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Diane Niblack Fox

**“One Significant Ghost”: Agent Orange
Narratives of Trauma, Survival, and Responsibility**

Diane Niblack Fox

A dissertation
submitted in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy

University of Washington

2007

Program Authorized to Offer Degree:
Anthropology

UMI Number: 3252855

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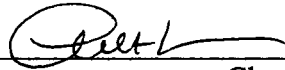
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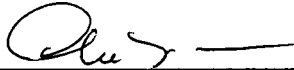
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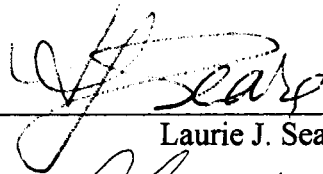
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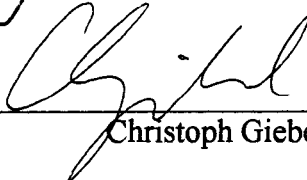
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Abstract

“One Significant Ghost”: Agent Orange
Narratives of Trauma, Survival, and Responsibility

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For nearly 50 years, scientists and politicians have debated the human consequences of the wartime use of toxic chemicals in Viet Nam. In 2002, the American ambassador to Vietnam called Agent Orange “the one significant ghost” remaining from the war; the Vietnamese Vice-Minister for Science, Technology, and the Environment called it chemical warfare.

This dissertation seeks to add another set of voices to the conversation: the voices of people from the north, center, and south of Viet Nam selected by the Vietnamese Red Cross as likely to have been affected by those chemicals. How do these men and women and their communities describe, interpret, and cope with the disabilities they have faced since the end of the war? What hopes do they have? What reflections do they ask to have conveyed to those beyond their villages, in particular to those responsible for the use of chemicals in war? How are their narratives similar to and different from on-going public discourses on the effects of dioxin in Viet Nam?

This work is intended as a contribution towards bringing the voices of those thought to be suffering from exposure to Agent Orange into public discussions on the consequences of chemical warfare. By presenting the interviews as fully as I can, with their hesitations, misunderstandings, and interviewee questions put to the interviewer, I

hope to provide a complex, nuanced reading that will contribute to explorations of how to avoid a voyeuristic, distancing gaze in representing victims and survivors of mass violence. My work has been shaped by readings in history and memory, and by studies on suffering, violence, and trauma, and has benefited from discussions in science and technology studies.

Semi-structured, open-ended interviews, participant observation, and textual and discourse analysis are the main methods employed to examine these questions. While it is difficult to find a language that is adequate to the topic in scope, complexity, sensitivity and nuance, silence is not an ethical option.

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Preface

The question that gave rise to this dissertation came to me prefaced by a whack on my shoulder delivered by a shopkeeper in Huế, a city in the center of Vietnam famous for its great beauty, gentle women, refined courtly culture, and centuries-long history of recurrent tragedies. “Why hasn’t your government done anything to help those people it hurt during the war?” the shopkeeper demanded. She was thinking especially about the people in surrounding villages “suffering from Agent Orange,” she said, and began telling me stories. This dissertation is intended not so much to answer the shopkeeper’s question as to help raise it.

The broad framework for the dissertation comes from a doctor in Huế, the first person I interviewed in an attempt to understand the basis of the shopkeeper’s question. That interview was for a feature story for *Vietnam News*. It was 1997, and Dr. Nguyễn Viết Nhân was then a hard-working professor of physiology at the Huế Medical School and writer of textbooks. A decade later, Dr. Nhân was dean of the department, and head of a center he had created, the “Office of Genetic Counseling and Disabled Children,” which not only provides medical counseling and help with care and rehabilitation, but also runs a school for blind children, a workshop for the deaf, and a school for handicapped children, while at the same time advocating for the integration of these children into regular classrooms where possible. When we first spoke, Dr. Nhân was completing work on a three-site study of the links between Agent Orange and birth defects.

“Before....” he told me, “I spent all my time reading and teaching. I didn’t know anything....” We were in his office at the medical school, where he had spent the

morning patiently explaining his research to me. Dr. Nhân had begun the study as his doctoral thesis, working on the hypothesis that Agent Orange would have had an effect on the germ cell, causing mutations, and that the occurrence of birth defects would serve as an indicator. Working with local health workers in three areas (the A Lưới Valley and Huế City in Thừa Thiên Huế province; Cam Lộ district in Quảng Trị), he selected 600 children with birth defects out of an original pool of 10,000 children who were ‘normal and not,’ as he put it. When we spoke, he had not yet finished analyzing his data.

“It is hard to measure the results,” he told me. “We don’t have enough modern equipment to evaluate the presence of dioxin in the soil, water, leaves, etc.; we lack specialists in epidemiology; we don’t have enough money to organize a large investigation; and the length of time is a problem. Twenty-five years ago¹—that’s too long to evaluate accurately.”

“But truly,” he continued, “we don’t need to know about the past. The war is behind us. We know a lot about dioxin already. What we need now is knowledge to help these children and their families.”

He concluded our conversation with an invitation. “This morning we have talked a lot,” he observed, “but you will never understand anything if you just sit here with me. So this afternoon I plan to take you to visit some of the families.”

That day we paid visits. Three years later, thanks to the Vietnamese Committee for the Protection and Care of Children in Thái Bình province, and the following year thanks to the Red Cross in Hà Nam, Thừa Thiên Huế, and Đồng Nai provinces, I

¹ As I write, 35 to 45, depending on whether you count from the beginning (1961) or the end (1971) of the US involvement in spraying, or include spraying by the Sài Gòn based Army of the Republic of Vietnam, ARVN, which continued for some time thereafter.

conducted the 38 interviews which are the heart of this dissertation. The pattern set by Dr. Nhân also sets the pattern for this dissertation: background discussion followed by stories from families, in an attempt to “understand something” and generate knowledge that may be helpful to these children and their families, and to those who weigh the consequences of war in comparison to its usefulness.

ACKNOWLEDGEMENTS

First and foremost, my thanks go to the families who spoke with me and asked me to share their words with you. Conversations with many people made those exchanges possible: a woman on the streets of Hue whose name I don't know but whose question, relayed here in the preface, I will never forget; Dr. Nguyen Viet Nhan; Tran Thi Lang; Lady Borton; Dr. Le Cao Dai; Ingela Holmertz; Mac Thi Hoa and the staff of the Vietnamese Red Cross Agent Orange Victim's Fund; the staffs of the provincial, district, and village Red Cross organizations in Ha Nam, Thua Thien Hue and Dong Nai provinces; Mr. Pham Minh Tam and the staff of the Committee for the Care and Protection of Children in Thai Binh Province; the staffs of the Friendship Village near Hanoi and the Peace Village in Hue.

Many people who have worked on Agent Orange as artists, scientists, or activists were generous with conversations and insights from their work: Vu Le My, Luong Duc, and Tran Van Thuy with their films; Nguyen Duc Huy and Luong Thi Anh Tuyet with their art; Hoang Dinh Cau, Phung Tri Dung, Professor Vo Quy, Wayne Dwernychuk, Jeanne Stellman, John Constable, Arthur Westing, Arnold Schecter, David Carpenter, Linda Birnbaum and Trude Bennett with their various sciences; Constantine Kokkoris, Catharin Dalpino and Nguyen Trang Thu with their understanding of law and public policy; Susan Hammond, Andrew Wells-Dang, John McAuliff, Marie-Helene Lavallard, Al Burke, Jerilyn Brusseau, Merle Ratner, Mike Boehm, and Chuck Searcy with all they have taught me through their various projects.

I'm grateful to many anthropologists and other scholars and writers for their work on Agent Orange and related issues in Vietnam and elsewhere, and for their support: Tine Gammeltoft, Annika Johansson, Le Thi Nham Tuyet, Nguyen Khuyen, Jacques Maitre, Ann Stoler, Ann Anagnost, Hue-Tam Ho Tai, Keith Taylor, Pamela McElwee, David Biggs, Judith Henchy, Karen Turner, Phan Thanh Hao, Christina Schwenkel, Kathy M. Lopez, Kate Jellema, Kyoko Omori, Andrew Rotter, Oscar Salemink, Suzanne M. Wilson, Duong Bich Hanh, Ching Wen Hsu, and Dao The Duc. I am grateful to Paul Farmer for helping turn the attention of anthropologists towards the survival and justice issues of our times.

For their friendship and encouragement through these many years I thank Elizabeth Usher Groff, Gloria Gostnell, Tran Khanh Tuyet, Linda Walton, Jane Leung Larson, Duong Thi Hoang Oanh, and Ann Huntwork, as well as many of those mentioned elsewhere here.

I have many people to thank for their patience, spirit and skill in teaching me Vietnamese, transcribing my tapes, correcting my tone marks, helping with translation, and helping me understand something of Vietnamese culture: the Trung Tam Tieng Viet of the Truong Dai Hoc Ngoai Ngu in general, and especially Thay Le Dinh Tu, Co Trang Dai, Thay Vu The Khoi, Co Dung and Cac Thay Hung, Truyen and Vang, as well as all the young *co giao*'s there who brought the texts from tape to page (who I do not name

only for fear of forgetting someone), to Co Quynh of Viet Nam News and to Doan Thi Tuyen, currently of the University of Washington. I was lucky to benefit from many conversations with Huu Ngoc, and from working for a time with the extended family of Viet Nam News.

Several organizations gave me support that both enabled and encouraged my work. I am grateful to The Blakemore Foundation for making possible a year of intensive language study, to the University of Washington for the Foreign Language Area Studies that made my graduate work possible, and to the Ford Foundation for a small grant that furthered that work. I am grateful to many groups for bringing me together with people who inspired my work: the University of Washington's Simpson Center for the Humanities for its Institute on Public Humanities (sponsored by the Woodrow Wilson Foundation); the William Joiner Center for the Study of War and Social Consequences for its program on "Culture, Art, Trauma, Survival, Development: Vietnamese Contexts (sponsored by the Rockefeller Foundation); the Freeman Foundation for a fellowship in Asian Studies at Hamilton College; The New School of Social Research for a workshop on "Scarred Landscapes / Imperial Debris"; and the Radcliff Institute for a cross-regional, cross-disciplinary workshop on "Conduct and Consequences."

I had the ideal committee: supportive, encouraging, occasionally challenging while generally guiding by inspirational example and good questions. My great thanks go to Charles "Biff" Keyes, my advisor, to Celia Lowe, Laurie Sears, and Christoph Giebel, my committee members, and to Jack Ferguson, an earlier member who suffered through my first floundering steps as a graduate student. Many thanks go to Catherine Zeigler as well for her cheerfulness, energy, and efficiency in smoothing the process in many ways.

This dissertation is dedicated to my family, in thanks for all their support through these years dense with so many life-changing moments: to my mother, Gena-Vera Pearl McQuiston Niblack for her love of knowledge and her independent spirit; to my children and children-in-law, Rachel Elizabeth Fox Penot and Christoph Penot, Christopher Niblack Fox and Laura Lyman Fox, for the inspiration of their nurturing work and love of the earth and its children; and to my grandchildren, Jonah, Oliver and Lia, all born during the gestation of this dissertation, for the joy they have brought us and with the hope that as they grow we may all grow too towards greater fairness, compassion, and peace, and towards wiser relationships with the earth and with those with whom we share it.

DEDICATION

**To
my family
and
the families of Vietnam**

Introduction:
Agent Orange as Chemical and Metaphor

Over the course of a decade, from 1962-1971, more than twenty-one million gallons of chemicals were sprayed over an area equivalent to 10% of the land in the south of Vietnam in order to denude forest cover and destroy crops. Although the stated intent was protection of US and allied troops, not long-term devastation of the land and human health, such devastation was a consequence. A third to a half of the upland forests were repeatedly sprayed, over a third of the mangrove forests were destroyed, and in some provinces, half of the land was laid waste. Today, contrary to initial expectations, an estimated 1 to 2.1 million acres of vegetation have still not regenerated, out of a total of approximately 5 million sprayed. In addition, in areas where the chemicals were stored, or spilled, or intensively sprayed (such as around the perimeters of military bases), residual dioxin from those chemicals continues to this day to threaten local residents at levels that sometimes far exceed international safety standards.

The effect on human health is hard to estimate. Many have died in infancy, others at various stages of life, and yet others are still being born affected by these chemicals, which are often referred to collectively as "Agent Orange." The identification of those who have suffered death or illnesses caused by exposure to the chemicals is further complicated by the lack of universally accepted criteria for diagnosis, by variations in individual susceptibility, by the fact that many of the diseases linked to Agent Orange may also result from other causes, and by the slow pace of the growth of scientific understanding, which is incommensurate with a human life span and with the urgent clinical imperative to alleviate suffering. Efforts to understand the scope of the impact are

complicated as well by the fact that, in addition to those exposed to the chemicals during the war, some people are still being newly exposed through a limited number of residual “hot spots” that remain highly contaminated by dioxin.

A recent painstaking US study, however, gives some idea of that scope, based on a correlation of spraying data to village census reports (Stellman 2003). The study finds that in 69% of the villages sprayed, 2.1 to 4.8 million people were exposed to the spray. Though census figures were not available for the other 31% of villages sprayed, these partial figures do give a sense that a large proportion of the 15 to 17 million inhabitants who then lived in the south of Vietnam were exposed. Yet even these figures can not take into account the number of soldiers from all sides temporarily in the area, or the contamination after the initial spraying that occurred from such sources as discarded chemical drums, runoff from spills, or post-spraying displacements of chemicals through rain and soil erosion. Nor do they include the people exposed to these chemicals by the intensive spraying of perimeters of bases done from the ground, or by the spraying done from naval vessels, or from helicopters, or by the Republic of Vietnam, nor do we know how many of those who were exposed developed illnesses. While the figure for people still suffering the effects today is estimated by the Vietnamese Agent Orange Victims Association as one to two million, including 300,000 children, the simple truth is that we will never be able to calculate a wholly accurate figure. We do know the probable range for such a figure, however: from the high hundreds of thousands to the millions of debilitating illnesses and deaths.

In 2002, at the first conference on Agent Orange jointly sponsored by the Vietnamese and US governments, the American ambassador called Agent Orange “the

one significant ghost” remaining from the war, while the Vietnamese Vice-Minister for Science, Technology, and the Environment called it “chemical warfare”. For decades the subject of Agent Orange lingered in the background, repressed but haunting the establishment of relations between the former enemies. In the mid-1990’s, as a condition for the “normalization” of relations between the two countries, the US demanded that the Vietnamese government not bring up the topic of Agent Orange. In 2001, a public affairs officer at the US embassy Hà Nội pounded the desk emphatically at the conclusion of a brief meeting in which I asked about the official US position on Agent Orange: “It’s a non-starter!” he exclaimed. “It’s a non-starter.”

For nearly half a century, politicians, scientists, chemical companies, lawyers, US veterans and the military have debated the consequences of the war-time use of chemicals in Vietnam, Laos, and Cambodia. While some issues in these debates remain unresolved, evidence has accumulated to the point that five countries—the United States, Vietnam, Australia, South Korea and New Zealand—all compensate their veterans for Agent Orange-linked diseases and birth defects. Major international medical research organizations list dioxin as a known human carcinogen, and the U.S. Environmental Protection Agency has come to link dioxin to numerous diseases and developmental effects in human beings. By the late 1990’s, the International Federation of Red Cross and Red Crescent and the Vietnamese Red Cross began speaking of people trapped in the middle of political debate, and initiated a program for those they called “the disabled poor, including those thought to be affected by Agent Orange.” The 2002 conference mentioned above marked the beginning of public attempts at cooperation between Vietnam and the US to resolve the remaining issues linked to Agent Orange. That these

attempts were and continue to be bedeviled by mistrust and misunderstanding seems natural enough after 20 to 30 years of warfare followed by two more decades of embargo and broken off relations. In the summer of 2006, however, the US ambassador to Hà Nội began calling for progress on the issue, and the US government announced plans for military cooperation to help clean up chemical pollution that persists around Đà Nẵng, a city in central Vietnam that was formerly the site of a US base that stored large quantities of the chemicals.

During the decades that various US and Vietnamese governments, for a variety of reasons, shied away from admitting or addressing the consequences of Agent Orange, stories told by people on both sides of the Pacific helped stimulate scientific research and provoke public policy. This dissertation seeks to put into the public record some of those stories: stories told by people from the south, center, and north of Vietnam selected by the Vietnamese Red Cross or the Committee for the Care and Protection of Children as likely to have been affected by those chemicals. At the heart of my work are narratives constructed from 38 open-ended interviews that I present as fully as I can, with their hesitations, misunderstandings, and interviewee questions put to the interviewer, hoping to provide a complex, nuanced mosaic of stories that will both illustrate and perform a reworking of trauma, while contributing to explorations of how to avoid a voyeuristic, distancing gaze in representing victims and survivors of mass violence by allowing empathy to bridge distance and increase understanding through a recognition of the self in other that yet acknowledges and respects difference. The goal is not to depict this man-made suffering as normal or inevitable, nor is it to attempt some impossible rescue or redemption from it, but rather to recognize and bear witness to what has occurred. But to

stop there would be indeed to risk the sort of academic voyeurism that has been widely and rightfully critiqued. A second part of the goal, then, is to raise questions of responsibility—responsibility towards the past, and towards the future.¹

In this dissertation Agent Orange will be considered in two ways: as a chemical and as a site of haunted memory, a metaphor. Although the medical sciences have often been invoked to establish the meaning and validity of statements about Agent Orange, a recognition that the topic exceeds the disciplines of science opens the possibility of investigating the chemical, its use, and its consequences as what Kleinman, Das and Lock (1997) have called “social suffering”—suffering that is created by an intersection of political, economic and institutional power, an intersection of power that also influences responses to that suffering, suffering that is social not only in the sense that it is man-made, but also in the sense that it affects not the individual alone but the whole society. Looking at ‘Agent Orange’ as a manifestation of social suffering expands the conversation to include the multiple layers of meaning distilled into the term, and enables us to take seriously the moral questions it entails.

It is common practice for a dissertation to begin with a summary of the historical background of the topic at hand, laying out basic facts that are widely agreed upon. This is not easy to do for Agent Orange. Answers to each of the most basic questions—who, what, when, where, and why—begin to unravel under closer examination, and oft-repeated “facts” that have been widely accepted are subject to ongoing corrections, substantial revisions, and sometimes heated controversies that threaten to obscure the more general issues involved. The first part of this chapter will nonetheless present some

¹ For a discussion of normalizing, see Langer in Kleinman, Das, and Lock (1997); for reflections on the tropes of rescue and their alternatives, see Jackson (2002).

of what are often offered as those basic facts, along with preliminary thoughts about their limitations. Perhaps these “facts” are better thought of as some of the topics that need to be taken into account for an understanding of Agent Orange. The second part of the chapter will review some of the referents of the term “Agent Orange” that blend the technical and the metaphoric, complicating attempts to understand by slipping between registers from person to person and from context to context, marking not only physical condition but also trauma and denial of responsibility. The third and final part of the chapter will present the research problem, the theoretical framework, and the methodological approach of the study.

Missing from this chapter is an introduction to the heart of the study, to the people I spoke with in Vietnam, and to the context of wartime devastation. Since these stories form the core of this work, I will leave specific introductions until those chapters. But starting from the people, rather than from the topic of Agent Orange, would lead in other directions: for the people I spoke with, the effects of Agent Orange were one part of the much larger story of their lives, which included the suffering they have endured and embodied, their individual and collective skills in dealing with it, and their search for understanding and meaning, but also their day to day worries and pleasures unrelated to Agent Orange. My point here is to insist on the irreducibility of a human life to a representation or a category. Agent Orange was, however, the vehicle that brought us together, and so I start with an introduction to that enigmatic sign.

