

NEEDS FOR SUPPORT OF AGENT ORANGE VICTIMS

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1. Agent Orange

According to incomplete statistics, during the US war in Vietnam, between 1961 and 1971, US Military sprayed in Central and South Vietnam 72 liters of herbicides on an area of 1,670,000 ha. The herbicides used by the US in Vietnam include: Agent Orange, White, Pink, Green and Turquoise substances.

Two of the herbicides used for defoliation have four main components: 2,4-D; 2,4,5-T, pichloram; and acid cacodilic. It is noted that during the process of production of 2,4,5-T there is an unwanted by-product 2,3,7,8-TCDD called dioxin, which is very poisonous and can cause cancer and other impacts on the environment and human health. So, among the herbicides, Agent Orange, Violet, Pink and Green contain dioxin.

For Agent Orange: The total dioxin contained in Agent Orange sprayed in South Vietnam, according to A. H. Westing (USA) is estimated at 170kg, and according to Folkin (Russia), the figure is even higher, estimating at about 500 kg due to the backward production technology of 2,4,5-T during the 1960s. With a concentration of 1/1billion gram/kg body weight, dioxin can cause cancer and deformities in experimented animals. Dioxin is very poisonous. It can exist for a long time in the environment due to its sustainability and very difficult to be disintegrated. Thus it not only causes immediate effects to those exposed to the chemical

spraying, but also long-term impacts due to its residue.

2. Victims of Agent Orange

According to incomplete statistics, there are about 2 million victims of Agent Orange in Vietnam, of which 150,000 are children who suffer birth defects. According to assessment of some scientists, Agent Orange has affected the third generation F2 (grandchildren of those exposed to Agent Orange).

At workshops organized in Ho Chi Minh City in 1983 and in Hanoi in 1993 on the long-term consequences of toxic chemicals used during the war in Vietnam and the Vietnam-US Conference on the impacts of Agent Orange/dioxin on human health and environment in 2002, many Vietnamese and foreign scientists announced that the frequency of abnormal births in the areas sprayed by toxic chemicals or in families of northern Vietnamese veterans who were exposed to toxic chemicals during the war is much higher than non-exposure families.

Many scientific studies show that up to now, more than 30 years after the US Military sprayed toxic chemicals, the percent of birth defects, cancers and chronic diseases suffered by children and grandchildren of Agent Orange-affected people remains high. Prof. Dr. Trinh Van Bao and his associates, when studied in Phu Cat, Binh Dinh province and Thanh Khe, Da Nang City show that the percent of birth defect is

increasingly high and according to the survey data of Prof. Hoang Dinh Cau and his associates (1998) during a study in Dong Thap, Tay Ninh and Song Be, the percent of birth defects in these provinces is 1.71%. Dr. Nguyen Thi Ngoc Phuong and her associates (1993), in a study in U Minh District - Minh Hai found that the birth defects in the group of parents who were exposed to toxic chemicals during the war was 2.25%, much higher than the group of non-exposure parents which is 0.22%. Prof. Le Cao Dai and his associates show the rate of birth defects in some places in Bien Hoa is 317/12657, Thu Dau Mot: 143/48059, and Vung Tau City: 133/59660.

A person with birth defect not only affects himself/herself but also is a pain and a burden for the whole family and even a family line. For this reason, the care and support to be given to cases with birth defects are not simply medical treatment but also bear profound humanitarian and social characteristics. In particular in the areas much affected by Agent Orange where the rate of birth defects is high, it is an urgent issue to overcome the consequences of birth defects and this needs support from the whole society.

To most of the persons with birth defects, if they are given an early treatment (at small age), the treatment will be more effective, they themselves and their family members will not have to suffer a psychological burden of having members with disabilities in the family. Some cases with birth defects, with correct functional rehabilitation will not have to be operated on. However, due to difficult economic conditions and the signs of disease are not acute, many people with such disabilities have not yet been given due treatment.

After the war, the former soldiers and those who lived and worked in the areas sprayed by toxic chemicals returned to their native villages or to other parts of the country to work and live.

