*have nothing to tell other people”* (Woman, 40, Y Yen, Nam Dinh Province)

For the Vietnamese spiritual life is a factor of their daily life, particularly when people are sad and unhappy, they often turn to the supernatural world. *“I thought my parents must have stolen a church bell, thus I have to burden the sin. But actually, since being born, I have not been wicked to any ones. Sometimes I blamed my mother for giving birth to me to make my life so miserable. She cried and comforted me telling me to try to raise my child so as to rely on her in the future”.* (Woman, 40, Nam Dinh Province)

Undergoing such hardship, this woman has never thought of leaving her husband: *“No. I’ll never leave him for the future of my two sons, and this girl, I feel very pity for her. So I have to work hard, without any time to rest. During the day, I work in the fields and in the evening I have to do the washing and washing up. I try to serve my children like others so that they can enjoy half of what ordinary children get. I try to work to feed my children. If I don’t think of them and without conscience, I would have left for a long time now. I love them very much and feel pity for my daughter (sobbing...)”*(Woman, 40, Nam Dinh Province)

Her family is very poor and in great difficulty. Hardship and sufferings. Sending children to school which is her children’s dream, but she could not afford, for being very poor:

*“One of my sons stopped after finishing his grade 7. My family could not afford his continued studies. I asked him to drop out of school and he did not want to. I had to explain to him that I could not do all the work in the fields and he had to stay at home to give me a helping hand. I could not manage one mau of rice farming and do not have money to hire labour. After*

*explaining to him, he gradually understood and agreed to stop studying. But he kept complaining, saying he wanted to finish grade 10. I had to discuss with him, explaining that his father and his elder sister are sick and mother cannot earn money to afford his schooling and so he had to drop school” (Woman, 40, Nam Dinh Province).*

No parents want their children to stop studying. This woman, as a last resort, had to ask her adolescent son to forget his dream to drop out of school to help her in the fields to produce food to feed her husband and daughter who are affected by Agent Orange/dioxin. When she had to make a decision on his son’s discontinued studies, she should have felt heart-renting!

There is a mother who could not go to work only because of her child with disability. She has to stay at home to care for her child (the child’s grandfather is a former soldier stationed in the Central Highlands during 1967-1969) although she has been offered a good job. This is because no one else but the mother can give good care for her child: *“She has been offered a job but she could not go to work because of her child. If the child is not placed in a right position, she will curl up, with her limbs bruised and her teeth clenched. Sometimes half of her body falls on the floor. This is the reason why she has to stay at home to care for her child” (Woman, 35, Ba Dinh, Hanoi)*

Another case is a child who is the grandchild of a veteran who fought in the battlefield in Cam Lo, Quang Tri province. He recalled *“After discovering our position, V10 aircraft called F4 and A7 fighters to drop bombs, and then B52s for carpet bombing. When the aircraft sprayed toxic chemicals, it was like white smoke covering the whole forest area. At that time we did not know that the water was contaminated and so drank it.*

*But our health was affected: our eye sight was not clear, we suffered head ache and sometimes we lost our memory. After being demobilized, returning home I felt itchy on all my body” (Man, 67 years of age, Ha Tay Province).*

The hardship endured by the mother is shared and sympathized by her mother-in-law: *“It has been very hard for her because for more than two years now she has to clean sputum and the breather pipe for the little child. The year before last, we took the child to the hospital to get off her breather pipe but sputum continues to leak and the child could not speak loudly. Now the child has to carry this (an stainless steel breather pipe), in every 20 minutes, her mother has to take the pipe out to clean it. My second daughter-in-law works very hard caring for the child.” Woman, 53, Thach That, Ha Tay)*

When a member of the third generation of the family is affected by Agent Orange/dioxin, not only the parents but also the grandparents have to care for the patient. This grandfather fought in the battlefields in Khe Sanh, Quang Tri and Tay Ninh provinces during the 1968-1972 period. He recalled: *“When we were fighting there, we witnessed many toxic chemical sprayings. Trees defoliated. No leaves were seen on trees. These areas were most sprayed by toxic chemicals. Every day, three C130 aircraft sprayed chemicals, starting in late morning. The area seemed to be foggy, but actually it was the chemical smoke. The sprayings were like drizzling. Our clothes were wet. ” (Man, 57, Dong Anh, Hanoi).*

Today, this man has to help his daughter-in-law in caring for his grandchild with disability: *“Whenever the child’s mother goes to work, I have to feed him. It’s harder to feed him than*

*doing a heavy work. I have to chew the rice and give it to him together with some water. Only by this way, he can swallow as his throat was curved like a curved plastic pipe. Without chewing rice for him, he might be choked. So whenever I have to feed him, I feel feared. It often takes more than an hour to feed him.”* (Man, 57, Dong Anh, Hanoi).