Agent Orange as Chemical

Agent Orange' was originally a nickname for a chemical, one of the 16 main chemicals used tactically by US and Saigon forces from 1961-71,² during the war in Vietnam. It was one of a group of six chemicals—Agents Purple, Pink, Green, Orange, White, and Blue-- rather euphemistically referred to as defoliants and herbicides, one of four that was contaminated by dioxin. The term 'Herbicide Orange' was the US Defense Department code name given to a reddish-brown to tan liquid formulated to contain a 50:50 mixture of the *n*-butyl esters of 2,4,-dichloro-phenoxyacetic acid (2,4-D) and 2,4,5-trichloro-phenoxyacetic acid (2,4,5-T). It got its name from the orange stripe painted around the 55 gallon barrels in which it was stored, and its nickname 'Agent Orange' from the media. Together Agent Orange and Agent Orange II made up approximately 61% (44,953,560 liters) of the 72,740,400 liters of herbicides and defoliants sprayed from 1961 to 1971. It was used in roughly 66% of the missions for forest defoliation, and 40% of those for crop destruction (Lewy 1978: 257; Westing 1984: 4, 7).

Though Agents Purple, Pink, and Green were the first defoliants used during the war, Agents Orange, White, and Blue were the main chemicals used during the peak years of spraying, from 1967-69. While Agent Blue was an arsenic compound that killed plants by preventing them from retaining moisture and was primarily used for crop destruction, Agents Orange and White (a 1:4 mixture of picloram and 2,4-D) killed plants

² Testing of herbicides and defoliants began in 1961 in Vietnam, although their use in warfare did not begin until January, 1962. Agent Orange itself was in use from 1965-1971, and made up roughly 61% of the 72,740,400 liters of defoliants and herbicides sprayed from 1961 to 1971. The US stopped its own use of these chemicals in 1971; in 1972 it took the remaining barrels of Agent Orange to be stored on Johnston Island in the Pacific. However, the US continued to supply other chemicals to the Saigon regime until the end of the war in 1975 (Young, 13; Dai, 22). In 1977 the remaining Agent Orange from Johnston Island was taken out into the Pacific by the Dutch ship *Vulcanus* and incinerated along with 860,000 gallons from naval storage at Gulfport, Mississippi (Cecil, 165). In the interval, over 250,000 pounds of Agent Orange had leaked into the soil of the island (Casper, 17-19).

by mimicking their hormones to interfere with normal metabolism and were generally used for forest destruction. The plants literally grew themselves to death, explains Arthur Galston, a Yale scientist whose research as a young man contributed to the development of these chemicals, and who was among the first group of scientists to sound the alarm about their misuse in war (Cecil 1986: 225; Westing 1984: 5).

In 1969 the U.S. officially recognized the 2,4,5-T in Agent Orange as potentially teratogenic (causing malformations), contributing to the April 1970 order to suspend its use in the war, and to restrict its domestic use in herbicides (Lewy 1978: 263). The long-lasting toxicity of Agent Orange and the three other defoliants that contained 2,4,5-T (Agents Purple, Pink, and Green) came from 2,3,7,8-TCDD dioxin, an unwanted by-product generated during the manufacturing process of 2,4,5-T. TCDD (*tetrachloro-dibenzo-p-dioxin*) is both very persistent and exceptionally toxic, often being referred to as the most toxic man-made chemical (Young 1988: 11; Dai 2000: 35-39). Discussion of 'Agent Orange' today is frequently more exactly a discussion of dioxin.

While Agents Orange, Purple, Pink, Green, White, and Blue were generally referred to as herbicides and defoliants, they were used in concentrations and dosages higher than those recommended by their manufacturers. How much higher? Accounts vary. Uhl (1980: 144) says concentrations were 13 times higher, Westing (1984: 5) says dosages were 20 to 40 times higher, and a document prepared by the chairman of the Agent Orange/Dioxin Committee of the Vietnam Veterans of America puts the strength at 6 to 25 times those used for civilian purposes (Sutton 2002: 3-4; see also Cecil 1986: 225). Given the thousands of individual sorties involved in the spraying (see Cecil 1986),

it seems reasonable to assume that concentrations and dosages varied, as did the number of sprayings applied in a given area.

Taking the term Agent Orange as a generic for the defoliants and herbicides used in the war, its roots trace to the rapid development of agricultural chemicals in the 1930's and their adaptation for wartime purposes during the second world war, a war infamous for its wide variety of experiments on humans in Asia and Europe. The chemicals were originally scheduled to be "tested"—the language here betrays, at best, a naively irresponsible ignorance of the potential gravity of the consequences, distancing the speaker from the effects of his speech and actions—in January, 1946, on six sites on the outskirts of Tokyo; this experiment was interrupted by another, the dropping of the atomic bombs on Hiroshima and Nagasaki. The testing was not halted for long, however. In the 1950's the British used defoliants to counter insurgents fighting for independence in Malaysia.

The use of chemicals in the war in Vietnam was controversial from the beginning. When experiments at a joint American-South Vietnamese Combat Development Test Center led, in November or December of 1961,³ to requests that chemicals be used for a 'crop warfare program', the US at first declined, concerned about adverse political affects on the South Vietnamese, and about charges of chemical warfare that might be brought by the communists. In January of 1962, however, Kennedy authorized the first use of defoliants. The first crop destruction mission followed on November 21st of that year.⁴

³ Accounts vary.

⁴ Lewy 1978: 257-8. See Cecil (1986: 155) for reference to Kennedy's desire to experiment with the counterinsurgency potential of the chemicals. While Dai speaks of the use of herbicides as a matter of U.S. initiative with South Vietnamese (Ngô Đình Diệm) assistance (12), Lewy says the American Military Assistance Advisory Group (MAAG) brought the proposal for herbicide use to Washington from the South

Arguments within the military and the administration that the use of herbicides and defoliants was banned by the Geneva Protocol and that their use would expose the U.S. to charges of barbarism were countered by arguments that the concept of chemical warfare applied to people and animals, not plants (Buckingham 1982: iii; Cecil 1986: 155). Cecil recalls arguments that killing plants instead of people would blunt guerrilla activity without inflicting direct injury on enemy, ally, or innocent (1986: 179). Another argument was that herbicides were “an economical and efficient means of stripping the Việt Cộng of their jungle cover and food” (Buckingham 1982: iii).

It was not the use of herbicides and defoliants, however, that first caused public alarm over the use of chemicals in Vietnam. The use of various nauseating and asphyxiating gases, including apparently limited trials of the potentially lethal arsenic-containing DM (Neilands 1972: 30-32; 47), drew a strong outcry at home and abroad in early 1965, before the beginning of the most intensive use of herbicides and defoliants. While President Johnson’s press secretary called the materials used ‘standard-type riot control’ agents, a foreign doctor in Vietnam chronicled the casualties and fatalities he treated as a result of those gases (Neilands 1972: 102-113), and the *New York Times* editorialized “...ordinary people everywhere—have a strong psychological revulsion, if not horror, at the idea of any kind of poisonous gas....” (Lewy 1978: 102-113).

It seems likely that in those early years, most of the American public was not prepared to imagine that their country could use dangerous chemicals in war. Such action was imagined as beyond the boundaries of the decent, something done by others, our immoral enemies, not “us.” Indeed, in those days, chemicals were thought of as bringing

Vietnamese (257), and Buckingham writes that Ngô Đình Diệm asked the U.S. to conduct the spraying (iii).

“Better living through chemicals”, as Du Pont’s advertising slogan told us. The naiveté of the times is expressed by the dismissive spirit of a statement made by a USAID worker in the 1960’s, “Agent Orange is good for you, makes you healthier”(Miller), a glib sentiment that finds its echo in the depreciatory remarks of the medical attaché to the US embassy in Hà Nội in the 1990’s: “Have you ever used Dial soap? It contained dioxin.... Worry about things you can do something about. Wear your helmet in Hà Nội traffic”(Linan).

The past 50 years have been marked by a slow, ambivalent awakening to consciousness that we ourselves, in fact, have been doing what we abhorred in others. In this traumatic process of approach and denial, calls to responsibility are countered by a mix of naïve ignorance and willful deceit, a process that, I would argue, has left ghostly traces on the American psyche and framed patterns of discourse that still haunt both our discussions of the consequences of Agent Orange and our engagement with the world.

Environmental Destruction: “Only you can prevent forests.”
Operation Hades and the Ranch Hand Project

While the image most often used to portray defoliation is that of streams of spray trailing behind the low-flying C-123 transport planes of the Air Force’s “Ranch Hand Project,” the chemicals were also sprayed from helicopters, riverboats, trucks and other vehicles, and, around the perimeters of bases, by hand-held canisters. It is currently thought that this close range, repeated, intensive spraying has had greater long-term environmental and human health impact than the more dramatically photogenic aerial spray (Dwernychuk 2002).

Ranch Handers were known for their bravery. Their big, slow, low-flying planes made easy targets and took many hits for which their crews received many medals. Cecil,

a member of the Air Force unit himself, writes in his dissertation on Operation Ranch Hand that the men thought of themselves as heroes, laying their own lives on the line to prevent others from losing theirs. They were also known for their partying and their bravado: their motto was “Only You Can Prevent Forests”⁵; their call signals, “Cowboy”, and later “Hades.” (For more on this project, see Cecil, and also Buckingham’s official Air Force history.)

Accounts of the extent of upland forests, saltwater mangroves and croplands that were destroyed by the chemicals vary somewhat; in addition, as noted above, the records are still being compiled and corrected. Yet even rough statistics can give some sense of the scope of the damage. It is frequently said that 10% of the land of the south of Vietnam was laid bare by spraying. The total number of acres defoliated is often given in round figures as 5 million; another 500,000 acres were subject to crop destruction (See for example Harnly 1988: vii). More precisely, according to Lewy (1978: 258), who based his 1978 account on figures from MACV Command History, 4,747,587 acres were defoliated, and 481,897 acres of crops destroyed. He gives the proportion of cropland sprayed as 3.2%,⁶ while the Committee of Concerned Asian Scholars quotes Air Force statistics that report nearly 10% of all arable land had been sprayed by 1969 (1970: 113). Work to check and complete the accuracy of these statistics continues to this date.⁷ Confounding factors include inaccurate or incomplete records and the fact that the herbicides and defoliants were not used in isolation, but in combination with burning and bulldozing the sprayed forests. Võ Quý, the internationally respected director of the

⁵ A wry twist on the motto of the U.S. Forest Service, “Only You Can Prevent Forest Fires.”

⁶ The head of the Japan Science Council, Yoichi Fukushima, set the figure at half the arable land (Committee of Concerned Asian Scholars: 113).

⁷ See, notably, the work of Dr. Jeanne Stellman, Professor of Clinical Public Health at Columbia University.

University of Hà Nội's Centre for Natural Resources Management, adds to the effects of spraying saturation bombing (25 million bomb craters in an area roughly 1/3 larger than Oregon), napalm and bulldozing, coming up with a figure of 22,000 square miles (14,080,000 acres) of mostly southern forest and farmland devastated by 30 years of warfare, from 1945 to 1975 (Võ Quý 1992: 13-16).

The official U.S. Air Force history estimates that 20% of the jungles of the south were sprayed (Buckingham 1982: iii). Harnly records 20% of the saltwater mangroves as having been destroyed, the Air Force history puts the figure at 36%, while the American Association for the Advancement of Science reported that 20-50% of the mangrove forests had been 'utterly destroyed' (Neilands 1972: 274).

The effects of the chemicals in a given location varied with the kinds of vegetation sprayed, and the number of applications. According to one source, trees over seven years old were generally able to recover from a single spraying, but younger trees, certain mangroves, and other susceptible plants were not (Cecil 1986: 226). While massive reforestation efforts have reclaimed some areas, others remain covered by forests of low-grade bamboo, or by a tough, economically useless tall grass, *imperator* grass, nicknamed "American grass" (Võ Quý 1992: 14). By the early 1990's, according to one source, a million acres still remained barren wasteland (Dai 2000). The long-term ecological impact of the spraying is still being studied, and research on remediation is ongoing, as are reforestation projects and efforts to decontaminate or quarantine land that is still heavily impregnated with residual dioxin (see for example Boi 2007 and Hatfield website).

Health Effects

Understanding of the human health effects of both Agent Orange and dioxin has grown tremendously in the past 40 years, pushed in part by the questions and the outrage of American veterans. A history of that growth would be a significant contribution to the field. Here my goal is only to mention the beginnings of that knowledge, and to note briefly its current state.

Concern about the health effects of dioxin trace back to the 1950's, when laboratory technicians and industrial workers accidentally exposed to dioxin developed a dark, itchy rash called chloracne. There is also some mention of liver problems. Concerns about the health effects of Agent Orange were raised in the 1960's, when a Catholic newspaper in Sài Gòn, the *Tin Sang*, carried reports of alarming increases, in regions heavily sprayed with chemicals, of monstrously deformed fetuses, still births, and children born with birth defects. The paper was censored for its reports.

By the 1990's, after dozens if not hundreds of studies (several beset with claims and counterclaims of falsified results, withheld information, and unethical interventions by chemical companies), the U.S. government had begun to compensate veterans for certain diseases, based on the work of the Institutes of Medicine, and on the decision of a presidential review panel established by Ronald Regan. The list of diseases the U.S. government recognizes as having enough evidence linking them to Agent Orange to warrant compensation to exposed veterans has grown over time. It currently includes: chloracne, Hodgkins disease, multiple myeloma, non-Hodgkins lymphoma, acute and subacute peripheral neuropathy, porphyria cuanea tarda, prostate cancer, respiratory cancers, soft-tissue sarcomas, type 2 diabetes, and spina bifida. In the children of women

veterans, 17 other birth defects are linked to service in Vietnam, though not specifically to exposure to Agent Orange.

While Agent Orange has been the focus of popular attention in the US, its unwanted byproduct dioxin has been the subject of intense international scientific study, leading in the late 1990's to its listing by the International Association for Research on Cancer (IARC) as a known human carcinogen. In 2002, the director of the experimental toxicology division of the United States Environmental Protection Agency (EPA), named TCDD dioxin, the kind found in Agents Orange, Purple, Pink and Green, as associated with the following effects in humans: "cardiovascular disease, diabetes, cancer, porphyria, endometriosis, decreased testosterone, chloracne; developmental effects on the thyroid status, immune status, neurobehavior, cognition, dentition; [and an] altered sex ratio" (Birnbaum 2002).

Agent Orange as Metaphor: a site of haunted memory

The 'Agent Orange' that is the subject of ghostly hauntings and denial is only sometimes the chemical described above, however. At other times, the term is used as a metonym for TCDD dioxin⁸, or a generic for all the chemicals used during the war in Vietnam, or a synecdoche for all the environmental damage that lingers from that war, or even more globally, for the consequences of war. Yet again, it is used as the name of an illness: "My uncle's daughter is suffering from Agent Orange"; or, "I know a man who can cure Agent Orange". In some popular uses it seems to serve as a synonym for 'birth defect.' The disabilities associated with it are sometimes taken popularly as a sign of the

⁸ One example: At a workshop on Agent Orange held in Roseburg, Oregon, the head of the Vietnam Veterans of America's Agent Orange Committee told the over 200 veterans assembled that when he said "Agent Orange" he would really be talking about dioxin (Sutton, 2003).

workings of the law of karma, or of the hand of fate (Dai). To the extent that illness in Vietnam is construed as a reflection of the balance and integration of the personal and the natural worlds (Marr 1987: 167), 'Agent Orange' may be read as a metaphor for a world out of balance, *dis-integrated*.

In America, Agent Orange has been called "a symbol of deceit and betrayal" (*Vietnam: A Television History*); "... a metaphor for everything that was wrong about the most unpopular war in American history" (MacPherson 1984: 601); and a marker for "a sea change in the way Americans think," for the deep embedding in American thought of a "profound suspicion of science, government, and technology" (Burkett 1998: 551). A Pulitzer Prize-winning journalist who has covered science, medicine, and the environment for some 30 years calls it "technology gone bad, Frankenstein, the best and the brightest, civilization turned dark," adding: "The opposite side of the coin is romanticism gone paranoid and luddite." It is also, he continues, a cover word for damages due, for the reparations no one can give as reparations, ... a "cover that allows us to proceed without looking too closely at what happened and confronting where we are in history...." (Franklin 2000). In American popular culture Agent Orange appears in a wide range of settings that suggest now oblivion, now a distancing from the past: it has been used as the name of a hair dye, of a punk rock band, and as a journalistic figure of speech in which fine spring weather was called "Agent Orange to democracy."

Some call Agent Orange a diversion. One American physician could barely contain his frustration: "You have a war that has destroyed the health system, destroyed the infrastructure and created problems of pollution, hunger, malnutrition and their associated diseases—and you are going to sit around arguing over one small part of the

total damage, pouring millions of dollars into research rather than helping people—which you could do for a fraction of the cost?” An American scientist who has worked for decades on the effects of dioxin and is well aware both of its long-term health effects and of the possibility for overgeneralization, raises another caution about the potential for Agent Orange to serve as a diversion: “If we assume certain health consequences are from Agent Orange when they are not, we may not be focusing on causes we can prevent in the future” (Schechter 2002).

‘Agent Orange’ is not only a marker of the ghostly silences, silencings, and hauntings suggested by the ambassador’s remark, however; it is also a vehicle that blurs borders and opens dialogue, expanding who gets counted and included in the ‘moral community’ (Morris 1997), as American veterans, seeing the similarities between the illnesses that mark their own lives and those that mark the lives of Vietnamese thought to be affected by Agent Orange, call on the U.S. government and the chemical firms that sold it Agent Orange to fulfill their “moral duty” by compensating Vietnamese as well as Americans (Brunnstrom 4 March 02). For some people in both Vietnam and the United States, ‘Agent Orange’ has become a possible way of understanding the complex of forces that have shaped their experience of life and suffering, a way that links their personal lives to societal problems, and science to metaphor (see Kleinman, Das, and Locke 1997, introduction and *passim* for extended discussion of these interrelationships).

Attention to metaphor, however, is not meant to deny or distract from the primacy of the physicality of the chemical and its extension into history, or the question of the responsibility for the multiple effects thereby produced. The physical effects engendered

the metaphors, not the reverse, though later the metaphors then in turn helped shaped interpretation of physical symptoms.

The Approach of this Study: "Including those thought to be affected by Agent Orange"

In 1998 the Vietnamese Red Cross, maintaining that scientific and political controversy was forestalling help to a group of vulnerable people, established the Agent Orange Victims Fund and developed provisional criteria for selecting recipients of aid. In 2001 the Vietnamese government launched a campaign for "Poor Disabled People, Including Those Thought to Be Affected by Agent Orange". This dissertation is an attempt to include in international conversations on Agent Orange the experiences and reflections of people thus described. By highlighting the stories told by men and women from the north, center, and south of Vietnam against a background of public discourses from science, politics, humanitarian assistance groups, and the popular media, this study is also an attempt to find a way to speak about the consequences of the wartime use of toxic chemicals in Vietnam. While it is difficult to find a language that is adequate to the topic in scope, complexity, sensitivity and nuance, neither silence nor overstatement is an ethical option.

Science was the first language used to debate the effects of Agent Orange. Scientific studies of its human and environmental consequences, which began in the late 1960's and continue today, have resulted in three major international scientific conferences in Vietnam (1983, 1993, and 2002), largely focused on human health. In 2002, an NGO sponsored international conference in Stockholm ("Environmental Consequences of War: Cambodia, Laos, and Vietnam"), expanded the public conversation to include on-going environmental damage and also efforts at humanitarian

assistance, as did a two-stage, multi-focused conference at Yale that same year (“The Ecological and Health Effects of the Vietnam War”). Two subsequent conferences introduced perspectives from the social sciences and public policy (Paris 2005 and Hà Nội 2006).