Therefore, the victims of toxic chemicals in the war do not only concentrate in South and Central Vietnam but they are present everywhere in the country.

3. The needs for support of victims of Agent Orange

At present, the percent of people with birth defects and victims of Agent Orange in the sprayed areas and children and grandchildren of those exposed to toxic chemicals during the war is higher than other places. Their family life is very difficult. These victims need medical support such as functional rehabilitation, wheelchairs and means and equipment to help them move around on their feet.

Many victims of Agent Orange who are capable of working need job training and credit support to start up their business. Families of people with disabilities need support in capital and techniques to increase their income and help them reduce difficulties in their lives.

4. Things to be done to help victims of Agent Orange

Due to their chronic diseases and disabilities, victims of Agent Orange are not in good health conditions, hence facing difficulties in their lives. To help them, the following things can be done:

- Medical support: including orthopedic operations, functional rehabilitation, provision of wheelchair and shaking chairs, other equipment such as limb splints, shoes, strollers, push-chairs, crutches and artificial limbs. Medical treatment needs to be provided to chronic diseases and counseling on heredity to cases with hereditary disabilities and diseases.

Health support should be given specifically to each victim through the correct identification of types of support. This is necessary. For example,

for victims with disabilities who can walk but with difficulty, if they are given wheelchairs and shaking chairs, they will not try to move with their feet, thus leading to myasthenia, making them completely dependent on the support means. If these victims are helped in functional rehabilitation or given orthopedic operations and then functional rehabilitation, their functions can be recovered.

Health support should also include provision of instruction and guidance to family members of the victims so that they can help the victims with the functional rehabilitation (as functional rehabilitation will have to be done in many years), and care for the victims in a more proper way.

- Employment support: Persistent efforts should be made to support victims of Agent Orange with employment and attention should be paid to the output. It is best to place victims who have been given job training in enterprises and businesses where there are suitable jobs for them. In many cases, job training should be given to them in different stages because it often takes longer to train them than other healthy people.

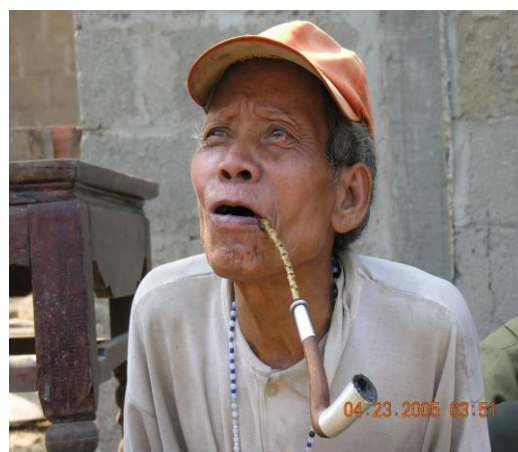
Victims of Agent Orange often have little access to employment information. There have been different policies and benefits given to people with disabilities and victims of Agent Orange, but they have not yet been disseminated widely or implemented properly in many agencies, organizations and businesses: for example, the percent of people with disabilities must be employed in one production unit.

- Support in income generation: Forms of assistance to generate incomes should be suitable to different target groups. This is because victims of Agent Orange suffer from different types of diseases. The diversification of support forms to be suitable to each victim can be difficult, but

very effective and sustainable. In fact, due to the health of the victims has been affected, their household production development is not good, it is better to support them to start up small production along side with technical guidance to generate income (farming techniques, livestock breeding techniques etc.)

- Others: including provision of scholarships, establishment of self-help groups, and support in reintegration in community. One of the activities significant to victims of Agent Orange, particularly those who are living with disabilities is to set up self-help groups where they can exchange discussions and information and help each other resolve difficulties with their own conditions, thus making them be more self-confident in reintegration in community.

Support for victims of Agent Orange should not be in the way of charity but more importantly to help them with conditions to strive forward by themselves. Victims of Agent Orange should not be considered a burden of society because many of them with even very serious disabilities can still made valuable contributions to society.



A victim of Agent Orange/Dioxin

Photo: Source of CGFED