The burden of the impacts of Agent Orange rests on the shoulders of women of the two different generations, an old and a young. But it's fortunate, they receive support and assistance, both material and spiritual, from their relatives, community and society.

## **2. On demographic characteristics and reproductive functions**

The third generation victim families are often small sized. On an average, a married couple of the second generation often has 1-3 children; and most of the cases studied by CGFED live with their parents, thus forming an extended family (3-generation family). This has both advantages and also disadvantages for those families, depending on the level of illness and diseases suffered by members of different generations.

Most of the families of the victims of the third generation live in rural areas where young people often marry early: 18 -20 years of age for women and 20 -22 years of age for men. Like many other married couples in Vietnam, one of the very important purposes of their marriage is to have children; so after their wedding, they want to have children immediately. Due to being affected by the conception of son reference, couples who have got girls tend to give more births in a hope to have a boy, even if their first child may not be healthy or suffer birth defects (caused by Agent Orange/ dioxin).

It is noted that, at the time CGFED conducted the research study, mass media had a wide coverage of Agent Orange and people started to understand the effects of this substance and families of Agent Orange victims were also aware of them. Members of those victim families understand to different extent the damage Agent Orange caused to human health. However, for them, they have been in *a stalemate situation: **They want to have more children but fear of having children with birth defects caused by Agent Orange.***

We can see their state of mind and ways of thinking, particularly the wife in those victim families. This case of the woman who is the grand mother of the girl paralyzed in the father side caused by Agent Orange want her daughter in law to give birth more with the hope of the normal and healthy child.

*“Our family, we don't want to have 3 children but their family thinks about this girl (the girl who has paralyzed caused by Agent Orange) doesn't work anything and the second child is the son, he has squint eyes and they decided give 3<sup>rd</sup> child (woman, 55 years old, Dong Anh – Hanoi)*

This is how a woman who had her first child with disability makes a decision on having a second child:

*“My husband and I are still hesitant. We tried to find out some places where we can have tests to make sure the child to be born will be healthy, but people in the district town told us it is very difficult to have our blood tested. It is also costly now and if we are not taken by someone to Hanoi to have the test we don't know where to go. Some children are affected by Agent Orange and others not. We want to do such tests, but we cannot afford it and also we don't know the process and*

*procedures, so we did not go. When my first child was three years old, we intended to have another child but the child was so ill and had to be hospitalized all the time (...). Anyway we have to have another child. But I am worried whether the second one will be normal or not*". (Woman, 30, Thach That— Ha Tay Province)

In such a situation, this woman is supported by her parents-in-law, thus she is more resolved in having another child:

"When I talked to my mother-in-law she told me: *'Just have another child, how can we know and not all children are born with defects'*". I just doubt about it, *but anyway we will have another child*. We have decided to have another birth as we don't know how it will be". (Woman, 30, Thach That— Ha Tay Province)

We can notice that this woman has already imagined that her children might suffer risks. The decision to have another child is made in both hope and worry and doubt, whether their children to be born will be normal or defected by Agent Orange/dioxin. Even families having a normal child are worried whether the child will be affected by Agent Orange in the future? This is because, in many cases, the child is born normal, but in its teenage, the child suffers some types of illness, symptoms of Agent Orange/dioxin.

With regard to families having victim children, their love and care for their children's future are boundless. Words cannot describe all the hardship and difficulties suffered by parents in caring for their children defected by Agent Orange. Anyway, it seems that the families with the third generation victims of Agent Orange /dioxin still have some hope, even though it is so fragile thinking that maybe the next child will not be affected by Agent Orange. This fragile hope clings on and attracts them to take the next step

in their reproduction. This fragile hope can be seen in the opinions expressed by a woman while waiting for her daughter-in-law to give birth to her second grandchild:

*'I am very worried. If my daughter-in-law gives birth to her second child normal, it will relieve my worry. I try to encourage myself that compared to other people, our situation is less serious. Watching TV programs, I know other cases suffer more and I share with them'*".

With such worry, the mother still encourages her son and daughter-in-law to have another child: *"I encouraged them to give birth to another child. This October, they will give birth to the second child. I'm very worried, but I don't know what our fates will be."* (Woman, 53, Thach That— Ha Tay Province).

In the cases studied by CGFED, among the third generation victims of Agent Orange/dioxin, there are grandchildren of the grandfather or grandmother who are affected by Agent Orange/dioxin. This means that, whether being daughters or sons can be affected by Agent Orange/dioxin passed from their parents on them.