These studies have resulted in much international controversy. The political debates have been marked in both Vietnam and the United States by silences, accusations, and denials; by lawsuits and out of court settlements in the US; by a ruling in South Korea in favor of plaintiffs against two of the largest manufacturers of Agent Orange, Dow and Monsanto; and by government compensation of veterans in the US, Australia, New Zealand, South Korea, and Vietnam. In 2004, three Vietnamese plaintiffs, representatives of the newly formed “Agent Orange Victims Association,” sought to file a war crimes case against 37 American chemical companies in a New York court, before the same judge who 20 years earlier had heard similar claims from American veterans. Popular Vietnamese media has called on the public to contribute to the support of people described as Agent Orange victims; the Vietnamese public has responded with free-will donations in response to particular stories, and with contributions elicited by door-to-door campaigns.

Despite all that has been written and argued, there is little that allows the men and women thus described to tell their own stories, apart from brief quotations selected for newspaper articles. This study attempts to open narrative space for those stories, built on semi-structured, open-ended interviews with 38 men and women selected as aid recipients by humanitarian agencies.

How do these men and women and their communities describe, interpret, and cope with the burdens they have had to bear since the end of the war? What hopes do they have? What reflections do they ask to have conveyed to those beyond their villages, in particular to those who have inherited the responsibility for the use of chemicals in war? What do their narratives add to on-going public discussion on the effects of dioxin in Vietnam, and, more generally, about the costs and consequences of war? How do the local, personal narratives accord with national and international public discourses? How do they conflict? What do scientists and politicians have to say to, or ask of, the people I interviewed? What do the people interviewed have to say to, or ask of, scientists and politicians?

In 2000, at a meeting to prepare American scientists for the first government sponsored talks with their Vietnamese counterparts, a toxicologist ruminated as follows: “Let’s see...we know we sprayed Agent Orange...we know Agent Orange contained dioxin...and we know a lot about the effects of dioxin already. What is it that we need to know?” On one level, an extension of that question is one of the basic questions of this dissertation: What is it that we need to know to address suffering? What are the outcomes, with respect to human suffering, of various systems of knowledge? How do we keep—indeed, in the face of the great technologies of mass annihilation and dehumanization which we now possess, is it possible to keep—knowledge at the service of humanity? Whose definition of humanity? Science has given us enough understanding that we are now faced with other questions that science alone cannot answer. These are moral questions: questions that measure not dioxin levels, but our own humanity. These

questions and others like them⁹ remain in the background of the study, implicated, not explicated. In the foreground are the stories of those thought to be affected by Agent Orange.

Theoretical Orientation

A synopsis of my understanding of my role first as occasion and recipient of the stories, then as their translator and interpreter, might begin with Laurie Sears' reply to Gayatri Spivak's query about subaltern speech: "Subalterns are always speaking," writes Sears, "The problem for post-colonial intellectuals—whether they have inherited the subject position of the colonizer or the colonized—is how to listen when subalterns speak" (Sears 1996: 301). This dissertation is intended as an attempt to listen. Underlying its approach are theoretical matters currently debated in languages peculiar to the social sciences: problematizations and deconstructions of the uses and languages of power, along with attention to social constructions of reality, to the power of discourse and its structuring structures, to agency, and to intersections between local and global, between bodies and nation-states.

Listening is one metaphor; tearing down a wall is another. Paul Farmer, noting that the poor are more likely to have their suffering silenced, quotes Chilean theologian Pablo Richard's description of a "gigantic wall being constructed in the Third World, to hide the reality of the poor majorities. A wall between rich and poor is being built," he

⁹ For scholars, Agent Orange draws attention to multiple questions: to questions of how knowledge is constructed; to the ways meanings arise and discourses are shaped and become both shaping and contested (Foucault, Bourdieu); to the ways politics, economics and institutions both produce and alleviate social suffering (Kleinman, Das and Lock, ix); to questions of how to represent suffering without engaging in voyeurism or a pornography of suffering (Daniel); and to the ways "modern societies organized around secular institutions, science, and rationalized action have not only failed to provide people with adequate means to address the suffering that pushes humans to the ultimate conditions of their existence but [...] have also generated new forms of social suffering"(Keyes). Such a study also gives rise to questions of 'knowledge for what?' and to questions of who we are as intellectuals (Kleinman and Kleinman)—and as human beings.

continues, “so that poverty does not annoy the powerful and the poor are obliged to die in the silence of history” (1997: 280). This study aspires to join the body of work that seeks to build bridges, not walls.

Edward Said, in one of the last works published before his death, uses yet another metaphor for this work of listening or tearing down walls: the intellectual as “countermemory.” In “The Public Role of Writers and Intellectuals,” he writes: “The intellectual’s role generally is dialectically, oppositionally, to uncover and elucidate the contest [between the powerful and those threatened by that power]...to challenge and defeat both an imposed silence and the normalized quiet of unseen power,” serving as “a kind of countermemory...that will not allow conscience to look away or fall asleep” (2002: 31, 38).

There is a tension, of course, between not looking away or falling asleep and being so transfixed in a traumatic moment that the past overwhelms the present. The challenge becomes finding ways to remember that do not surrender the present to the past. Susan Sontag, in *On Regarding the Pain of Others*, makes a distinction between “Don’t forget” (“This is what human beings are capable of doing—may volunteer to do, enthusiastically, self-righteously.”) and “Never forget” (“[R]emember a particularly monstrous bout of evil”). It is *thinking* that distinguishes the two, she says, arguing that the person who is perpetually surprised by the world’s atrocities has not reached moral or psychological adulthood, but is stuck in what she calls innocence, superficiality, ignorance, amnesia. Yet there is a form of forgetfulness she favors as a means of creating a space for the present, a forgetfulness that allows peace and reconciliation by allowing

the specific injustices to “dissolve into a more general understanding that human beings everywhere do terrible things to one another.”

Lawrence Langer (1997) argues, at odds with Sontag, that a language of disheartenment and alarm is appropriate to survivors of massive social suffering, and to a world that has witnessed such suffering. Such suffering, he argues, does not lend itself to explanation, normalization, or cure: he calls it the “unappeasable experience” of “durational time, a frozen time, a continuously experienced duration of atrocity that can be neither transcended nor generalized.” He agrees with Sontag to this extent: we must take into account the real possibility of atrocity.

In *The Politics of Storytelling: Violence, Transgression, and Intersubjectivity*, Michael Jackson (2002), drawing heavily on Hannah Arendt, argues for the power of collective story telling to rework trauma—not to save the sufferer from the effects of that trauma, but to unfreeze the present from the past, to subsume the trauma as one part of life, not to subsume life in the trauma. Jackson’s work will be discussed at greater length in the first chapter.

Yet another approach to the traumatic legacy of the past is represented by the central figure in Duong Thu Huong’s *Paradise of the Blind*, a young woman who is doted on and fought over by her mother and her aunt, who embody conflicting, complicated, and tormented experiences of the past and visions of the future that they attempt to bequeath the next generation. In the end, the young woman chooses to abandon the house of sorrow and suffering that this past has built, hoping to find a way to honor the sacrifices of that past without being mired in its hatreds and trauma.

This dissertation aspires to writing, in Sontag's terms, "don't forget," not "never forget." With Langer it argues against normalizing man-made suffering, yet somewhat at odds to his work but in keeping with Jackson's, it aspires to contribute to a reworking of a frozen past, perhaps even to some form of loosening of the deathly grip of that past through collective storytelling that crosses unexpected lines. And, by a focus on the present, it seeks to leave the house woven of past hatreds and fears behind to open other possibilities.

Numerous critics have written of the dangers of reproducing colonial relationships through scholarship; much has been said about "the West" turning "the East" into an object of analysis and, or, desire. I see the harm of such approaches, and am indebted to those who raise our awareness. My work addresses these issues obliquely, by proposing an alternative that might be called collaboration, or what Jackson calls intersubjectivity. I take the position of Aihwa Ong, who has argued that the "greater betrayal" of those we speak with lies in a refusal to recognize 'the informant' as active, in a refusal to "help marginal groups intervene in global narratives, by putting into circulation alternate circuits of discursive power" (1995: 353-54).

I see my work in anthropology as in part an act of translation, taking the questions of power relationships that Talal Asad raises (1986)—Which language or culture is being held as a standard and which forced to accommodate?—as a challenge to try to privilege Vietnamese over English when it seems necessary to choose, allowing linguistic concepts and categories from Vietnam to open new possibilities in English while recognizing that my ability to do this is limited by my entanglement with English as my mother tongue. This means, in part, that I try to avoid coming to my interactions with people in Vietnam

with questions forged in the academies of the West, but rather come to those academies with questions forged through my interactions in Vietnam. In this I am encouraged by Rosaldo (1993), who argues: “Social thinkers must take other people’s narrative analyses nearly as seriously as “we” take our own. This transformation of “our” objects of analysis into analyzing subjects most probably will produce impassioned, oblique challenges to the once-sovereign ethnographers. Both the content and the idioms of “their” moral and political assertions will be more subversive than supportive of business as usual. They will neither reinforce nor map onto the terrain of inquiry as “we” have known it.” I do not, however, mean by the foregoing to set Vietnamese and English in opposition to each other: I see the interactions on which this dissertation is based as belonging more to a fluid, continuously negotiated and renegotiated borderland than to one impossibly reified culture or another.

Through a consideration of discourse, euphemisms (in which, for example, toxic chemicals become ‘herbicides’), and hauntings, the dissertation also engages the disciplining, structuring power of words, and ongoing discussions in science and technology studies.¹⁰ Looking at ‘Agent Orange’ as both an artifact of the chemical age and as a marker of social suffering opens questions about the social, economic, and political forces that led to the creation and war-time use of chemicals, and to post-war responses to that use and its consequences. Such a treatment brings together questions that have been “sealed off into incommensurable problems,” to use Latour’s phrasing, “.....questions that cannot be solved separately but rather must be tackled all at once” (1999: 310). These questions entail a careful look at the relationships between

¹⁰ See for example the work of Foucault, Bourdieu, Trinh, Martin, Rabinow, Gordon, and Latour.

knowledge, politics, economics, and ethics that is beyond the scope of this dissertation; my work here can only suggest, heuristically, areas for future study and reflection.

This dissertation also bears on another conversation ongoing not only within anthropology, but across the humanities and in some parts of the social sciences as well. It is a conversation about the work of the intellectual, the language of that work, and what counts as knowledge. It is a recurring conversation, perhaps as old as scholarship itself, reworked through the centuries in a variety of times and places in relation to such prevailing forces and preoccupations as theology, science, commerce, and empire, to give but four extremely broad examples. Part of the current challenge to rethinking scholarship, notes an American Association for Higher Education (AAHE) report, is driven by an expansion of democracy—by an “influx of older students, women, and members of various minority groups” (Rice 1996: 15). Although part of the work of this dissertation is to underscore the many ways the human body and the human spirit transcend obvious categories and boundaries, I see that, as both an older student and a woman, I fit that demographic in two ways, and my study, by insisting on the importance of what likewise formerly marginalized voices have to offer the academy, civic culture, and public discussion, fits the AAHE analysis that these new demographic groups bring pressures for connection, attention to context, and for recognition of the relational character of knowing, raising questions about what gets counted, and discounted, as knowledge, and about the importance of reconnecting (or is it simply connecting?) ethics and knowledge. The report argues, in italics: “*All the work on reconsidering scholarship...is, in the deepest sense, an epistemological challenge.*” Serious questions are

being raised about what is fundamental to knowing.”¹¹ It is my hope that this dissertation may, in its limited way, join the shopkeeper from Hué and Dr. Nhân to help raise those questions. Many others have carried the conversation on in more philosophically elegant terms: for but one example, see Kathleen Stewart’s *A Space by the Side of the Road* (1996) in which she runs parallel conversations in the languages of academia and Appalachia. I would argue that both parts of the conversation are important, as is a link between them.

Talk of connection, or reconnection, of scholarship to public life, and of changes in graduate education that would encourage such connection, has been on the agenda of academic conferences and a subject of national reports since at least the early 1990’s. The goals are spoken of variously as “reviving the humanities” (Weisbuch 1999), or the “mutual revivification of both public culture and higher education” (Scobey 54), or as a need for “...more people in the middle to provide connections.... more scholars willing and able to relate their disciplines to timely public issues and concerns” (ACLS 1990: 8). This dissertation attempts to find a place in the middle, connecting disciplines that bear on the human condition but are often held apart, and bringing together the stories of various people who speak more often to each other than across boundaries: narrative and science, for instance, or scholars and veterans, or Vietnamese and Americans.

There is one more point Said frequently brought to discussions of intellectual work that also bears on the connections we facilitate or obstruct through our work. It is a point about choice of language, about what he calls the “sobering, almost terrifying” contrast between academic intellectual discourse, which he characterizes as “generally

¹¹ As Clifford Geertz observed two decades ago, “Something is happening to the way we think about the way we think” (Rice 1996: 29).

hermetic, jargon ridden, and unthreateningly combative,” with the language of the public realm (2002: 23). Seeing the contrast as serving to marginalize humanities scholarship, Said calls for the use of transparent, simple, clear prose, while acknowledging such an approach has its own risks. He writes, “The thing I must remember, I keep telling myself, is that there isn’t another language at hand.... I must be able to use that very same language to recapture the subject, to reclaim it, and reconnect it to the tremendously complicated realities [that others] have simplified, betrayed, and either diminished or dissolved.”

This dissertation, then, aspires to the work of standing in the middle, seeking a complex understanding that may be spoken in a plain voice.

Methodology

Semi-structured, open-ended interviews, participant observation, and textual and discourse analysis are the main methods employed to examine the questions raised in this study.

Interviewing: Working with the International Federation of Red Cross and Red Crescent Societies (IFRC), the Agent Orange Victims Fund of the Vietnamese Red Cross and three provincial branches of the Vietnamese Red Cross, as well as with the Committee for the Protection and Care of Children (CPCC) in Thái Bình province in a pilot study, I conducted formal, semi-structured interviews with 38 families designated as likely to have been affected by Agent Orange. In addition I interviewed doctors, scientists, Red Cross workers, staff of the CPCC, documentary film-makers, a writer, and three officials from the US embassy.

The first eight family interviews took place in 2000, in Thái Bình, a northern province popularly thought to have a high concentration of Agent Orange victims. I was directed there thanks to a chance encounter with a friend who was born in that province, a woman I had first met several years before when doing a newspaper story on the “training of trainers” workshops she led in rural areas as part of a very successful malnutrition reduction project sponsored by Save the Children, U.S. When I ran into her again in 1999 and mentioned my tentative idea for interviewing families, noting I was not yet sure it was a good idea and did not yet have the necessary permits for such work, she immediately thought of her native region, urged me to do the work, and volunteered to work with me. She introduced me to the head of the provincial branch of the CPCC (the *Ủy Ban Bảo Vệ và Chăm Sóc Trẻ Em*), who made it possible for us to visit eight families selected by the committee.

I was at first very hesitant to do the work, not wanting to stir up painful memories or raise false hopes. The Vietnamese doctors and social workers I met told me most people would be eager to talk longer than we had time to listen. It turned out they were right: in many cases it did not seem so much a matter of getting permission to re-tell their stories, but of being exhorted to do so. Over and over again I was thanked for my visits, and often told, when I apologized for having only small gifts to share, that the recognition and attention I gave—the recognition and attention of the American people—were “precious gifts for the spirit,” as one pharmacist put it. I treasured this remark for a long time. It was only later, in working through the translations of the transcripts, that another theme became clear as well: “We don’t need your respect,” as one man put it, “we need help.”

I came to think of my early hesitation as misplaced, or even as a tool that helped keep in place the uncomfortable distances between our worlds, helped mask imbalances of power and privilege. The families were for the most part articulate, and grateful to be heard.¹² They each gave permission to be taped and to have the material used to retell their stories “to others not in this room, and in particular to Americans.” It was then rather oddly reassuring when one person abruptly ended the conversation and asked us to leave, a request the Red Cross readily complied with; it seemed to me an indication that the wishes of those I spoke with were being respected.

Four topics were developed on the basis of those initial interviews in Thái Bình: family situation (living conditions, work, and health); remembrances of exposure to toxic chemicals during the war; forms of help received from organizations and individuals; and requests for assistance. A fifth question developed from a Red Cross field trip I participated in for Japanese citizens looking into the consequences of Japan’s occupation of Vietnam during World War II, and its later support for the American war effort.¹³ At a home in Hà Nam province for veterans needing long-term care, one of the visitors from Sapporo stopped all conversation in the room by asking a veteran confined to a wheeled cart, a man his own age: “Do you have anything you want to ask the American government?” After a long silence, the man replied, with difficulty: “No... What can I say? We now have more normal relations with America....” His voice caught, and he gestured that that was all. One of the Red Cross staff present picked up the question and

¹² For further discussion see Farmer 1997, Asad 1986, Ong 1995, Patai 1991, Abu-Lughod 1991, Visweswaran 1994.

¹³ “We are a group of citizens studying the history of Vietnam,” the spokesman for the group explained during formal introductions. “We know very well that in 1945 the Japanese army caused a famine in which two million Vietnamese died, and that Japan also bears a large responsibility for co-operating with America during the war. Our government is very forgetful, so we the people must remember. There are many happy and many sad parts of history. We want to see clearly.”

worked it into a later interview. Though the question was not directly asked in Thái Bình, several people I spoke with there took the occasion of my visit to address the American public, or the government. On the basis of these experiences, I added this question to the original four.

In the second phase, those questions were used as the basis for 30 interviews conducted while I was engaged as a consultant for the International Federation of the Red Cross. Twelve interviews were conducted in the northern province of Hà Nam, 8 in the central province of Thừa Thiên Huế, and 10 in the southern province of Đồng Nai.

Principal interviewees ranged in age from 34 to “over 70”. Eleven were men, 10 were women; in the nine other interviews, a man and a woman contributed roughly equally. Twenty-five interviewees lived in villages, and five in provincial capitals.

The interviews ranged from roughly half an hour to over an hour. All were conducted in the interviewees’ homes. Other family members, and often friends and neighbors, were always present, as well as our own delegation of people from various organizations. Our group usually included representatives from two or three levels of the Red Cross (village, district, provincial, or national), sometimes a man from the Veterans Association or a woman from the Women’s Union, occasionally an official from the commune level, and twice, a crew from the provincial television station. The interviews were then transcribed by a number of different native-speakers of Vietnamese, following which I translated them, seeking help from time to time from a variety of colleagues in Vietnam.

The late Dr. Lê Cao Đại of the Vietnamese Red Cross and Ms. Ingela Holmertz of the International Federation of Red Cross made the arrangements and obtained the

necessary formal permissions. The 30 interviews I conducted under their auspices were my principal experience of *participant observation*: they were part of my consulting work as a member of a Red Cross team (International Federation of Red Cross, the Vietnamese Red Cross, and provincial and local Red Cross staff) conducting needs assessment visits to families in a pilot project for “the disabled poor, including those thought to be affected by Agent Orange.” My task was to observe and write stories about the families and the Red Cross workers, in order to help donors and others not familiar with the local situation understand the work. In addition to interviewing the families and individuals, I had formal meetings with the provincial level Red Cross staff at each site, and with representatives from a range of agencies in many of the communes: the Veterans Association, the Women’s Union, the Youth Union, and Farmers Union, as well as with chairs and vice-chairs of the commune’s People’s Committee. I also had many chances to talk informally with the various members of our delegation, as we traveled on our visits.

