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Report from Vietnam,
the Casualties of Agent Orange among the Vietnamese:
What is happening with the children in Vietnam now?

Hynauhaw

KAY

To Dr. Cavy 2/18/83

Professor Y. Fukushima and Mrs. R. Watanuki

This year, 1982, is just 10 years since the "Herbicide Bombing" in the Vietnam war ended, rightly called "Genocide". It was stopped by strong international opposition to the use of "agent orange" by the U.S. military forces. It is now 20 years since this weapon was first used.

In these 10 years, some important reports on the disruption of the natural ecology by the herbicide have been published. "Ecological Consequence of Second Indochina War" published by SIPRI is one of these materials, but the number of publications on the effect on human health is rather limited, not only as it affected soldiers but also the local inhabitants who were victims of the herbicide.

It is estimated that about 1 - 10 ppm of Dioxin (2,3,7,8 - tetrachlodibenzodioxin) was used in the herbicide named Agent Orange (mixture of 2,4,5 - T and 2,4,D). Though the precise concentration is not yet clear, animal experiments make it clear that Dioxin is as severe as radioactivity in causing malformations. It is a matter of serious concern that health damage, and especially the malformation of children, has resulted.

A statement made by the U.S., the user of Agent Orange is found in the report of the U.S. National Academy of Science, published in 1974; it says "There was no conclusive evidence of an association between Agent Orange/ Dioxin and birth defects in humans."

In a report on Vietnam we read, "In Vietnam, hundreds of Kg of Dioxin was sprayed on two million hectares in ten successive years, and over two million people came under its direct influence."

From 1979, the National Committee for Investigation of the Sequel of the U.S. Chemical Warfare in Vietnam began work in earnest, an Epidemiological Survey, under the most serious economic and technical difficulties. The Committee is planning to organize an International Symposium in Vietnam next January on the effects of the use of the herbicide. They invite and call for the collaboration of scientists from all over the world. The influence of the toxicity of Dioxin on the fetus will be one of the most crucial subjects of discussion.

NEED TO INFORMED U.S people

The late Dr. Ton That Tung, former president of the Committee, stated in his last Article in June 1982, as follows; "In South Vietnam, dioxin has been proved to persist and accumulate in the human body. Of the Vietnam veterans who had been checked, thirty per cent had dioxin in their fat."

What is happening to the children of Vietnam, whose parents were exposed to Agent Orange? What will happen to future "Unborn Generations"? In what forms is fetus death occurring? Mrs. Watanuki, the co-author of this report, visited Vietnam in June-July this year, and had opportunities to discuss these questions with Vietnamese scientists, and also had the chance to hear from victims on the problems. A summary of her experiences is given below.

1982. JAPAN. (SOURCE UNKNOWN)

(I) Outbreak of malformations.

Much data on epidemiological surveys is not yet available, but according to survey data from over 10 years recorded by Dr. Thi Ngoc Phuong and his colleagues, malformation rates are as follows:

2.3/1000 live births in 1952 (Before the spraying of A.O.)
5.9/1000 live births in 1965 (After the use of A.O.)
8.6/1000 live births in 1969
11.2/1000 live births in 1979

Epidemiological data published in January 1982 in the Ben The Province, South Mekong Delta of Vietnam, on the malformation rate in 3 villages, Luong Hoa, Luong Phu and Thvan Dien, with a total population of 12,000.

1.2/1000 live births (Before spraying)
17.9/1000 live births (After spraying)

There are various forms of malformation. For example; Anencephaly, Hydrocephalus, Cleft lip and cleft palate, Polydactylism, Anothalmy, Microcephalia dementia, Genuvalgan, Congenital heart disease, Anotia, and others. As the surveys have just begun, the not-so-serious defects have no definite data.

The results of the Epidemiological survey done by Prof. Ton That Tung and his colleagues in Viet-Duc Hospital is very shocking. It suggests that the tetragenic effect on the fetus is possible via the mother whose husband was exposed to Agent Orange (Dioxin). There is a crucial problem of chromosomal aberration. (Vietnam Courie, "US Chemical Warfare and its Consequences".) In this survey 1549 wives of former soldiers who had served 3 to 5 years in the war in south Vietnam, and supposedly were exposed to the herbicide spraying, were examined for abnormalities in pregnancy and the delivery of children.

	Malformation rate
A. Exposed group	31.4/1000 live births
B. Control	2.1/1000 live births

The difference is very striking.

(II) Appearance of miscarriages.

Miscarriage rate (Tu-Du Hospital Survey)

0.45 - 1.2%	in 1952-55	(Before spraying)
10.9 - 20.3%	in 1967-79	(After spraying)

Miscarriage rate (Only fathers exposed)

14.42%
9.04% (Control)

The miscarriage rate in Haiphong; 0.49%, Hanoi; 0.63% and Hung Yen; 0.34%.

(III) Examples of malformities.

There seems a special correlation between exposed parents, either one of father or mother to the children. We cite three examples, as follows:

Case (1). HANOI - VNA 0732 GMT, 27 Oct. 1981

Mrs. T. (40 years old) had given birth to seven normal children. In November 1975, she and her husband moved to Khoi Trung Hamlet, Cau Khoi village during two months of pregnancy. On February 1980, she had another miscarriage at five months of pregnancy. The miscarried fetus was a deformed girl. It lacked a right leg, three toes on the left foot, three fingers on the right hand, one phlalanx on each of three fingers.

Case (2). Report from the same source.

Mrs. N. (26 years old) previously lived at Thai Xuan Hamlet, Tay Nibh Town. She had had two normal childbirths. In late 1979 she moved to Lung Giang Hamlet, Ben Cau district. On January 1981 she gave birth to a 2.4 kg baby with Anencephaly. The baby lived only two hours.

Case (3). From interview.

Mrs. L. (40 years old) lived in Ninh Bien and never went to the sprayed area in the south. She delivered a normal child in 1964. In 1969 she delivered a child of Anothaly (with no eyes). In 1971 another child of the same malformation was born. Her husband went into military service after she delivered the first normal child. He served in South Vietnam in an area sprayed with the herbicide. Under exposure he became unhealthy and returned home.

From the above data we conclude as follows:

(1) The possiblity exists that Chromosomic alterations and sometimes death occur among children delivered by mothers where the fathers were affected by dense Dioxin. When mothers are affected by the herbicide it is also dangerous.

(2) We must recognize that the inhabitants in south districts where the herbicides were sprayed, even now are under Dioxin exposure. In Vietnam, many villagers in such districts are always exposed to the danger and unable to carry on their normal lives or have healthy children.

This form of genocide is continuing through later generations even after the war ended, as a result of using chemical warfare. No one can remain silent on this serious issue.

It means that there is need for a thorough survey on the effects of the herbicide, not only on the living but also on unborn generations to whom the toxicity is transmitted through their parents.

The casualties in Vietnam are a most serious warning to all mankind against the use of chemical warfare, as of nuclear weapons.