It is noted that in reality, in many Agent Orange victim families, all of their three or four children are affected but in other victim families, not all children are affected by Agent Orange. This reality provides them with some hope thinking that "maybe their next child will not be defected". Moreover, doctors who gave check ups to their children also told them the same. This further encourages such married couples who have children with disabilities to have more children:

*"They said children follow heredity, some from the second generation and some from the third generation. Not all of them will be affected."*

*I asked the doctor why my daughter's child is not affected, they said her daughter's gene is from another family, that is why she is not affected".* (Woman, 53, Thach That— Ha Tay Province)

Such fragile hope will increase risks if the married couple pursues to have a son because it is more difficult for a victim of Agent Orange/dioxin to have sons. An analysis of groups of dioxin-affected fathers shows that the higher concentration of dioxin in their blood, the more difficult for them to have sons. For examples, those fathers who have dioxin from 61 to 117 ppt, the rate of having sons is 47%; and 118 ppt and more, the rate reduces to 40%. More importantly, researchers also found that among fathers who are affected by dioxin in their puberty age, the rate of having sons is only 40%. This shows that the effects of dioxin start very early and last eternally (Nguyen Van Tuan, 2004: 95). Of the cases studied by CGFED, most of the second generation victims are not very serious with light symptoms, sometimes are normal, thus making them confused with the symptoms of common diseases. These women have this to say about their husbands: *"Since I got married to him, he has always felt head ache. He has been treated with both western and traditional medicinal herbs. He suffers head ache and cannot sleep well. He is not very healthy, but there are no other signs of illness"* (Woman, 30, Thach That. Ha Tay ).

### **3. Reproductive healthcare: contributing to reducing risks of Agent Orange/dioxin for generations to come**

The effects of Agent Orange/dioxin are transferred to other generations through reproductive function of families. Research studies show that Agent Orange/dioxin have had bad impacts on women's reproductive rights

(Indai Sajor and Le Thi Nham Tuyet, 2000; Nguyen Thi Ngoc Phuong 2002; B. Eskenazi, 2002; L. Schwartz, 2002; Le Bach Quang, 2002; Le Thi Nham Tuyet and Annika Johansson, 2002). Followings are some of the main impacts:

*First, complications during childbirth:* In Vietnam, there have been some research studies on the impacts of Agent Orange/dioxin on reproduction. In her study, Nguyen Thi Ngoc Phuong (1993) compared childbirth complications between the two groups of women who gave birth before the war (1933- 1963) and after the chemical warfare (1964 – 1970) and the result shows that birth defects and still births of the women group who gave birth after the chemical warfare are 10 times higher and perinatal deaths are 17 times higher. (See Annex 1):

Another recent study (Hoang Dinh Cau, 2003) on birth complications, comparing two groups of war veterans – one group is affected by Agent Orange /dioxin and the other not, shows a high difference on birth defects, complications and infant mortality. For example, the birth defects of the Agent Orange affected group are 15 times higher, obstetric complications 10 times higher and childbirth complications 13 times higher (See Annex 2). CGFED research studies also show that most of the affected people suffer birth defects to different extent and other symptoms such as complications during pregnancy and childbirth.

*Second, impacts of Agent Orange on children through breast milk of mothers.*

In 1988, the World Health Organization (European Office) conducted a study on the concentration of dioxin in women's breast milk in some 40 countries worldwide. The result shows that even in recent years, the concentration of

dioxin in Vietnamese women's breast milk is still higher than other countries, including industrialized countries (See Annex 3).

This implies that during childbirth and bringing up children with breast milk, mothers having dioxin in her breast milk suffer more risks of transmitting it to her child, and in such cases, heredity to other generations cannot be avoided.

Through CGFED case studies on third generation Agent Orange/dioxin victims, we notice that risks for these families are: *risks for the second generation are not seen or rarely seen in terms of clinical symptoms of Agent Orange/dioxin*. Therefore, these married couples are not aware of or are not vigilant on the risks of birth defects or complications. This leads to giving more births with the hope as mentioned earlier.

Latent risk of Agent Orange transmitted from generation to generation is higher if some families of Agent Orange victims don't want to talk their suffering with the community or on the mass media. They are afraid if they talk about the suffering with the people, it will be effected on the building family of their children.

*"Now the story is discovered and the girl know that this boy is contaminated the Agent Orange, she does't get married with this boy because she is afraid that it effect on her happiness. So, I want to bring my family to the North to live"* (Man, 72 years old, retired in Bien Hoa city)

#### 4. Conclusion

1. Reproductive healthcare for married couples in *Agent Orange/dioxin victim families is very important and necessary. Counseling centres on reproductive health and genetic testing to early discover and resolve in time*