In addition, I took part in six public events that may also be classed as participant observation. In Vietnam, I attended (and helped prepare an IFRC leader’s statement for) the launching of the ‘Campaign to Assist the Disabled Poor, Including Those Thought to be Affected by Agent Orange’. In the United States, I attended an open planning session of the National Institute of Environmental Health Sciences team that was preparing for its first meetings with Vietnamese scientists to discuss the consequences of Agent Orange (Monterey, 2000). I also participated in international conferences in Stockholm (2002), at Yale University (2002), in Paris (2005), and in Hà Nội (2006), serving on the steering committee for the Stockholm conference and speaking at the conferences at Yale and in Hà Nội.

I have also kept notes of chance conversations on the topic of “Agent Orange”, as they occurred in Vietnam with a wide range of people, including college professors, drink stall vendors, motorcycle taxi drivers, neighbors and friends. I later began to collect notes on similar chance encounters in the U.S, which surprised me by their frequency.

One further word about the interviews is in order. While the above declarative statements about the interviews are true, they bear only scant relation to the experiential truth of the interviews. It took me nearly a year before I was willing, or able, to reduce the powerful complexity of the people whose lives I had so briefly entered even to the generally bland categories given above. I am still not sure they are meaningful categories, but supply them because they seem to be expected, and do perhaps aid some level of understanding.

These interviews were neither formal nor casual. Many times we sat in silence, sometimes at a loss for words, sometimes out of respect, sometimes because words seemed inadequate, trivial. Many times tears came to our eyes; often those tears led to further stories. Sometimes we shared laughter, and a tenderness for the disabled children. At times anger was palpable, or shame, or pride. Many times we met bafflement, and time and again, exhaustion. I was frequently rendered nearly mute by the interviews, and would withdraw into an intense silence. At nights we were exhausted by the effort to either hold at bay or incorporate into our understanding of the world the stories we had heard that day. Some may see in this expression of emotion a lack of scholarly objectivity; others may see rather an insistence that knowledge must take into account full humanity—that word so uncomfortable on the post-modern tongue. There are other truths to be told by a triangulation of these stories with historical and medical records, but

these are the truths told here, truths of memory (with all its limitations), truths of performance (with all its tricks of revelation and dissimulation), truths of a hesitant encounter between strangers linked by a common history that has shaped each of their lives in quite different ways.

The *texts and discourses* analyzed fall into four categories, those from science, politics, humanitarian agencies, and the popular media. My goal here was not to make an exhaustive study of each field, but to select materials that will permit understanding of salient lines of the conversations within each field, and the controversies.

For an understanding of the major lines of scientific debate on Agent Orange, the 15 other main chemicals used during the war, and the related dioxin, I have drawn on materials in the library of the medical school at the University of Washington and presentations given at conferences, as well as interviews with scientists from Vietnam, the United States, and Canada. In Vietnam I had preliminary interviews with Dr. Hoàng Đình Cầu, long time head of the National Committee to Investigate the Results of Chemical Warfare in Vietnam, and more frequent informal discussions with Dr. Lê Cao Đại, former head of the Red Cross Agent Orange Victims Fund, and with Dr. Nguyễn Việt Nhân, dean of the physiology department of Huế Medical University and creator of its Center for Genetic Counseling and Disabled Children, who, as mentioned above, conducted his PhD research on the links between Agent Orange and birth defects. For tracing the outlines of the political debates I rely mainly on newspaper accounts and secondary sources.

My work with the Red Cross and interviews with the head of the Committee for Care and Protection of Children in Thái Bình has introduced me to humanitarian aid

perspectives. In addition, I have collected and read publications put out by the Red Cross on the consequences of Agent Orange: policy statements, documents, training guidelines, magazine articles, a book, and a video.

To gain an understanding of how Agent Orange is discussed in popular Vietnamese media, I have gathered over 100 newspaper clippings dating from 1995 to the present, as well as three documentary videos and a collection of vignettes on the victims of Agent Orange; I have interviewed the filmmakers and writers.

My preparation for the dissertation has also included making two translations: a book on the history and consequences of Agent Orange, by Dr. Lê Cao Đại, and the film script of a documentary video, “Story from the Corner of a Park”, by Trần Văn Thuý, which is a meditation on the grace with which a family cares for its two disabled children.

Finally, I should acknowledge that my methodology in these interviews has been shaped by the informal learning that occurred as I shared Vietnamese family and institutional life for a full decade before the first interview as I lived and worked at the *Trường Đại Học Ngoại Ngữ Hà Nội* (then the Hà Nội Foreign Language College, now Hà Nội University) and worked with *Viet Nam News*, *Nhà Xuất Bản Thế Giới* (World Publishing House), the *Đại Học Sư Phạm Huế* (the Huế Teachers Training University), and to a lesser extent, with 10 other universities and colleges throughout the country.

Significance of the Study

This dissertation seeks to contribute towards an understanding of how those who bear the burdens of ‘Agent Orange’ in their bodies, in their family relations, in their interactions with their communities and their nation talk about these burdens with a

visitor from the United States. The dissertation also seeks to engage these stories told by Vietnamese villagers in the global conversations that affect their lives, while at the same time contributing to an understanding of the ways global discourses and entwined histories blur distinctions of place. In the words of Adriana Petryna, we are all now “biological citizens”, subject to shared physical responses to the products of our shared creations, our shared technologies.

Finally, as an ethnographic study of the costs of war, this dissertation seeks to contribute both towards an understanding of those costs, and towards critiques that encourage those with the power to decide to wage war to be accountable to those without such power, who disproportionately bear its consequences.¹⁴

¹⁴ With thanks to Charles Keyes for help rethinking this section.

Chapter One: Mrs. Hồng's Story

Mrs. Hồng: "I met you, a person—that is, a woman. Although you are from another country far away but, forgive me, you are still in the same plight. We are both women, the contact between us is easy, and it's easy to talk openly with each other. I want to express and share some sweet and bitter things that we have received from the past. There is the bitter...like the hardship. That is how we won the unity of our country for ourselves, won a sweeter future...could stand up, could be our own masters of our own land. The country is one country because of the courage, the fearlessness of our women, who are not just weak-legged with soft hands. Weak legs and soft hands still had to fight, still had to stand firm, still had to advance right beside the men."

Question: "Yes...well... and do you think this is a story that should be told to everyone so they know, or should it be forgotten?"

Mrs. Hồng: "You must tell it, must put it into the pages of history, it must get into the pages of the history of our country, our generation, of the world, to understand that the country of Vietnam has people—men as well as women, old as well as young—all of them living a life like this. Before, it was like [I have told you], and now there are lives of struggle like this. Let them see everything."

What Mrs. Hồng wanted written into history were the stories she had told me of the war, of her illnesses, of what she had learned, as well as the "much, much more" she still had to say. The interview excerpted for this chapter, then, is a fragment: a fragment of the stories Mrs. Hồng remembers and would like to tell, a fragment limited by constraints that include time, place, manner, memory, language, and the imagined purposes and uses of our meeting. These limits will be addressed elsewhere in this dissertation. The aim of this chapter is to render as faithfully as possible, conscious of the

inescapability of many layers of interpretation, my understanding of what Mrs. Hồng said, and wanted relayed.¹

I met Mrs. Hồng at her home in Biên Hòa, a mushrooming, industrializing city that lies across the Đồng Nai River from Sài Gòn, or Hồ Chí Minh City. Formerly, Biên Hòa was the site of a large French military base,² which was then converted into a major American Air Force base, one of the main centers of operation for the “Ranch Hand” program, which from 1961 to 1971 was charged with widespread aerial spraying of concentrated herbicides and defoliants, roughly 2/3 of which was contaminated by dioxin. The base was the site of a large chemical spill that researchers are investigating as a possible source of an increased incidence of cancers, neural disorders, and birth defects in the immediate vicinity of a lake that is fed by run-off from its grounds.³

Mrs. Hồng’s house lies off one of the busy main arteries of the city, down a path that leads between two shops, back to a long narrow lane lined with cement-walled row houses roofed in sheet-metal. We sit on a vinyl couch and chairs placed beside a simple glass-front cabinet that doubles as the ancestral altar. A 16-stringed zither is suspended in one corner of the room, above a second altar that is placed on the floor. A small white teapot and set of cups, ornamented with a rose decal, sit on a low table that is the room’s other main furnishing. As our conversation proceeds, Mrs. Hồng and I realize we are both

¹ The story retold in this chapter has been previously published under the title “Speaking with Women in Vietnam on the Consequences of War: Writing Against Silence and Forgetting.” Bousquet and Taylor, eds. *Le Viet Nam au Feminin*.

² One man we interviewed in Biên Hòa told us his family home had been destroyed by the French to build the base. Today he lives in a house that opens onto a railroad track.

³ According to the briefing given by the Red Cross of the district of Biên Hòa where the lake is located, the incidence of cancer there is 49 times higher than that in the district of the city that has the least incidence of cancer. I have no way of corroborating this statement, but it certainly calls out for study, and remedy.

nearly the same age, both with first children, daughters, born the same year—similarities that link us and underscore our differences.

“You want to know about my family’s situation, about our lives, about the reality—why we are still in this situation,” Mrs. Hồng began. “Let me remind you that in Vietnam, the Vietnamese people have been through so many wars—and so my family...my family’s life is extremely hard. We have struggled and lived on this piece of earth that is our homeland.... From my own grandfathers right down to myself, we are all people who participated in... we call it... (“protecting the country” a Red Cross doctor interjects into the pause⁴)...protecting the country. That is... from the generation of my father and the generation of my mother and then my older brothers and sisters, all of them, the whole family participated in protecting the country.

“The war to protect the country had some things that were good and some that were bad for me myself, and in the end I myself have some illnesses and my own family is among those handicapped and this is because of the consequences of war. For example, my father-in-law is in pain and has a weak appetite and is paralyzed, and all my younger siblings have died of diseases—all. Only I am still alive, living here.... and that’s thanks to the help, and the concern, and the care of the party and the country and the people...if not I would have been gone long ago.

“In ’92 there was a medical program, and after the check-up I discovered that I had internal illnesses. Well, the first disease that was discovered was my liver... our

⁴ This war is often referred to as “a resistance war against the Americans to save the country.” Given Mrs. Hồng’s later expression of delicacy towards what she imagines may be my sensibilities as an American, one possibility is that her hesitation comes from a reluctance to offend. It also points to the difficulty of finding a common language. Such linguistic hesitations bear study in themselves, perhaps following Deleuze’s notion of “stammer” as the site of a *synthese de disjonction*, of the human mind grappling to bring into relation what has been disjunctive, disjoined.

government took care of me and then complications set in with my spleen—it was inflamed, contaminated, and it turned out they cut it out.” Then she developed stomach ulcers and myelitis, then troubles with her entire digestive tract, high blood pressure, and a condition that caused her feet to turn pale from time to time. She had lost the hearing in one ear due to the explosions of bombs and artillery, and her vision was now blurry. “As for my physical condition,” she continued, “that’s how it is. Every month I have to go to the hospital for treatment, every month, and buy medicine. That’s how my health is.

“As for my economic situation... I’ll explain it to you like this. In the past I worked for the government. Then our disabilities caused us to retire and live on our pension, at home. I lost my hand, but I still have to struggle to embroider, and sew, and sell a few sundries. We do whatever we can to earn a living. If we want to live, we have to take care of ourselves. Here” she says, turning to her husband, “show her what I make to sell.” He brings out a basket of bright pieces of cloth. “I join these small scraps of cloth together to make into material to make a curtain, or a quilt....make decorative things. And,” she continues, “I still don’t have a stable place to live, we’re still renting. Wherever the rent is lowest, we move to the place where it’s lowest. We run from this place to that: wherever a low price shows up, then we go there to live.”

When I ask how many children she has, she says “It’s a lot, if you are talking about the pregnancies.” But only four survived, all girls. The first was born in 1970, in the jungle, in the war zone. Her second, born in 1976, is sickly. She can only work for a time and then suffers exhaustion; each time she goes for a check-up, she has a fever. Her third child, born in 1979, has congenital heart trouble. The fourth, born in 1984, has

headaches due to a nervous disorder. “When the sun is hot and bright like this,” Mrs. Hồng explains, “she can’t do anything at all.”

“Forgive me,” I say, “but how did you lose your hand? Was it the war?”

“This hand was because in 19... 1971 I went out...” Mrs. Hồng pauses. “Sorry—can I use the word ‘American’?—and I was shot by the Americans... yes... and was wounded. I’m a wounded soldier of Vietnam, a veteran and wounded soldier of Vietnam. I went on assignment and Americans shot; they shot, and now I’ve become a wounded soldier of Vietnam.”

“When you were...when you were hurt like this,” I ask, “where did you find the strength to overcome?”

“In general, in life you have to have something to believe in...” she replies. “That is, I ... I still have my country, still, still have my country, still have my government, still have my homeland, my father and mother, my ancestors, my children, my comrades, my fellow soldiers—I have to push myself, struggle, overcome... that means, overcome all the disabilities, try to struggle to overcome by myself in order to create a life for myself, and I can’t just depend on others, but I myself must struggle. Generally speaking, that’s what the war gave—in war, I myself had to fight, and for the illnesses, I myself have to have the mental strength, thanks to a belief, a belief in my country. I must try to overcome.... For example, I have to think for myself in order to arrange everything, so that it’s good. Because I still have a family, have my children, have all my friends. I can’t say ‘Well, I’m this way, because of my illnesses, because of whatever situation, so I must bear it, must resign myself.’ No, I’m strong of heart, steadfast. That’s more or less it.

“For an ordinary person like you, with two hands, then naturally, when you lose a hand then the process is you have to practice. For example, long ago, I couldn’t hold a bowl and chopsticks, but now I can lift a bowl like this and eat like everyone else. For another example, when I couldn’t hold a needle, I tried to practice to be able to use something to hold it. That is [a process of] self-transformation.”

“And this [Red Cross] program,” I ask, “how does this program help?”

“Well... in general, if you speak of a need, then I [unclear] many things,” Mrs. Hồng begins, “but here I’m talking about the spirit of this program—that there must be responsibility. If the means exist to help me stabilize my life, that is, to support me so I have something for medicine, in order to secure my health, and to raise my life a little higher, so that in the society, in the community, I can be at ease—I mean, happy to live in the community.”

“And so” I say, not certain whether we have already taken too much of her time, I’d like to thank you very much for all that you... you have helped us understand and know. Is there anything else you would like to say?”

“Yes, well... there’s only this much is all: We Vietnamese, to speak truthfully and frankly—sometimes it’s easy to hurt feelings but it’s necessary to tell the truth about how it is. The circumstances of war are like this, so now we have things happen like this. So on the one hand I struggle, and on the other hand—speaking generally about...about all the countries that cause war—they must take responsibility, they must give support and help so that our people can, after peace comes, progress with the community to reduce these illnesses and wounds and losses, to share with us. I’ve been speaking truthfully and frankly, and I hope you will understand... And I’m also afraid...it’s easy to offend.”

“I think you must speak frankly so that those who hear can have sympathy and understand,” I tell her. I thank her for speaking with us, and ask if there is anything that anyone else would like to add.

The doctor from the Red Cross wants to ask about the war. “You were in the jungle, then... before, in the jungle.”

Mrs. Hồng answers, “Yes.. I went to fight with the resistance in the jungle... went to join the resistance when I was very young. My father also joined the resistance, and my mother also went to fight...”

“In addition to the bombs and bullets, was there anything else?” the doctor asks.

“Yes, well, there were the toxic chemicals they sprayed. For example, in that year, in '64, the year of the first round of spraying that fell...it was like there was not one leaf left, not one leaf of a tree, every last one had fallen. That's how it was. The first day we were exposed we thought it was mist, but afterwards they made it known it was a kind of toxic substance that caused that effect.

“That was in War Zone D, it was right... I don't know what it is called now. In the past it was called... Vinh Cuu, Đồng Nai province. Now it is reforested... the coastal forest of Đồng Nai province, but then it was still a wasteland, not like now.... It's in the northeast part of Đồng Nai. I remember that year was '64. The year '64 was the year we started to have B-52's, to have the biggest storm of them. The first year was from '63, '64, '65, when there were B-52's, masses of B-52's dropping baby bombs and big bombs and *bom dia*⁵—all those were dumped right on that region, so many that there was not a single leaf left. The vegetation was a mess... all the leaves had fallen. And I remember

⁵ Perhaps a mis-transcription for *bom dua*, “pineapple bombs”, a nickname for cluster bombs that contained 250 pellets in a small canister.

that the animals no longer had any place to stay. There were some monkeys and birds that no longer had any place for shelter. The leaves of the forests were all gone.”

I ask how long she had lived in that region.

“Well... I took part from 1961, when the build-up began, until the day of liberation... until 1975. I lived right there the whole time,” she recalls. “I lived right there.”

She had come there at age 16, with her mother and father, from their home in Long An. “A land of rice fields in Long An province,” she calls it, “a land of rice fields. And because of the war I went to the capital, following the revolution, joined the revolution--at sixteen years old! Sixteen and I had already gone...The whole family...my older and younger siblings, all...”

Again I thank her, and again ask if anyone has any more questions.

This time she asks the Red Cross doctor if I need to know anything about the resistance region.

In place of an answer, he asks whether friends of hers from the war now have illnesses like those of her children.

“Well, they all went back, everyone dispersed to who knows where,” she answers, “but most of them are right here in this city. I can count on my fingers many, many people with serious illnesses like this, just like this. There are those in each office, this workplace and that workplace. But at the beginning of liberation [others?] went back...in 1975 they were already gone, everyone just dispersed to different places. How can I know which diseases they still have?”

The Red Cross doctor muses: “During the war you didn’t know anything was wrong, but you’ve only just learned.”

“Yes,” she replies. “We didn’t know anything at all, just thought it was mist, or fog, and then later, with experience, and with our country, with the explanations of our government, the Vietnamese government led us to understand that that was bitter poison, toxic substances carrying very poisonous chemicals that the country over in America brought to release in the war in Vietnam—they let us know what it was so we could protect ourselves. But how could we completely protect ourselves in such rudimentary conditions—with pieces of cloth, small handkerchiefs? How could they shield, protect us? Those were poisons! But we still fought, and the more we fought, the less we knew fatigue.

“There was a friend... I’ll tell you her story,” and here Mrs. Hồng turns the conversation in another direction, speaking with much feeling. “I had a friend who was captured by the Americans and taken up in a helicopter and brought back dead. She was captured by the Americans and taken up in a helicopter, and they took turns raping her until she died. I think about it all the time... all the time—will always remember. The pain burns in my heart. It increases my strength for the struggle, increases my strength to fight. And afterwards, I always remembered... remembered her smile, remembered the way she walked, remembered that we had slept together, fought together, lived together, shared sweets with each other. She was so full of love for life, and that young woman was also charming, charming. Her name was Hồng Sinh. She was a reporter working in Quảng Bình. They grabbed her...they grabbed her and took her up in the helicopter.”

At first I did not understand all she told me, and apologized, knowing my reactions were not commensurate to the emotion of her story. I explained that I could see she was very moved, but could not understand everything. The Red Cross doctor repeated the story in a simpler fashion, and then we sat silent for a while.

“There’s a lot more... a lot more, and still more,” Mrs. Hồng goes on. “Oh! I tell you, you will never be able to bear witness to all the pain and loss that the Vietnamese people have borne through so many wars. There is still much, much more.” It is here that she tells me that we can understand each other because we are women, and that I must go back and write down what she has told me, write it into history. She talks about all the burdens Vietnamese women must shoulder, and says that she can’t do it anymore—that her strength is all used up—“it has dried up and turned to ashes.”

So then, she asks us, “Do you all have anything else to ask? Is there anything else?”

“Well,” I reply, “there is still more—we could stay many days, many weeks, many months to talk more. But there comes a time when we must say good-by.”

“All right,” she says. “But though we say good-by here, I think that when you are here or when you go back to your country—on your side I think you will certainly remember us Vietnamese women. And I hope that this feeling is a... a relationship. We can sympathize with each other...I hope we will always remember and respect each other. Although you are from a far country, a country that caused us much loss—that’s not a reason to lose a friendship. Do you agree? The Vietnamese have this [saying]: ‘Add a friend, lose an enemy.’ The time of war is passed, so now we can be friends with each other.”

“I think that in America, war is a problem of the government, not the people,” I respond. “I think ordinary people can have sympathy and understanding for each other and together build a different future.”

“What you are saying,” she interprets, “is that the policy of the American government is not the ideal of each individual who lives on American soil, that not everyone shares those ideas. They also love peace, really want there to be peace, don’t want war.”

“Yes,” I reply. “When you were in the jungle, I was in the streets, protesting.”

The Red Cross doctor mulls it over: “Ah... ah.... protesting the war...”

Mrs. Hồng turns the phrase over and over: “Down into the streets, down in the streets. There were some who took to the streets even in America, took to the streets even, even took to the streets, even protested the war in Vietnam.”

“Everywhere there are ordinary people,” the doctor observes.

I explain that I was a student at the time, and that many students protested.

The doctor, who is our same age, muses: “So long.... it stretched out so long—from 1954 to 1975—drawn out interminably. Even one day was dangerous enough, but how many years.... one day was hard enough to bear.”⁶

We are again silent for a while. Then I repeat my thank you’s, and the doctor makes a presentation on behalf of our small delegation. Mrs. Hồng says she will walk me out. She takes me by the hand, by the stump of her hand, and we walk out. “Don’t forget

⁶ At the start of our visits to families in Đồng Nai this doctor had observed: “There are two things we *must* do that we cannot do.” One was to heal the people we are visiting; the other was to heal the natural environment.

us,” she says. “When you are over there, think of the Vietnamese mothers from time to time.”

The next day the Red Cross staff, which during my stay had been intensely busy both with me and other visitors and meetings, offered to take some time to show me around. When they asked what I would like to do, I said that if they thought it would be possible, would not be a bother, I would like to return to Mrs. Hồng’s to see if she had some quilting pieces she would like to sell, some she might be able to sell without causing problems for her work.

They thought it might be possible, but first they wanted to show me a supermarket—a super-supermarket—that had recently been built near the new industrial zone on the outskirts of the city. It occupied the major portion of an enclosed mall that also featured a popcorn vending machine, an ice-cream shop, and an auto display—all in astonishing, scandalous contrast to the simple and sometimes abject and miserable homes we had been visiting over the past week. After passing through a security check-point where our handbags were sealed in plastic to prevent shoplifting, we wandered like zombies through the heaps of household goods and sterile aisles of shrink-wrapped produce: our souls were elsewhere. At the sight of two donation boxes, both for the Red Cross, our spirits revived. One was marked for general disaster relief, the other for the victims of Agent Orange. Both were about half full of small bills. The head of the provincial Red Cross explained with enthusiasm that this was a new idea. The boxes generally collected enough money to construct one house per month for the homeless, she said.

When we returned to Mrs. Hồng's, she welcomed us enthusiastically, and greeted my request for quilt pieces with good-natured laughter and puzzlement. What good could unfinished squares be? But if I wanted them, she was happy to let me have them; no, it wouldn't be any trouble. I explained that I wanted them to give to people as a way of making the stories she had told me more concrete, more tangible to those so far away. At first she insisted on giving them to me, but in the end happily accepted the money I slipped into her hand.

"With your work," I observe, "you keep people warm, and create beauty."

"Yes," she says. "I like to create beautiful things—all women like beauty of course! Sometimes I make *áo dài*. People around here know me, and they come to place their orders. They ask for the woman with the chopped off hand." She laughs and shakes her head, her eyes twinkling.

She would like to make me a pillowcase, so that when I go to sleep "over there" I will remember my younger sister "over here." Once again she walks me out, swinging my arm and laughing. "Remember your younger sister," she reminds me. "Remember that there is a woman like this, with all these stories, and one hand lopped off in the war. But remember too that she loves people, she loves her country, and she loves life."

* * *

I have come to talk with Mrs. Hồng as part of trying to understand the effects of Agent Orange. She has used our conversation to honor her murdered friend, to call on all countries that make war to take responsibility for its effects, and to ask me to tell her story. Tell all of her story, she insists: not just the suffering, but also her mental strength and strong heart, her belief, and her love of people, of her country, and of life.

In *The Politics of Storytelling: Violence, Transgression, and Intersubjectivity*,

Michael Jackson draws heavily on a concept from Hannah Arendt, the concept of storytelling as “‘the subjective in-between,’ in which a multiplicity of private and public interests are always problematically in play”(2002: 11), where each person is both a “who” and a “what”, both an actor and acted upon, struggling to sustain and synthesize a self “in a world that simultaneously subjugates one to other ends”(13). Mrs. Hồng answers my questions, and moves the conversation in directions of her choosing. I ask her to help me understand her situation; she asks me to be a tool for conveying her situation to a larger audience. We selectively refashion ourselves, in Jackson’s paraphrase of Arendt’s thought, to make ourselves real and recognizable to each other, each responding and initiating as we move through our conversation, using the power of the word to both commemorate and lessen the power of trauma: life is affirmed in the face of death, the dead are rejoined to the living, and a world is created in which the past is both remembered and effaced, as former imagined enemies are re-imagined as friends. Even before she learned that I had protested, not supported, those who dropped the bombs, shot off her hand, raped and killed her friend, and sprayed chemicals on her land, she acts to recreate the world, offering friendship.

“In making and telling stories we rework reality to make it bearable,” writes Jackson (2002:16). To make it bearable; to sift what to remember from what to try to forget; to separate memory from an incapacitating paralysis, on the one hand, and a murderous vengeance on the other; not to deny history, but to transform its legacy; and to stake a claim on shaping the future.⁷ This is a dissertation grounded in stories: stories of

⁷ A theme explored elegantly in Nancy Florida’s *Writing the Past, Inscribing the Future* (1995).

people who are suffering and surviving, stories haunted by a ghostly marker nicknamed Agent Orange. These stories touch on other stories told by history and science, on the elusiveness and persistence of meaning, on the creation of knowledge, on the links between knowledge and responsibility, and on the links between responsibility and suffering.

The story of Agent Orange embraces as well two opposing human impulses towards suffering and trauma. One impulse is to turn away, to screen one's self from suffering and a painful but restorative sense of responsibility, in this case by a prolonged search for causes. The second is to address suffering first, then seek the cause. These pages may be thought of as a search for a better story, a more inclusive story, a more collaborative story, and also as an argument for addressing suffering and embracing responsibility.

These are not stories to while away a long night, except in a metaphoric sense. The issue is survival, as John Treat (1995) insists in his meditation on the effects of the use of nuclear weapons at Nagasaki and Hiroshima, names that are frequently linked to Agent Orange in the work of Vietnamese and Japanese writers, journalists, and scientists, as new kinds of weapons with power to randomly inflict new kinds of harm at a remove of generations. They are linked not only by their newness, but by US response to the consequences of their use: in postwar Japan, the US set up research centers to study the effects of radiation, but did not treat the victims; in Vietnam, initial talk of cooperation stalled in part because the US insisted on study before treatment, while the Vietnamese insisted that research and treatment go hand in hand.

Contemplating the “gap between what the world has shown itself to be and our mind’s capacity to turn it into sense,” Treat writes of effects that overwhelm causes, eclipse comprehension, and handicap meaning. What is the role of an intellectual in such a world? Or, as Jackson puts it, “How can the project of understanding move us beyond the conditions that govern us into a more fruitful engagement with the world?”(2002: 85) Beyond what he describes as the shattering of speech, of memory, and of meaning that is entailed in traumatic experiences that stun, diminish, and petrify as they reduce person to category, “who” to “what”, and hold the present “like a gramophone needle stuck in the injuries and suffering of the past”(2002: 92). Jackson argues that the intellectual’s role is to work to subvert the power of traumatic events by collaborating in the story telling: *not* the ethnographer as rescuer or savior, not even a demand for social justice, but the act of doing justice to experience that regenerates social existence by bridging the gap between private and public while neither repressing memory nor denying history. The challenge as Jackson sees it is to avoid either sanctifying or demonizing sufferers, or seeing them as a problem to be solved, but to recognize instead who they are, for themselves: that there is never just loss, but action to restore, replace, compensate. The work for the intellectual as Jackson conceives it is then similar to the work of the communities I met in the course of these interviews: not to diminish the significance of the losses, but to lessen their paralyzing hold.

I selected Mrs. Hồng’s interview as the introduction to my work in part because she raises many of the issues of the health and social consequences of war, and in part because of her insistence that I write Vietnamese women’s experiences into the historical record. Though I have edited the interview for coherence, I have tried to remain faithful

to the musing, sometimes halting and repetitive flow of the conversation, as it reflects our tentative steps towards understanding each other. While many families pressed me to convey their stories to a larger world, and especially to America, Mrs. Hồng was unique in asking that her experience be written into history, several possible histories: of Vietnam, of our generation, of the world; of the bitter and sweet things from the past; of the unity and independence of Vietnam; of the courage of women; of the struggles of post-war life. What I can attempt in this dissertation touches on all of these, but narrows and specifies the context to writing her story into the history of the effects of Agent Orange, the topic that brought us together. Although I attempt to narrow, a careful attention to doing justice to experience demands that I also expand my purpose to more faithfully reflect hers, a generative tension accommodated by the elasticity of the term, Agent Orange.

Chapter Two: A Province in the North

How shall I continue the work of collaborative storytelling? Where shall I take Mrs. Hồng's stories—the parts of her stories she chose to share with me in the limited time we had? I have rendered Mrs. Hồng's words and manner as faithfully as I could, as best I understood them, highlighting and elaborating a portion of our conversation in which our concerns overlap: writing these experiences into history. Why? "So people will know," says Mrs. Hồng—so they will know about the heroism and suffering of the Vietnamese people. We do not probe her statement further, so I cannot elaborate her purposes. My own purposes, as I have said, include seeking to understand something about the experience of living with the effects of Agent Orange, with a goal of inserting these stories into public discourse.

At this point in the dissertation I could move towards analyzing what Mrs. Hồng told me. I could ask questions rooted in science, in history, in narrative theory, in science studies. For example: What other exposure factors or hereditary influences might account for Mrs. Hồng's illnesses? Does her blood and fatty tissue contain residual TCDD-type dioxin? Where was she at critical moments in the past, in relation to the spraying of Agent Orange, or the deployment of other toxins? How does my purpose shape what she remembers and tells? How does the Red Cross doctor, with his questions and his links to power and aid, shape her story? How was she selected to speak to me, and how was she prepared? What is the political context in which these stories are told: locally, nationally (for both our nations), and internationally, especially with regard to Vietnam and the United States?

Instead, I choose to leave these and other analytic questions aside for now, giving precedence to Mrs. Hồng's request that I tell the stories. The rest of this chapter is given to brief renderings of stories I was told in a northern province, Ha Nam, introduced by a very brief sketch of the geographic and cultural features of the province. The two following chapters will focus on stories told in other regions: Chapter 3 on a village in the center of Vietnam, near Huế, and Chapter 4 on interviews conducted in the southern province where Mrs. Hồng lives, Đồng Nai.

* * *

The spraying was done in the south and center. So I was surprised and rather skeptical at first when a long-time friend urged me to interview families in her province in the north. Why the north? I was a bit mistrustful, wondering if indeed this was evidence that the whole issue was generated or at least greatly inflated for propaganda purposes. Yet a simple comparison could have helped me see the validity of the claim: U.S., Australian, South Korean and New Zealand soldiers who had served in the south for a single year were eligible to apply for compensation for Agent Orange related illnesses. Why then should it come as a surprise that the men and women who served there as Vietnamese soldiers, sometimes for ten times as long, should make similar claims? Logically, the length of their stay in the south and the presence of women as well as men should have strengthened their case. That this did not occur to me until much later I take as evidence of the way both the traumatic intensity of this topic and its political dimensions can paralyze logical thinking.

Vietnamese doctors at the Red Cross told me that in fact some of the most suggestive empirical evidence for the link between Agent Orange and birth defects came

from the north, because soldiers who went south provided the possibility for comparison studies. For example, one study divided veterans in a northern village into two groups, those who served in rear areas and were not exposed to toxic chemicals, and those who served on southern battlefields where they were exposed. This latter group was further divided into three groups based on the length of their service. The length of time a veteran served in the south was correlated with the rate of children born with birth defects: the longer they served, the more likely their children were to be born with birth defects (Dai 2000: 147-8). In another long-term study, researchers with the “10-80 Committee” (“The National Committee to Investigate the Results of Chemical Warfare in Vietnam”¹), compiled thousands of detailed records of birth outcomes in families where the father went south, finding many cases of healthy children born before the father’s exposure, and stillbirths or disabled children born following his return (Hoàng Đình Cầu 2000). Let me hasten to say, as the researchers themselves did, that these studies can at this point only be called suggestive, heuristic, a starting place for further study. But, as one American researcher who has worked on studies of Agent Orange for the National Academy of Sciences and other groups puts it, “Suggestive evidence, when there is enough of it, tends to become rather compelling” (Constable: 2002).

Phủ Lý: third on the list of most heavily damaged towns

When I first saw Phủ Lý, the capital of Hà Nam province,² it was a cold grey January day, and through the drizzle much of the town’s modern construction struck me as depressing. When at the end of my visit I began to understand a bit of the history of the

¹ Established in October, 1980; hence, in the common Vietnamese way of noting important dates, “10-80”.

² Provinces in Vietnam have been subject to frequent redistricting. At various times the province has been joined with others.

town, that first impression changed to appreciation for the spirit and will to survive that had created shelter and life out of rubble. Phủ Lý lies 60 km almost due south of Hà Nội. As a major depot on the main north-south rail line, it was heavily bombed during the war. Razed, a Red Cross doctor tells me, adding that it ranks third on the list of most heavily damaged cities. Third, I wondered. How can a city be more destroyed than totally razed, I ask. The answer is that the razed cities are ranked according to population. That doesn't mean that the whole population died, the doctor explains, because most people evacuated to the countryside and the distant hills. The man who is driving the car where we are having this conversation has earlier told me he was evacuated as a small child, recalling his fascination with the beauty of the bombs he saw exploding in the distance. Only a few bombs had fallen near where he was—something he dismissed as a mistake, insignificant really, since they weren't the target. In Phủ Lý, the partial shell of a Catholic church is all that remains of the pre-war city, and debate was continuing over what to do with that shell: whether to leave it as a memorial or to clear it for a fresh start. One complicating issue of the debate was the problematic symbolism of its being a church that had alone survived, and the power of a controversial local priest.

Phủ Lý was the first site I had visited with the Red Cross, a year prior to my formal interviews. At that time I had been invited to go along with a Japanese delegation that had come to Vietnam seeking to understand the effects of their country's occupation of Vietnam during WWII, and its later support of the US. The senior spokesperson for the group explained their purpose during a formal visit to the Friendship Village, a rehabilitation center outside Hà Nội that had been our first stop before Phủ Lý. "We are a group of citizens studying the history of Vietnam," he said. "We know very well that in

1945 the Japanese army caused a famine in which two million Vietnamese died, and that Japan also bears a large responsibility for cooperating with America during the war. Our government is very forgetful, so we the people must remember. There are many happy and many sad parts of history. We want to see clearly.”

The day after visiting the Friendship Village, we went south to Phú Lý, where we visited a home for veterans needing long-term care, and the home of a family with three disabled children. The father of the family had served in two heavily sprayed regions of the south, Tây Ninh and An Giang, where in addition to having been exposed to Agent Orange and other chemicals, he had lost the lower part of his left leg to a mine. As members of our group pour into the small one-room house, place tape recorders on the family altar and snap flash pictures, the mother begins to cry. Her husband moves to stand beside her. I wonder but do not ask about his faded t-shirt, which has “USA” displayed in big letters on the sleeves. I cannot ask anything, despite the urging of one of the younger Japanese spokesman for the group. I can only shake my head. The younger man then asks a concluding question: “What do you wish for?” The answer moves me by its generosity, and by its impossibility: “For health, for our children and ourselves, so we can contribute to the community like normal people.”

The Hà Nam Red Cross

“Nhân đạo, mà lâu thế!” (“Humanitarian, but so very slow!”)

--staff member of the Hà Nam Provincial Red Cross

When I return the following year I am accompanied the first day by two members of the Agent Orange Victims Fund of the Vietnamese Red Cross, from Hà Nội. Our first visit is to the headquarters of the provincial level Red Cross, where we meet with the director, the vice-director, and the secretary, who sketch for us their province’s

preparations for the pilot Red Cross project to help “the disabled poor, including those thought to be affected by Agent Orange,” the same pilot project in which Đồng Nai and Thừa Thiên Huế are participating. Out of roughly 10,000 disabled people in the province (roughly 6% of the province, they tell us), they selected about 4,000 to participate in the program, though after selection the numbers diminished since nearly 100 have already died. They formed a board of directors (*ban chi đạo*) that included Red Cross staff from the province and district, along with a representative of the Veterans Association, of the local branch of the Ministry of Labor, Society, and War Invalids (MOLISSA), and a member of the local administration. The group goes to the family to ask what help they need, and then meets with the head of the village. “We have been back and forth many times, raising hopes,” the secretary of the Red Cross explains, “but they have not seen any results to date.” He adds a concern about my going, raising yet more hopes. And the plan is so small compared to the need, he points out. It is hard for people to understand why one commune or district gets something and the next one doesn’t. They explain that this is just the start, a pilot project. The next day he makes the same point even more emphatically: “If the plan doesn’t come in a hurry, many people will be dead,” he tells us. “On our list there are people who have died already. *Nhân đạo mà lâu thế!* (“Humanitarian, but so very slow!”) The Red Cross will lose its reputation, he worries. “We promise help, then they don’t see it come, and they lose even more hope. There are so many bridges to cross between the higher levels and us.”

The director says that some weeks ago he had heard on the radio that the American government will support the people it had hurt in war—not just in Vietnam,

but in Korea and Iraq too. Did I know anything about this? I had to say that I didn't, and did not find it very likely.

First Visit: Phú Lý

"Death as a martyr would be better than carrying this wound all my life. Whenever I look at my child I feel the wound. So I think of my children. If I died early, what would happen to them?"

--father of children with varying degrees of disability

That afternoon four of us—the vice-director of the provincial Red Cross, two staff members of the national Red Cross' Agent Orange Victims Fund, and myself—visit a family that lives right in the town of Phú Lý itself, in a quarter that is named after one of the fathers of the country, Trần Hưng Đạo. We are joined by the vice-director of the town's Red Cross, who tells us we will visit four families, two of which are thought to be affected by Agent Orange, though "no one can say for sure," she points out. She takes us first to the offices of the neighborhood People's Committee, where we explain our purpose and are joined by a man from the neighborhood Red Cross, who accompanies us on our visit to the family.

The house is located towards the outskirts of town, 20 to 30 meters down a dirt path that leads off a paved side street. In front of a simple gate the father has set up a barber chair and mirror; as we drive up he is tending to a customer. Inside the gate and to the left is a small, free-standing cement-block room where the 26 year-old daughter of the family spends her days sitting on a wooden-slatted bed, the only furniture in the windowless room, unable to walk, speak, or chew her own food. As members of our delegation file through the door she watches apprehensively, huddled in a corner, her arms hugging her drawn-up knees. As people snap pictures, her face contorts in fear, and

we file out quickly, proceeding across a small cement courtyard where clotheslines are strung.