*defected embryo should be set up*. By so doing, we can reduce the number of children with disabilities and help families to materialize their hope to have healthy children. Measures should be taken so as not to increase the number of Agent Orange/dioxin victims of the third generation. This is because the third generation also suffers damage like the first and second generation. *"The grandchildren – the third generation (F2) appeared in the first years of 1990s and accompanied by birth defects whose level of seriousness is similar to F1 Generation"* (Hoang Dinh Cau, 2003: 39). This will help reduce the number of people with disabilities which are quite many in Vietnam now. According to statistics released by the Ministry of Labour, Invalid and Social Affairs, the total number of people with disabilities in Vietnam in 2003 was 5.1 million (accounting for 6.3% of the country's population), of them children with disabilities aged between 0-18 is 1.2 million. Children with disabilities in Vietnam are due to different reasons: birth defects; affected by toxic chemicals sprayed during the war, environment, diseases, traffic accidents, unexploded bombs and explosives and others with different types of disabilities including functional disability (losing limbs, paralysis etc.) impairments of eyesight (blind or cannot see anything within a distance of 3m...); hearing and speaking; mental retardation; mental disorder/behavior; epilepsy, loss of senses (leprosy). According to available statistics, the rate of birth defects is highest (36%) and the most popular disability is functional (24%) in particular, the rate of this disability among children under five is 38%.

Counseling on psychology and therapy to be provided to victim families are also important to help them know how to care for their Agent Orange/dioxin victim members.

2. In addition, ***cleaning up the soil and water environment affected by Agent Orange/dioxin is also very important and urgent.*** This is because in the past many years since the end of the US Operation Ranch Hand (defoliation), dioxin residue left in nature has continued to infiltrate into human bodies through food and drink in hot spots (A Luoi - Thua Thien - Hue) (Hoang Dinh Cau, 2003:9). CGFED and other research studies show that those who did not take part in the war or lived in the areas sprayed by Agent Orange/dioxin during 1963-1972, but moved in after 1975 to live in areas close to Agent Orange/dioxin affected areas (for example, the airport in Bien Hoa City - Dong Nai Province) are also affected by Agent Orange/dioxin due to contaminated water sources:

*I have lived here since 1988, whatever I grew could not grow. In the past wherever we went to grow vegetables and crops for domestic use. It is because of the soil here and through studies we notice that many people are affected and plants and trees cannot grow. I love gardening so I brought in soil from other areas to improve the garden. And vegetables and trees can grow on the newly brought in soil but when trees grow big, that is their roots are deeper under ground, their leaves start to fall down. Custard apple trees and banana cannot be grown. I dig big holes and put in soil taken from other places, but whenever trees grow big and their roots go outside the holes, they defoliate. Since the area has been improved with new roads built, water washes the soil away, the situation seems to be better. People who live here have been affected by the contaminated soil and water".* (Man 72, pensioner, Bien Hoa City)

Living in such an area affected by Agent Orange/dioxin, this big-built pensioner's health has been affected:

*"I just had my mole removed. If I leave it there it will be very dangerous. At first it was very small like a green bean. Last year it developed very big like a fist and swollen with pustules. A doctor whom I acquaint told me to have it removed. So I want to have an operation on it. It grows deep inside my body. I think it is a sign of cancer. Now I feel itchy in this eye, in my back, the skin was full of pustules and became very dry. On my head, my hair starts falling down. My skin is turned red with vesicles, they then break and leave circles on my skin."* (Man 72, pensioner, Bien Hoa City).

Vietnamese scientists, when studying the impacts of Agent Orange/dioxin, pointed out their long-term consequences on the land and people in the areas sprayed by Orange/dioxin: "Consequences of the chemical warfare remain a heavy burden on Vietnamese society, at least to the 50<sup>th</sup> year of the 21<sup>st</sup> century and require a suitable comprehensive national strategy" (Hoang Dinh Cau, 2003: 39).

3. *On social policies, third generation victims of Agent Orange/dioxin should be given due attention.* As a mother of a child with disability caused by Agent Orange expected: "The State should adopt policy to care for every victim of Agent Orange not only considering the first or second generation victims. All the victims of Agent Orange should be given support and assistance" (Woman, 30, Thach That, Ha Tay Province).

4. *Scientific research (social and natural scientific research) should be conducted on the*

impacts of Agent Orange/dioxin to understand correctly and fully the impacts of Agent Orange /dioxin, particularly the sufferings and pain of families of victims of Agent Orange /dioxin, their needs and aspirations so as to help relieve their hardship and difficulties facing them daily. We should not let the psychological, mental and emotional sufferings and material shortages to be burdened by families of Agent Orange/dioxin victims who have suffered them for a long time now. In particular, we should answer the question raised by them “*Who will care for our children when we pass away?*” and also the worry for the future of their grandchildren with disabilities caused by Agent Orange/dioxin of these two war veterans:

*“Now that we can still care for our grandchildren, but whenever we and their parents pass away, how will they be”.* (Man, 60, Thach that, Ha Tay Province)

*“What I am worried most now is that whenever I die, my children and grandchildren will not have anyone to rely on because they suffer from mental disorder, how can their lives be stable?”* (Man. 63, Thach that, Ha Tay Province).

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