The paint is peeling in large chunks from the water-stained cement walls of the main house, and the ceiling is covered with a patchwork of plastic bags in an attempt to keep out some of the rain. On one wall, a calendar poster of a bonsai adds some color; on another, under a simple altar set near the ceiling, another large format calendar displays a picture of a healthy baby along with New Year's wishes. The room is furnished with two worn wooden plank beds and a small settee, which are supplemented with three low stools to accommodate the seven members of our group and a few neighbors who drop in and out to listen to our conversation for a while.

The girl's father, a rather square-faced man dressed in army issue olive drabs, begins by describing the daily tasks of caring for his daughter: chewing her food so she can swallow it, tending to her hygiene, washing the soiled mats, diagnosing her many illnesses and, when they can afford it, giving her medicine for coughs or fevers. He recalls the worry and fear he felt when she was born, seeing her head so small and pointed. "The mother who bore her was so frightened that she abandoned her," he explains. Earlier she had given birth to a child who had had no hands, and died. Then she had this child, and was very afraid, so when the child was nine months old she ran away.

When the child was three he took a second wife, who helped him take the girl to Bạch Mai hospital in Hà Nội. "At that time Bạch Mai hospital was the best hospital in Vietnam—the national center for neurology or something like that, so I heard," he explains. After the doctor examined her he said: "I advise you to put your mind at rest. Take care of her as long as you can, and love her that long. To put it plainly, she can't be

cured. Bạch Mai hospital can't cure her." The father concludes, "That's what the doctor said, so we must bear it. From the time she was three until today, when she is 26 or 27,³ there have been no new symptoms. Every day she is still the same. There is no medicine that can cure her. As for other medicine, simple medicine....when she coughs or I think she feels hot, I give her medicine to reduce the fever. She is not deaf, but she is completely mute. That is, no matter how hard you hit her, she doesn't let out a single sound. Because she can't speak, I have to ...use my intuition to check, and even listen. I myself have to listen to her lungs and if I hear a snoring sound then I know she has something and I go buy medicine for congestion and give it to her to reduce the phlegm. Many days when she's congested you can't feed her, because she can't bear to swallow. I'm not a doctor, but I have to check in this way."

They don't go to the doctor anymore, his wife explains: "We don't have money to go any more. We save every penny we can for this child, who is often sick. And then there is the tuition for the younger children."

"You take her to America for a cure, Aunt," the father interjects. "Give her American citizenship."

The mother, who makes 3,000-4,000 *Đông* (roughly 30 cents US) a day selling vegetables, continues: "I tell you, the money we have can't even buy a ceiling for the house...and everyone around here says there is no cure. So we fold our arms across our chests and bear it, that's all. We are resigned to accepting our misfortune. If the child can live this year, we will feed her this year. We can't cure her. We have no money left."

³ A person's age varies in Vietnam depending on whether one is referring to the solar or the lunar calendar.

The talk turns to the small investment loans available through the Volunteer Youth organization, the Veterans Association, and the Women's Union. "Now we're selling vegetables every day, but no matter how much investment you have, you can only sell one load of vegetables a day. I'd like to get an investment loan from the government first of all for raising pigs and chickens and going to the market, and a couple of million dong (\$143 USD) to fix the house.... If I could borrow about five million I could solve these problems. [There are loans available] for 500-600,000 dong, but I would have to spend it all, and I couldn't turn it around, couldn't make it work. The Women's Union gave us 500,000 once, and after a year I paid it back. As for the Volunteer Youth, we borrowed 700,000, but it didn't work. It all went for ordinary living expenses, and that was the end of it."

Though it needs repair, the house does provide a place to live, allocated by the wife's former employer, the railroad. "I myself never had a house," the man tells us. "So if we divorced, I'd leave with empty hands, because we have no papers. If you aren't somebody (*không có tên, tuổi*) then it's clear cut—you leave with empty hands. I have a place to live thanks to my wife."

For a time, they had the help of his parents in caring for the child. After his first wife left, his parents helped with the child so he could work. Then after he remarried, his father died, and his mother grew weak, and wanted him to take care of her. "That's the common wish of a good family," he explained. "Her idea was right, just. By whatever means, we had to take care of her."

There are two younger children now, a boy and a girl born of the second wife, who help some in the evenings, when they come home from school. Those children were

also a source of worry. “We were very afraid, very afraid for the first child, whose muscles contracted and twitched when she was little.... I felt there was no hope, I was afraid she too would always be like that. But we still went to the hospital, still took care of her, and when she grew up she got better, got over those problems. The third child—counting the one who died it is the fourth—is a boy, and this is how it was: He was standing like this while I was bathing him and putting on his clothes, when he collapsed to the ground. We didn’t know what was wrong with him, so we took him to the hospital and gave him medicine (*thuốc uống*—a reference either to medicine in general, or to tranquilizers). A long time after the medicine the doctor gave was finished, the same thing happened again. In the end we took him to be treated in the hospital. They nourished him little by little and took good care of him and they saved him. The next child is ok, but not very bright in school. That’s another symptom I worry about.

“I’ll tell you this... taking care of one child like this is as hard as raising ten normal children. We are always poor like this, cannot develop. You just finish worrying about one child and you have to worry about taking another child to the hospital—then tell me, how can you develop? But you still have to be patient in life. And then, I have to worry about myself—my own blood pressure is very high. I went to check it today and it was 190/130.” A man from the neighborhood tells him to be careful, asks if he isn’t afraid of another hemorrhage.

The father explains that last year he had “...died already. That is, on the 25th, [just before] Tết, I died. Of course, I didn’t remember anything. I was working right beside a mechanic who called me to paint [cars], and then I crossed over to a stall for some tea.

While I was drinking I felt my vision blur in both eyes, and then I fainted.... When I woke up I saw I was in the hospital—that is, I was dead and gone for a time.”

That’s frightening, I say, and ask if he knows the cause. He doesn’t. Some people who saw it happen thought it was the influence of the wind, he says, but he told them it wasn’t. He was dizzy and then he fainted. He gets dizzy a lot, he says. Just this lunch time he was dizzy. Tomorrow he will have to go to the doctor.

I ask about links to chemicals. “I still think it’s chemicals,” he replies. “When this happened, I associated it in my mind. I was rather worried. But worry can’t solve anything, because it’s an old story; it has already happened. Whenever it happens, I just have to willingly (*vui lòng*) accept it. Now I’m trying to keep my children whole, trying to support their development. That is my hope. I try to overcome pessimistic thoughts.”

Yes, I say, that’s a wonderful spirit. But how do you manage to have that attitude?

“You mean, can you change your thoughts?” he asks. I ask him if he can help me understand how he accepts it, how he overcomes it. “To be optimistic, and just to comfort myself,” he replies, “I think of the future of my children. My children’s future—to tell the truth, one part is lost, is very dark. But there is still the other half, those three children, so I try to create good conditions for those three. That is, I try to develop my own strength. If I look at what I have, it’s just a few dong a month is all, so I have to try to calculate to stretch it out so the children can eat and go to school. We have to pay school fees, and I’m trying to get them waived.”

A man from the Red Cross expresses surprise that the school fees are not waived. “[It’s] because he isn’t classified as a wounded veteran,” another explains. “Because he’s not wounded—only poisoned—so he doesn’t get benefits.”

Now I express surprise. I had heard there was a policy for Agent Orange victims, but they explain that the government is in the process of assessing who qualifies as a victim, and that each locale is in the process of implementing the policy. “That is, we’re still waiting,” says the father. “It’s new, and we’re waiting.”

I ask whether, when he was fighting along the Hồ Chí Minh Trail, people had known anything about Agent Orange. He had joined the army in 1962, then from 1965 been “endlessly on the move,” as he put it, in Quảng Trị until October of 1975. When a new policy came into effect he was allowed to retire in 1994, due to his high blood pressure. Had anyone said anything about the chemicals, I ask?

“I heard then, and later...that during that time they had sprayed a blanket of chemical poisons,” he replies. “At that time that was our job. That is, if all of a sudden they said go, we went; if they said go to Route 9, we went to Route 9; [if they said] cross into southern Laos, we crossed into southern Laos. We crossed some areas sprayed with chemicals. Sometimes they had been sprayed yesterday, and today we came. We just heard about it though—at that time we didn’t know we were affected. Because at that time we were still well, still normal.... I myself went across [those areas] and only later realized I had been affected by inhaling the smell of strange chemicals. And if you inhaled it, you would cough, for example, and you thought you’d been poisoned...But I myself didn’t know that afterwards something would happen; we didn’t know that after that something would happen. You couldn’t know.

“I have a picture, the picture of a guy from my same unit. In the picture he is big and strong and very healthy. But in 1979 ... I saw a picture, they put a picture of him in the newspaper. I could recognize he was my old buddy, but his arms and legs were

shrunken like the arms and legs of a small child. That made me very worried. I went to look for him in Hải Hưng. I was both worried and afraid that I would be like my friend.”

His first wife was also in Quảng Trị during the war, with the Volunteer Youth Corps (*Thanh Niên Xung Phong*). His second wife, who was born in Thái Bình, joined the Volunteer Youth in 1968, and went to Quảng Trị as well. “That year they dropped lots of bombs,” she said. “You had to go volunteer on the roads. When they left we’d fill in the holes, and then they would come and drop bombs and we would hide again, and then fix the roads again.... My unit had 120 people, out of which 70 were lost...yes, 70 died under the bombs, so a few dozen were left. Some people came back and lived alone. They couldn’t get married, don’t have a place to live.”

A man from the Red Cross elaborates. “Some people from the provinces joined up, and in the end, when they got out, they had no family left and so they became nuns, went into the pagoda, became Buddhist nuns. And there were times when they adopted children—they came back and raised adopted children.... Because in the springtime of our youth we were on the battlefronts, when we came back, no one would marry us. And then those people who were lucky enough to get married had problems with their children. Like this woman, for example—she is one of those who went with the Volunteer Youth Corps. The wife before—the former wife of this man was also a Volunteer Youth and gave birth to such children. This is her misfortune.”

Then the man from the Red Cross turns to the father. “Do you have anything you want to ask the American government?” he asks him. “Anything you want to say?”

The father replies: “I feel indignation and anger towards the American government. Death as a martyr would be better than carrying this wound all my life.

Whenever I look at my child I feel the wound. So I think of my children. If I died early, what would happen to them? My own hope is to ask the government to remember the war in Vietnam: our countrymen in general and the people in the south of Vietnam who bear the wounds in the places where the war was fought, where the chemicals were sprayed—and I myself as well. I ask the American government, in some way or other, to compensate for the wounds that the war caused Vietnam....”

“Yes, I understand,” I respond. “The American people also understand. I don’t know about the American government, but I can take the words of Vietnamese people back to America and hope that little by little they will have some effect.”

The mother then speaks: “Let me tell you, in fact, that up to now we’ve never seen the American government ask anything about compensating for the wounds of war. Those who are dead are dead, but now, with children like this.... Take me, for example. When I married my husband, I had to bear this unhappiness too, this misery, all these 22 years, so I’ve had to shoulder these consequences all these 22 years. Now, I was also in the Volunteer Your Corps, and there I witnessed many things, many things...many. In Thái Bình there are a lot of people affected by Agent Orange. That’s my homeland, my native place. Many, many people have been affected by that Agent Orange. It’s very toxic. Some families have four or five children—four children who can’t stand up. In my home town it’s like that. I go home and see that and I’m filled with hatred and outrage.

“I want to ask you.... You are a foreigner. Go ask the American government to compensate all the remaining children affected by Agent Orange, like my child here and the children in Thái Bình. They can’t be left like this. If they could only be compensated until they die....”

“We’re talking about the former leaders of America who sent the airplanes to drop bombs on Vietnam and to destroy Vietnam, so I’m asking you for compensation proportional to that destruction for all the families hurt by Agent Orange. Now these children sit scattered here and there...excreting their wastes right where they sit, having food put in their mouths. I have faced many—so many—difficulties. I tell you frankly I have carried my vegetables many times from very early morning until lunchtime at 11 o’clock and only made 4000 *Đông*. Then I come back and feed the children.... It’s unbearable. I’m speaking frankly with you so you will go ask the American government for compensation in proportion to the devastation, the destruction.

“Secondly, with our children affected like this, when will our country ever be able to be the equal of others? So, you go back and ask for compensation, because they weren’t forced to come, but brought their army to fight in Vietnam for no reason. Had our country done anything to make them strike us so?”

I tell her I have understood, and will relate what she has said.

The mother continues: “If we hadn’t had this child, then there’s no way we would be this miserable. We have been trying to earn money to take care of our children, but now we are exhausted. I’m 51 now, and my husband is 55. When will the day come when we will get some relief? We don’t want to beg, but we would like some support. If you are wounded, you get support—but like this, nothing.”

“So you—you come here and we are eager to request that you go back and ask your country, the American leaders, now nearly twenty some years later but they have still never said anything about this.”

“I don’t know about the American government,” I reply, “but I think the American people will understand and be moved.”

“Yes,” the mother concludes. “I tell you that the American people are like the Vietnamese people—they didn’t do anything to cause the fighting. The two peoples are alike, similar...there is no hatred between them at all. Those were the former leaders of America, not the current leaders. I tell you that’s how it is. Yes.”

As we prepare to leave, one of the Red Cross staff from Hà Nội points out that I have not taken a picture. I don’t want to make her afraid, I explain. Her parents say she will not be afraid—earlier it was just because there were so many of us, they say. They encourage me to take a picture while they sit beside her. She is much calmer, and when I thank her she responds with a look showing some comprehension, some connection.

By the time we leave it is too late to visit the other families we had planned to visit in the town that day, as the Hà Nội staff must make the trip back.

Kim Bông District

The following morning the vice-director of the provincial Red Cross and I travel several kilometers by bumpy road, past a cement factory, past the vibrant green of rice fields to the People’s Committee office in Khả Phong commune, which lies at the edge of jagged limestone hills that thrust up from the fields forming the spectacular complex of rivers, ravines, and caves of the Perfume Pagoda, a site thronged by tens of thousands of pilgrims near the start of each lunar new year season.

As usual, we start our visit to the village at the People’s Committee office, explaining our purpose and learning about the local situation. There we are joined by several people who are to accompany us on our three visits that morning: a representative

of the district level Red Cross, a representative of the commune level Red Cross, a man I believe to be from the Veterans Association, and two younger men I believe to be from security, though their purpose is not made clear to me. As we idle waiting to meet the head of the committee, who is a woman, the men ask me whether men and women are equal in the United States. We decide that the situations in Vietnam and America may be similar with respect to work and study, but that the husband in America does more housework than his counterpart in Vietnam. They ask me about March 8, International Women's Day. When I say there are no flowers, only speeches and protests, one man takes that as proof that Vietnamese women enjoy greater equality. Later he tells me that Vietnamese men spoil Vietnamese women. Talk returns to the morning's visits.

Second Visit

"I pray that my child may be made whole like other children, and [that people] will pay attention so that on this earth there will no longer be any children like this."

--father of a child thought to be suffering 3rd generation effects

I am told that the first family we visit that day is thought to be an example of Agent Orange continuing its harm across the generations, to the grandchildren. The grandfather was exposed to chemicals on the battlefields of Gia Lai in Tây Nguyên, in the south, and then died in the war in 1971, leaving two children, a boy born in 1967 and a girl in 1969. Both children developed leukemia. The girl died of the disease three or four years prior to our visit, after bearing her own child. Her brother, who also has one child, still suffers from leukemia as well as from an intensely itchy patch of skin on his neck.

In the next generation, both grandchildren have developmental problems. The grandmother describes one grandchild as "slow-witted and stupid;" the other, she says "...can't say a word, is doltish, just runs around aimlessly." The brother is the youngest

person I have interviewed, and seems a bit hesitant about what to say, though he does have a request: "I pray that my child may be made whole like other children, and [that people] will pay attention so that on this earth there will no longer be any children like this. Yes," he pauses; "yes. Find a way that all children will be healthy and happy, and not affected by any poison."

A member of our group probes what the young father thinks of as the cause of his family's health problems. "Do you think it's poisoning from Agent Orange," he asks. "Do you think it is the gods?"

"It's not the gods," the young father replies. The talk moves to his own father's deployment to the south, his return home on leave, and then his return to the front, where he lost his life immediately after his return. The family does not know how.

The man from our group turns talk to the responsibility of the American government. The young father says that it's hard for him to express his ideas about the American government, but agrees that they should take responsibility. The man from the group then turns to me. "So let me ask you," he begins. "Keeping in mind the situation of this family with people disabled like this, what do you think the responsibility of the American government will be? Do you think it has responsibility for this? Or for their economic hardships? Do you have any suggestions? Go ahead and give our opinion. Go ahead and speak."

The grandmother replies in my stead. "I have a suggestion for you. With the situation like this that America left behind, I think America must take responsibility for it, for the toxic chemicals and for the families like this, to help our families lessen their difficulties." Conversation then moves towards a description of those difficulties: the loss

of labor since someone must always be at home to mind the children, the need to borrow money for medical visits, the difficulty of getting from there to the hospitals and noted acupuncturist in Hà Nội, the loans of rice, the help getting started raising pigs and chickens. The loss is not only for the family, then, but for the community.

Third Visit

“And from last year to this year, we have not seen anything come of the requests we have made... we still haven’t seen it. Since this woman came here, I gave you my opinion that I’d like work to do, and for you to help me get a chair so I can go visit my brothers and sisters to make me happy... that’s all.”

--partially paralyzed man in his twenties

The next family we visit lives along the same road. As we go down the path to the main house, we are given a friendly greeting by the 30-year old son of the family, who is sitting in a small separate room that faces the main road, where he now and again pumps tires for a passing cyclist. An intelligent-appearing young man, his good looks and strong upper body at first eclipse the fact that his legs are spindles of skin and bones, unable to support him.

This house, like the first one we visited in this village, is made of lime-washed brick, but unlike the first it sits on a higher cement foundation that protects it from most normal flooding. The altar too is more elaborate: set in an alcove painted with prancing dragons and flanked by lacquered parallel sentences (*câu đối*), its brass incense burner and candlesticks suggest either relative wealth, or the father’s position of importance in the family lineage. Over the alcove hangs a lacquer painting of a scroll with characters that speak of brightness and virtue.

The father begins the conversation quite directly: “At that time the American imperialists were fighting on all the battlefields, and then Agent Orange and toxic

chemicals were sprayed on the forests, clearing out the whole region, and the branches of the trees were completely bare, denuded...completely burned. Then that's where we were assigned to carry out operations...The trees and vegetation of the mountain forests were greatly destroyed, and there was also a lot of destruction where people lived.

"I don't want to think about that story at all, but generally speaking, I just served in those operations to fulfill my duty. I can tell you that afterwards I was sick, my health declined a bit, and then my unit transferred me out for convalescence. That is, they sent me here, sent me north to convalesce."

We talk about his other children: his first son, who was born before he went to war, who is healthy; then his second son, who we have seen; and then later three others who were not affected. He explains that he took his son to the two best hospitals in Hà Nội, and to the traditional medicine doctor, and even to the military doctors in Region III, but no one could help. Though his son still has feeling in his legs, the father explains, he has no muscles—or rather, they are very, very small.

"What happened to my child is due to the war," he tells me. "We went to do our duty, to sum up, for the people and for the country. When we came back, we didn't have a thing, because those were the conditions then."

He tells us a mobility aid would be useful for his son, who now has to be carried by piggy-back everywhere he goes. He also talks about how his son has a very good mind, could run a small business. "Take that radio," he gives as an example, "if it is broken, he can fix it." But he can't go to vocational school, because he couldn't get there.

During our conversation the son has been brought in. When I ask if he has some thoughts to add, he replies: "What I'd like to say to you is this. I really don't want this,

but because this is my situation, I would like to ask each of you first of all for work to do. Secondly, I've seen that in this world, and in our society, there are other cases like myself, but they have means to get around. For example, if I want to go out on the street, or go to my grandparents, or go visit the families of my brothers and sisters around here to make it less sad, I can't. All I can do is go from up there (the room by the road where we first saw him) to here, and my father has to carry me—I can't get around on my own like all of you. So I would like to ask you for work, and for a way to get around, so that when I want to go out, just like anyone, I can do it myself, to relax my brain a little. I don't want to have to always be lying here, sitting here, visited by this or that man or woman who comes by for just a little. I want to go out a bit, but I can't."

"I think that even though you can't get around," I say, "you have overcome many difficulties, and you have my great respect. How do you think you were able to overcome them? Do you understand what I mean? Is it hard to understand my Vietnamese?"

"There are some things you say I can understand clearly," he answers, "and sometimes there are phrases I can't understand, and some phrases that aren't quite clear."

"My own idea is to ask on behalf of my son," the father adds. "As for respect, that's not needed, you see. Yes, in brief, we want you to find what my son can get to make it a little easier on the family. How will he be able to live here? We cannot live forever."

The mother, who has been sitting quietly the while, adds: "That is, we ask you all, when you go back—all of you who are paying attention to all the children—this is what I ask you. My husband and I are old now.... We have run looking for cures for him for many years.... I mean, we took him everywhere, but we are not able to go on forever, and

with him still like this.... You've paid attention to him, you've seen what his illness is like, so if you can arrange some work for him to do it will be good, and if I may say so, with this policy for the children, whatever small thing the child receives, our family will be happy for it."

"Let me put it to you this way," the father adds. "I am my son's representative. I ask for things for him, and this is my idea. I ask you about the spirit of the American imperialists who did this to us, propose that the American imperialists should compensate us, because we made a contribution to protecting our country. The thing is, as a family and a people we were unlucky, because we ourselves didn't want it to be that way, because our time at the front was a great hardship."

The son concludes: "And from last year to this year, we have not seen anything come of the requests we have made... we still haven't seen it. Since this woman came here, I gave you my opinion that I'd like work to do, and for you to help me get a chair so I can go visit my brothers and sisters to make me happy... that's all."

Fourth Visit

"Now I have only this request: What plan do you and the Vietnamese government have for the lives of our children, after we close our eyes and float downstream?"

--father of two disabled boys in their twenties who himself suffers from many illnesses

The third house we visit that morning is off a main village road, down a lane. A plain, unlacquered table and two benches sit at the center of the main room, beneath a small recess in the wall which holds a blue and white ceramic urn and three bowls of incense. Calendar pictures are hung at each side of the altar: to the left, the picture of a *bon sai* tree and some small tea pots; to the right, a landscape, a garden of red and yellow flowers that gives way to rolling green fields. Across a small cement court yard, the

family grows a few fruit trees, and the father tends two or three potted plants and an ornamental rock garden.

Once again, the father needs no prompting. “Let me start this way,” he begins. “I joined in September, 1965. On December 30, 1965, I went to Phong Điền, in Thừa Thiên. To Phong Điền district, in Thừa Thiên province.⁴ ...that place was a place we call Fairy’s Cave, or Heaven’s Gate, or Fairy’s Slope. It’s that place with those three names where I went, in Phong Điền – Thừa Thiên. I was at the air base in A Chau... a mountainous area.⁵ I know all about it... that’s where I was based, all of... yes, 8 months... in fact I starved for 8 days there, and then I was transferred to Đắc Lắc. I stayed in Đắc Lắc, in the Đắc Trung region of Đắc Trung district...on the road that goes from Đắc Tô-Tân Cảnh to Khan Dut. There my activities were around Pass 98. My work was only to destroy roads and bridges, and then I myself carried explosives to destroy a cement bridge on Route 14 to Đắc Tô – Tân Cảnh. I was there until November, 1970, when I broke my leg, and stayed in the infirmary six months. When February 1971 came, I was taken out to Thanh Hoá for convalescence and treatment, and then later, because of this leg, they sent me to Hà Nội. In fact, when I went, this leg was already coming along so-so, but then there were so many wounded soldiers so letting people out was the only solution, and I was demobilized. In February, 1971 I was demobilized back to my home village.

“Because of several commendations, they calculated I earned 9 years, so they wrote me down for a first class medal. So now the reality is that I have the medal, but

⁴ That is the district where Quảng Thọ is located, the village near Huế that is the focus of Chapter 3.

⁵ See especially the work of the Hatfield Group on current dioxin hot spots that remain in this valley. An anthropological study is currently being conducted there by Jacques Maitre, Nguyễn Đàm Thu, and Bernard Doray.

don't yet have any benefits. I broke this leg, and took a piece of a bullet in my chest and a piece of shrapnel in my thigh—though the shrapnel in my chest and leg have been removed—and the pressure from an exploding bomb made blood run out of my ears. I can hear only in flashes. If I listen a long time, then I can't hear. I'm suffering from the pressure of the bombs.”

“And it still affects you now?” I ask.

“Yes, still now. As for nervous disorders, I don't understand much, but, in short, I... (unclear) If I know ahead of time and lie down, then there's no problem. But if I don't know ahead and stand and sit, I drop to my knees and fall down, and it really hurts. It hurts, and all my wife and children can do is endure it—we don't know what to do.

“But I want you to know something. After I came back, I was 33 years old, that is, in '71—I came back in July 1971—and that's when I married her. I—so to speak, tried four times, and four times had miscarriages, got nothing. I was very pessimistic those four times. And then after taking so much traditional medicine—a lot!—we got these two boys here, these two boys here...useless, useless.” The two sons are now 25 and 27, with misshapen heads and slow minds. They can walk, however, and are able to feed themselves whatever is put before them.

“Now I'll tell you the truth, I tried to find a way out for my wife, but she wouldn't listen, she said her heart was faithful to me, So I tried again and had another child. That child could learn a couple of letters, but in the middle of study would have an attack and wander off, and the school would have to bring (him/her)⁶ back to the hospital and do this and that. It's so complicated. My youngest child is like that too, and I don't understand

⁶ The use of the third person here, *cháu*, refers to one's own child, not distinguishing gender.

why, except one thing—that I was in the battlefield in the south for 9 years.... I just think that, is all, I don't understand the reason either.

“I can't say for sure what it is, but let me say this so you will understand. And now we have the Party line and National policy, and that's all right—my family thanks all of you and the national policy of Vietnam. Now we are following that policy line. Actually, I don't understand things very well. But now my hope is this, here's my thinking: I have several children like this, and I myself don't know how to earn a living, what to live on. And later, if we die and the two boys are left, what will happen?”

“Now I have only this request: What plan do you and the Vietnamese government have for the lives of our children, after we close our eyes and float downstream? My idea is that I hope you and the country will pay attention to this problem, to take care of the children as their days decline. When they die, then that's all. That's my only wish.”

“Right now my wife has to shoulder all the responsibility. She has to take care of me and my two sons and so she is really exhausted. So I have an idea for you and the Vietnamese government, to send the boys to a camp for treatment, so that later they will be safe and it will be better for the country, and at the same time better for our family. And life will also be easier for those people who are affected by it to greater or lesser degrees.”

“So, with your permission, I'd like to say this,” the mother interjects. “Our families, the wives and children of those who went to fight the war, we'd like to ask America to see whether there can be some program to help the families whose children have suffered losses. In our family, these children can't help me do a thing—I alone have to be the support for these three victims.”

“You have to take responsibility for everyone.” I repeat.

“Tell her your story, tell her your story from the beginning,” the father urges.

“I ... got married in June 1971,” the mother begins. “I thought he went to war and came back, and was only wounded, was an invalid, is all. I had no idea he was affected by the war like this. I married and gave birth four times, and none of them lived. He told me, but I thought: no, he’s only wounded, is only an invalid, and so we prepared medicine and then gave birth to these two. And they were like this. We lived together as husband and wife, and I gave birth to these three, and that was also for the sake of the country, and because of the aftermath of war.

“Now I would like to ask, urgently ask, first of all Vietnam and then America, to help and support our family in finding a solution for the difficulties our children face. Right now I have to carry the weight of three victims by myself, and I am so very tired.

“I only ask the Vietnamese government, and the American government, to make some arrangements to help me and my children, victims left by war... to make it a little easier in some way. That’s my only wish.”

I ask the father if he works in the fields or can do any other work these days.

“I work in the fields, and dig for field crabs and catch snails⁷ to add to what the children eat,” he tells me. “I can’t do anything because I am so weak, and we lack the means to improve our economic situation... our situation is very difficult. From the first, right to this day, with our family’s situation, I just run every which way, digging for crabs and catching snails, and transplanting the commune’s fields in order to feed my children.”

⁷ A Vietnamese saying that refers to scratching out a living by whatever means possible, which may include literally digging for field crabs and catching snails.

When I then ask the mother if she works in the fields with her husband, she replies, “He can’t work. But he still goes to work in the fields, still has to work in the fields and hunt crabs and snails to feed the children. Just enough to feed himself. As for selling anything—to tell the truth, our family situation is so hard we have nothing to invest in order to start a business. Every year the commune, the Party, and the local administration express concern for the children, and on holidays they bring just a few gifts and cakes that are meant to encourage us.”

“Who comes?” I ask. “Is it the commune or who?”

“From the commune, it’s usually the Red Cross,” she replies, “and from the Party, it’s on memorial days that they bring gifts and things to give the children, to encourage and comfort the family.”

Another man explains, “The Red Cross works on that with the Party and the local government. For example, on July 27th ⁸ there are gifts, and on Têt. Just those two days are the main ones. And the people of the region also show their concern. The commune-level Red Cross and the people of the region also bring presents and show a little bit of concern, for moral support. Usually every year...”

“Forgive me, please,” I say, “but so that I can understand please help me (unclear)... how the family takes care of the children.”

“OK,” the mother begins. “You see, to take care of the children... I have to transplant rice in the fields to get food to feed them so they can eat like normal people. Usually in the morning I get them something to eat, and when they are done they stay home and I go to work. There are also times, I tell you the truth, when I come back

⁸ A national day to remember wounded veterans.

exhausted, and the children have run away, and at night I have to go look for them. Sometimes they are lying on the road, or in the forest. Sometimes I have to spend a week looking for them, then bring them back and calm them, and persuade them to stay at home, and to feed them. And then..."

"And so when you are in the fields, who is home?" I interrupt.

"When I go to the fields the children are home. There are many times I have to lock them in the house, and not let them go out. Only when I come back do I let them out to eat, and then wash and bathe them. Although they are this big now, from morning til lunchtime I'm doing their laundry for them. This big, and they still don't know how to wash. And when they eat, they don't know when they are full, or hungry. So you have to have them eat, and watch over everything down to the last detail.

"When they eat, you have to set the quantity, because when they eat they can't distinguish hungry from full. I mean, whatever quantity you give him to eat, he will eat it. Sometimes when he is done eating and he is too full, he doesn't know it, but just sits crying and complains. And then when he has a stomach ache, he says it's not a stomach ache but points to his tooth and complains it's his tooth. So he doesn't know how to distinguish hungry from full. If every day he eats three bowls of rice, then he takes three bowlfuls, eats them, and that's that. He doesn't know how to distinguish. They change their clothes every day, but they don't know how to wash them. I go out to work, and then when I come back I have to struggle to wash them, prepare all their meals, and then go out again. If I go a long way, then I have to close the door, and then when I come back, open the door and let them go out in a normal way."

"Can they speak?" I ask.

“They can speak,” she replies. If you ask them something, they answer, but they don’t speak on their own, or do anything else on their own. They don’t know how. For example, if you ask if they have eaten, they know they have eaten, or, if they haven’t yet, then they say they haven’t yet.”

“When they were born, were they normal?” I ask.

“I’ll tell you, when they were born, they were already [.....]. This child only learned to walk when he was eight, and only learned to sit when he was three or four. That’s right—these two children just lay side by side. People who came in said they looked like twins. I had to spoon feed them rice, spoon feed them porridge.

“In the past, I also had my old mother, the mother of my husband, who was at home and would cook cassava porridge and feed them; at each meal she would feed them. Whenever I would come back from work, I would feed them again. The two boys would lie there, and the old woman would scoop food for them. This boy was nearly 10, and that one 8, before they knew how to stand up, take a few halting steps, and walk. That is, it’s not like if you let the boys out, they knew how to walk, like the rest of us. And there were nights... there were nights... there were many nights the children had diarrhea.”

“And I tell you in the past we worked for points, and there wasn’t enough to eat, so then we had to go to the forests and the marshes to feed the children, and when we came back the children would be like this again, and restless during the night. So I would get up to take care of them, and give them a sponge bath. When I think of it, I feel very sorry for myself. It’s right that he went for the country and the people... I myself, when I think about it, I lament my lot. Many times my situation seems so miserable. Before,

when my husband's mother was still alive, all by myself I had 8 or 9 mouths to feed-- he couldn't eat anything. I went to the forests and the marshes, and then I had to go work for points."

"What do you think would be useful for the children?" I ask softly.

"Yes, now I just want to ask America and the Vietnamese government to help my family, so we can have an easier way of life. Right now I'm all alone, already old, in weak health, with very many diseases, but I have to take care of three patients like this—I am so tired."

"How old are you?" I ask. By this point we are both in tears.

"Fifty-six." That is roughly my own age.

"And you also have a lot of diseases?"

"Yes, I'm also sick a lot now. I have problems with my nerves—I'm dizzy a lot, I have a gnawing pain throughout my body. All because of that nervous disorder, I'm very dizzy. Many times when I go work out in the fields I slump down on the banks and the young people pull me up to the edge of the field and after I regain consciousness, I crawl back. Because my family situation is like this, I still have to try to give it my all."

We have all grown very quiet, and the next three exchanges between the father, the mother, and myself are inaudible.

Finally I manage, "You live here with your husband, and children, and who else?"

"We just live here with our children, that's all. Before, my husband's mother lived here, but she died many years ago. She lived until she was 90. I tell you frankly, coming back to look after a husband like this, and children like this, and then take care of my mother-in-law as well, so when you think about it, everything was hard, it was extremely

hard to make ends meet. And it's still hard now—the government doesn't give us a contract now, we have to work by points.

“Think about it—with children like this and an elderly woman lying here. Sometimes I'd come back to the house very hungry, terribly hungry, and I couldn't even eat water spinach (*rau muống*). The government and this region can only help with part of it is all, they can't do everything. So I am exhausted, because I have to try with all my heart. At my age, other people are still healthy, while I am now very weak, with many illnesses, but I still have to try because he can't work. If he goes to work, his nervous problems increase. Once he fell into a pond, into a drain ditch, and the young people had to pull him out and wash him off and bring him back.

“So you see... if I have even a little strength, I have to try my hardest, I must try. I can't rely on anyone else at all. The local administration only has... it's like every year they have only a little—a few gifts, a few cakes, and they come to encourage and comfort us. They can't do everything. And I have one more child, who works at the plant, and who helps us financially. When ever he is tired, he takes time off. Right now he has gone for emergency treatment....

“Now my only request to the government is... Now, with my husband sick like this, I ask the American government to pay attention to helping his children, and to helping me with making a living, to ease the hardship, because I am already old, and so my most pressing wish is only that. So we can lessen our self-pity we need the concern of the government, both the Vietnamese government and the American government towards people who have been the victims of war.

“Have the women around here been helpful to you?” I ask.

“No,” she replies.

“No,” the father repeats. We’ve had to do the whole job of feeding our children.”

“And this house...?” I ask.

“This house was built and given to us by my father; we two could never have done it. All we did was, last year we fixed the roof, the upper story. This lower story was left to me by my father. Yes...yes. The father who gave me life saw that in our situation, we couldn’t do it, so he helped by giving us the first floor of this house, and the upper floor of this house was built in 1997. I worked in the forest to open up virgin land up [at the Bút Sơn cement factory’s mine], at the mine that the factory was exploiting, was reclaiming. They paid me to break the ground, and they paid for planting trees and shrubs, and so when I came back I could fix up the house.”

It is time to leave, time for lunch. Before I go, I take a pictures. The father seems happy to have one taken with his rock garden.

Lunch at the People’s Committee

Lunch is back at the People’s Committee office. It is a hearty spread of several meat dishes, with lots of rice wine to wash it down. I am a disappointment to the Committee chair, who challenges me to *trăm phần trăm* (“bottoms up”, or literally, “one hundred percent”). I take refuge in being a woman, and pour my wine into my neighbors’ cups. The chair is also a woman, but she takes the opposite approach: if the American won’t accept the challenge, then drink the men under the table, which she proceeds to do, handily. Red faces shine, and by the time she is still left standing strong many of the men are pleading with her to stop. When we have eaten and drunk our fill, we leave the mess we have made and go to another room to sit around another long table for tea. The walls

of this room are hung with certificates of merit for the village and with large-scale newspaper photos of anti-aircraft artillery, and of a captured pilot. A drawing of Hồ Chí Minh hangs near the ceiling. After a time I excuse myself to go out to the courtyard, where I admire the beauty of the karst mountains just beyond the rice fields. The aesthetics of the view are marred, perhaps, by a loudspeaker on a tall pole (the “village radio”) and an electric wire that stretches as far as the eye can see, but that wire can also be seen as a point of village pride, that it is now electrified. I admire as well the solid three-door welcoming gate made of white-washed brick, festooned with red flags and white flags, and decorated with red and black symbols of the Socialist Republic of Vietnam and with what I take to be Taoist symbols of yin and yang (*âm-dương* in Vietnamese). The ubiquitous words of Hồ Chí Minh are painted in large red letters across the span of the central portal: “There is nothing more precious than independence and freedom” (*Không có gì quý hơn độc lập tự do*). A large bomb casing hangs suspended from a sturdy tree. I recall the words of a colleague at the school where I once taught in Hà Nội: “In the past, when I heard the sound of the bomb I would be afraid, but now it makes me happy, for it means classes are over.”

The whole group comes out for a picture on the front steps, between the flagpoles that display the flags of the party and the state, and then it is time for a rest. I say good-by to my hosts in Khả Phong village and am taken to the Red Cross office in the district capital to rest.

Kim Bảng district leads the province in collecting money (or is it members—my notes are not clear) for the Red Cross. When I ask the head of the district Red Cross there if sometimes people get tired of seeing him come to ask for donations, he laughs and says

they don't get tired because for them it is just a little bit, but he gets tired of going to ask. Photo exhibits at the office show the fruits of his labors: one campaign to replace thatched houses, and another to support the victims of Agent Orange. There are thought to be 658 people in that district affected by Agent Orange, of which 311 are children.

That afternoon we visit two homes in another commune (xã) of Kim Bảng district, two visits that contrast sharply with each other. We travel several kilometers by motorbike from the Red Cross district offices to the communal meeting hall. The cold morning mist has given way to warm sun, and the dark hall provides welcome shade. A bust of Hồ Chí Minh sits at the back of a stage at one end of the large room. A vase is placed before the statue, and two of his quotations provide a frame like parallel sentences of old. A pot of *thuốc lào* (a water pipe with local tobacco) sits on the table where we gather. Out in the courtyard a badminton game is in progress. Our meeting here is short and less formal. After tea and brief introductions, we continue by motorbike through the village and down a narrow lane just big enough for two bicycles to pass each other carefully.

Fifth Visit

"We want to raise the subject of the pain of a soldier's family.... There has never yet been an aftermath of war like this, and the party that caused them must bear the consequences..."

--head of the family clan, father of deaf children

The first house we visit that afternoon is freshly painted, beautifully decorated, and well kept. It is the father's by inheritance as head of the extended family. Its triple-tiered wooden roof-beams are carved and decorated, its altar inlaid and laden with incense, large urns, and artificial flowers and fruit. The altar is flanked by pillars that bear lacquered panels with Chinese inscriptions (or perhaps they are *nôm*, the old Vietnamese

characters). A third panel is attached to the wall high above the altar, just below the ceiling. Several framed awards are hung at one end of the room. Outside, a low wall separates the courtyard from an area of flourishing fruit trees and *bon sai*, neatly stacked rice straw, and a freshly painted altar house that is decorated in ceramic lotus buds and Chinese characters.

The father was in the south from 1974 to 1979, fighting first at Khe Sanh in Quảng Trị province, and then at Sơn Trà in Quảng Nam Đà Nẵng. Khe Sanh is a still-largely denuded site along the Hồ Chí Minh trail, one of many places of particularly fierce fighting. It was one main point where the Americans tried to stop the DRV troops from entering the south, a guide there tells me. People in the region refer to it as the Valley of Death. It was heavily sprayed with chemicals. The air base at Đà Nẵng was a major storage area for chemicals, and to this day hot spots and caches of buried chemicals continue to be uncovered. The father speaks of finding barrels on the battlefield, both scattered on the top and buried under the ground, barrels that gave off "...a yellowish substance, like smoke wafting," he explained. "It was a little peppery. It rose to your eyes, [and they would be] stung by it. When a barrel was broken open, it stung your eyes to death, and your tears ran down....it stung your eyes like crazy. You couldn't see.

"People who came in contact with the chemicals... got dizzy," the father explains.

"Dizzy, or had headaches."

"Did some faint?" I ask.

"They didn't faint," he replies, "but they got dizzy and confused, a little foggy."

"I see," I respond. "... and did that last a long time?"

“Yes,” he tells me. “Sometimes it still comes back, like when the weather changes. When the weather is humid, [we] often suffer from it.”

“So you still suffer from it now?” I ask.

“Yes,” he says, “now we still suffer from it, now we still suffer.”

“And when that happens, is there anything to be done for it?” I ask.

“Just water,” he replies. “... water... water, put water under the eyelids to open the eyes, and blink.”

His four children were all born after the war, in 1981, 1983, 1986, and 1990. All but the one born in 1986 are deaf and mute. They have headaches and in the middle of the night they often cry out deliriously, he tells us. At night they often complain. The father talks about an episode in which one of them was better for a whole week, and another episode in which one was shaking like someone who had lost his equilibrium, or who was dehydrated; he had to be given water and protein intravenously. During that time someone from the Veterans Association would come once a week to be sure he was taking [his medicine, or the injections].⁹ After he took them he felt normal, but his body still shook, and he often had headaches and would shake. It has been two years, someone else interjects, but the medicine is not working—it still happens now. The story of his family has been written up in the army newspaper.

When I ask if he has other friends who have children who have been affected, the father mentions other people in Kim Bàng district: a woman who joined the army and went to fight at the front, and other men whose children are paralyzed from birth. He also

⁹ The tape here is unclear in places.

mentions two men “down at the lake” who got married but were not able to father children.¹⁰

The children enter the room. “Here... this is my oldest child,” the father says, “this is the second, this the third, and the fourth is here. These one, two, three children are suffering from toxic chemicals, and only this one is sharp, can speak and hear. When we had two children like this, everyone encouraged us to have more—but they are still the same,” he explains. “We want to raise the subject of the pain of a soldier’s family.”

“Can they work?” I ask.

“As for work, they are ok—that is, if there is someone with them, they can work, but on their own they can’t work,” the father replies. “That is, someone has to guide them. They can’t go by themselves, can’t work by themselves.”

“Please have some tea,” he offers a person who has just arrived. Throughout our conversation people have been dropping in and out of the house, and once or twice the father has excused himself to go talk for a few minutes with a visitor. Guests are offered tea and cigarettes.

The father tells us he himself works in the fields, cultivates paddy rice.

“Come back some time and learn how to grow rice,” someone invites me, taking the conversation in a lighter direction..

“I’d like to,” I say. “At home I plant squash and tomatoes...I know how to do that.”

“In America they plant tomatoes and potatoes,” someone offers.

¹⁰ One of the effects of dioxin is to lower the sperm count.

Talk returns to his children's headaches, and stomach aches, and moves to how to get medicine. "You have to go buy it at the district," the father explains. It takes half a day to get there, five hours."

I ask if his family has received any help.

"Not with the family economy," he answers. "But the district and commune levels of the Red Cross and the Veterans Association sometimes help, but no other organization. When we're sick, it's mainly the family... the family's the main thing."

"Not the Veterans, or the Women's Union, or the Party?" I ask.

"No!" he says. "The Party and the local authorities come to visit and see how we are."

Thinking it is time to go, I ask: "Is there anything else you would like to say to people who are not here, anything you would like me to write for Americans to read, or anything to ask?"

"Our family asks that our children can get some compensation as a result of the war, so they can learn a trade and be able to work," he begins. "They're at home now, idle, playing, with no work to do, and their illness can't be cured... and medicine is expensive. [Unclear] money for things every year, headaches and things, sick and in pain every year—our family has to spend money running every which way trying to cure the children. We ask, since the war left these consequences... we ask America to take responsibility towards the children, that is, those who are still alive. The family, with the country, has already borne the extent of the damages. There has never yet been an aftermath of war like this, and the party that caused them must bear the consequences, so the government must take action, compensate the children in some way..."

“What work do you think would be appropriate for them?” I ask.

“Work for each child to learn. That is, to find a job to feed himself, feed himself to ease the strain on his mother and father. That is, he has to be able to earn money and feed himself in order to ease our worry, our care. That’s it.”

“What sort of work is there to do around here?” I ask.

“Around here there isn’t any yet, not yet,” the father replies.

“Have you some thoughts on what work they could learn?” I ask.

“In general,” the father replies, “that’s up to the nation’s possibilities. If Vietnam has something in this province, then the children can learn that. [I don’t know] what trade to choose, that’s up to the upper levels to make arrangements to give the children work. That’s all. And secondly, to give a monthly subsidy for medicine.”

“Is there anything else?” I inquire.

“In general... they are like this, the consequences of war gave birth to them like this, and America must bear the responsibility, that’s all. Compensate in some way that is worthy of human beings.”

As a woman enters the room, the father turns to her: “If you want to participate, then go ahead.” It is the mother of the children.

“For a mother to see these children, it is very sad,” she tells me.

“In the past, taking care of the sick children was really miserable,” the father adds.

Conversation tapers off, and the father calls the children for a picture. While the children gather and put on clean shirts for the picture, talk turns to hearing aids that a

doctor advised them to buy. They sit in the cabinet, not yet proven useful. The family communicates by talking with their hands.

I ask if there is a school for the deaf in Hà Nam.

“No,” says the father. “Here they teach Vietnamese. They only have such a school in Hà Nội. When America gives Hà Nam a school, then we’ll have one.”

“Good idea,” I reply.

As we get up, I remark on the beauty of the house, and the father reads the characters on the panels: “future generations, ancestors, accumulate merit (practice charity), posterity.”

“Translate it into Vietnamese,” a man asks.

“In Vietnamese it means, ‘Before, the ancestors lived virtuously, and they were blessed. Now the question for the children and grandchildren is talent and intelligence to follow the ancestors’,” he translates. “That is, ‘When you drink the water, remember the source’ (*uống nước, nhớ nguồn*),” he adds, translating it into a common Vietnamese proverb.

“And those three characters?” I ask, pointing to the ones over the altar.

“Pay respect, ancestors, way,” he replies. “That’s [for] the head of the lineage, the head of a branch.”

We take pictures. “In Hà Nội, as soon as you take the picture, you get the photo right away,” someone observes. “It’s an American camera—beautiful! As soon as you take it, the picture comes out.” I explain that my camera is not like that, but promise I will send them pictures.

“Do you have anything else to ask?” a man in our delegation asks me. “If not, let’s go to the second house.”

I don’t have anything else to ask, and so we give our thanks and a small gift of cookies, sugar, and tinned milk, along with a small amount of money.

“Thank you, family!” a man calls out.

When I say good-by to the mother, she leaves me with the common Vietnamese invitation: “When you’re free, come back and visit.”

Sixth Visit

“There’s nothing that can be done now, we just need support is all. Some money to raise pigs and chickens is all.”

--father of girl with hands and feet that “can’t do a thing”

The second house is only a short distance from the first. The arrival of our caravan of motorbikes noisily fills the bare, cement courtyard, sending children and chickens flying. On one side of the small open space sits a low building roofed in corrugated metal; a pig sty perhaps, or a chicken coop. A few bundles of reeds are propped along the walls; loose reeds lie scattered on the ground. The low, dark house sits at the back of the courtyard, facing the street. We enter and sit on benches with the father, at a plain table, in front of a large plain wooden cupboard that serves as an altar. The mother and other women and children sit on a mat on the floor, behind me to my left. An older woman sits on a plank bed. At the start of our conversation, the daughter sits on the courtyard floor, working on the reeds with a big knife.

The father was a soldier in the south for five years, starting in 1975. “I went straight down to Biên Hoà, was stationed right in Biên Hoà. [Drank] the water of the Đồng Nai river. After we were there two months it was liberated.” From Biên Hoà he

went to Vientiane, in Laos. He spoke of the dead trees he saw, dead trees and dead grass, and places where trees couldn't grow back. In the five years he was there, he said, the trees remained dead, dead white. They did not recover at all. He lived right there, in military barracks made out of long thin bamboo (*núa*) and leaves and fatter bamboo (*tre*). Then he was young, he says, sometimes strong and sometimes suffering from malaria. His health has only grown weaker recently, he reported. Now he just sits around doing nothing.

He has five children. It is only his third child, a daughter born in 1979 after he had come home on leave from the south, who has been affected. "That's the victim," he says. "She is the victim." The two children born before he went south are normal, as are the two born later. The girl was born with hands and feet that "can't do a thing", the father explains. "She cried all the time, every day she cried so much... My child was sick, was born poor and needy, hungry the year round. We borrowed all we could from the Women's Union, and then we went to borrow from [unclear]. We were so poor. My family is sick and weak and very needy."

At one point her mother grabs the girl's withered hand and thrusts it out to me, begging forcefully: "*Cháu xin một chút quà* (my daughter asks for a small gift)," she says. The girl by turns cries and then laughs in seeming embarrassment. The others in the room rebuke the mother sharply.

A man from our group explains: "The family faces so many difficulties. There is only one person who can work. This man's wife has to do everything by herself. It's very hard. You sell a few grains of rice and it's finished. That's the way it is in the countryside. Do you get any government support?" he asks the family. No, they answer.

“She will go back to America and write to let America know how the war was,” the man explains, indicating me. “So do you have anything to request?”

“I ask the American side to arrange some way to support our families, our family economy (*kinh tế gia đình*), that’s all. There’s nothing that can be done now, we just need support is all. Some money to raise pigs and chickens is all.”

The man asks the mother the same question.

“My family is very complicated (*phức tạp*),” she replies. “In the conditions we have faced after the war brought these consequences, the mothers and children are hard up, and want help. There are families that are short of manpower, suffer handicaps, are poisoned by Agent Orange, and families that have increased their standard of living. We are very backward. I ask America to assist those families. I request that America help the families with handicapped children... that’s my opinion.”

The man turns to an old woman who has been observing. “And do you want to request anything?”

“When I heard you were coming here, I thought I would ask you to help the family... because we are very poor,” she replies. “We don’t have enough to eat and drink, there is only one person to work the fields, so the work is divided over many days because there aren’t enough workers. I ask the American people to find a way to give each family a little to help the family, because this child was hurt by Agent Orange when her father was a soldier.”

The man asks the daughter how old she is. Twenty-three, she replies.

“She’s already 23,” her mother¹¹ observes. “By now she should have a family, a child, but now she still has to depend on the family. Her mother and father are old, and have to take medicine. A little more and we’ll be sick, dead and gone. I ask you to go back over there and help the families that are like this. When children grow up, they should ease the burden on their parents, but now she is sick, and with her hands and feet like this, her parents have to take care of her. Twenty three years old already, that’s a loss in every possible way. We can’t rely on our child but have to take care of her. I ask you to go back over there and reflect the wishes of the families like this. No one wants a child like this, but he was a soldier.”

“So, these are our requests for when you go back to America,” the father continues. “The first thing is economic support for the families; that’s the first thing. The American side has to take responsibility to compensate these children. Because they had Agent Orange. Her hands and feet can’t do a thing. Now it’s completely the responsibility of that side.”

I ask if anyone in the delegation has more to ask or add. No one does. We thank the family, pack our things, and leave.

Back at the guest house I eat a simple meal and write some notes. The mix of impressions and emotions from the visits is both galvanizing and exhausting, paralyzing, numbing, calling forth both a passionate engagement to make these stories known, and a desire to deny, to bury my head and try to unsee what I have seen. I understand then, I think, some of the reasons for denial.

¹¹ Or perhaps it is her father. It is hard to distinguish at this point in the tape, but the manner of this comment seems to be more that of the mother than the father.

Duy Tiên District

The next morning our day begins as usual at 7:30. Today the plan is to visit four families in the near-by district of Duy Tiên, which lies along the main north-south National Highway 1, in the direction of Hà Nội. Our group includes a man from the Duy Tiên district Red Cross, a man from the Red Cross of Hoàng Đông commune, the head of the district, and a man from the district Veterans' Association.

Seventh Visit

"When it's a victim of Agent Orange, there is no way to heal them, and you can't find a specific cause."

--father who has exhausted his means searching for a cure for his son

To reach the first house in Duy Tiên we leave Highway 1 and drop down the embankment, across the railroad tracks into Ngọc Động village (*thôn*). The street is lined with houses and small shops. We stop our cavalcade of motorcycles just beyond one shop. Through a gate in a high brick wall that borders the street, we enter a courtyard, go up a few steps, pass some chickens and a small side house that stretches along one wall of the courtyard, and climb a few more steps to the large central room of the main house. Basket weaving materials—piles of long dried grasses from the mountains and a table saw--take up much of the floor space. A long wooden altar is fixed high up on the central wall, above a table that holds water pitchers and a tea set. Perpendicular to that table is a lower table with chairs placed on either side, where the father and I sit facing each other. A married daughter sits on a plank bed in one corner, weaving. The crippled son sits on a bed in another corner, observing our conversation. The mother comes and goes. I am struck by the father's quiet, composed, thoughtful manner. It is his village, the village where he was born, where his roots are, he tells me.

“Our life... our life is just average,” he tells me. “We aren’t rich and we aren’t poor. You can say we have enough to eat, is all... never the least surplus, because my son is like this, we’ve never had any surplus at all to save.”

He begins our conversation by talking about his son, who was born in 1974. In 1985 started having pains, for which he was treated with “injection after injection,” the father explains, “but the illness kept getting worse. I have to say we tried to cure him in very many ways, with western medicine. When we talk about treating this illness, it’s with western medicine. Then after, as his bones degenerated, I was afraid...

Later, when western medicine was no help, we tried Vietnamese medicine. More or less everywhere I went, I’d sit and talk with friends or neighbors and explain his illness and someone would introduce me to this healer or that one. They all came—we weren’t afraid of any, and we didn’t know if this one was good at healing or could cure him or not but they still prepared their medicine. Whatever healer came would prepare his medicine. We went to the four corners of the earth, went everywhere.”

“Can you give some examples?” I ask.

“So many,” he replies, “including the ethnic minorities in Lai Châu and Hoà Bình. He went to Hoà Bình and stayed there a month, but even that couldn’t cure him. And little by little he got worse. His legs—both his knees were completely swollen. They swelled up big, swelled up big. So when we finished going to one healer, we would go to another, but he didn’t get any better, it just got worse, until in 1995 he lay paralyzed on the bed for a year and could not walk. Whenever you would bump into him, he would cry out in pain.

“Afterwards it was both hips, and then his backbone. If he got out of bed to sit, I would have to take my two hands to help his legs and lower him very slowly. If I let him down too hard, he would cry out, cry out in pain.... So that was 1995. In 1996 we took the treatment of a man over by a place called Châu Giang, in Dam Boi village... Mr. Dũng, the son of Mr. Lang Tiên. They told us about him, and so we went and he treated him for two months. At the end of two months my son could stand a little. Yes, that’s right, it was two months,” he muses.

“My son still couldn’t walk, it only lessened the pain is all. From that time til now, my son has had pain on these two sides, pain in the spinal column, and both his thighs are completely atrophied, shrunken so small.”

“But he has less pain?” I seek to clarify.

“Yes,” the father answers, “but he is still in pain, and whenever it is cold, it’s very painful.”

“As for his intelligence, it’s still normal, still quick,” the father explains, saying he had gone to school through the 7th grade. “His only difficulty is in walking. And the pain... And then, his legs are now contracted like this, bent at right angles. They are contracted and he can’t straighten them.... He can’t straighten them.”

The father expands on the first treatment. “He was in Hà Nội. There was a doctor who had graduated in France. Every day his medicine cost 40,000 VND.... That doctor treated him, and then after he treated him for over a month and saw the disease didn’t change, he [gave up] and didn’t come any more. That is, we were staying in Hà Nội, and after work he would come and give my son injections. After more than a month he saw

the disease wasn't changing, and he gave up, because it wasn't getting better. And then my son's illness kept getting worse, it didn't stop."

"Have you known any other families with children like this?" I ask.

"No," he replies, "only my son." But on further reflection he adds, "I have been to 5 hospitals and I did meet a man... He also had a child something like this... That boy also [started (his problems?) in the fourth grade]."

"And did the doctors say anything about the cause?" I ask.

"Well, I'll tell you, in 1971, after 1970... '71 I went to Quảng Trị, to Nam Đông. I was there about 2 years," he replies. He had served during the war in the mountains of Quảng Trị, living in tunnels in the forests, he explains. The four children born before this son are all normal, two boys and two girls. Though he had become a soldier in 1965, he had been stationed in the north when his first four children were born. It is only this child, born after the father's service in the south, who has problems.

Like many in this village, the family lives by a combination of farming and weaving—rattan and bamboo weaving (*mây giang đan*). Before his illness, the father explains, his son used to do it, but after his illness started, he was sad and didn't want to touch anything. Now he doesn't do a thing, the father tells me.

"I don't know what else to ask," I say. "Or you could ask me ..."

"This is what I'd like to tell you," he replies. "Now, our family has treated the boy with many kinds of medicine, so now we'd like to ask if you know my son's disease, my family would like to—because my son is still young—we would like to find some way to cure him, to have him healthy like everyone else, in order to help with the future of the family, starting with himself. He is still young, and seeing him lying there like that, our

family sometimes thinks about it until our heads ache. Because with a child like that, you can go to work and then, when you come back and see him like that, [you] still feel a little sorry for yourself... And you hope he will get well. Whoever knows of some medicine, we buy it, bring it back and treat him, but there is still no result. Yes, we hope you will try to find a way to help treat our son, to cure him.”

“I have to say I’m not a doctor or a healer who can treat,” I explain as gently as I can, pained that I am not.

“Yes, I see,” the father replies.

“Is there anything you would like to add?” I ask, turning to the mother.

“No, I just want to ask for something for my child because it’s very sad that he is suffering like this. Now I just ask you all to help him so he can be as healthy as you or me. And I am also so sad, my head aches so much. Thinking about my son is very hard. Right now I’m well, but a few years ago, when he was so weak, I wasn’t able to eat, I was just always thinking about my child. Seeing a human being like that, your own son, makes you sad.”

“Are there neighbors who show sympathy for you?” I ask.

“Yes,” she answers, “every woman I talk to helps me, but just by talking. They say well then, my son is like this, so I shouldn’t think about it, for my own sake. And they(?) try to cure him and encourage me not to think about it too much, that all the treatments have little effect. My friends just help me this way, is all.

“He fell ill with this several years ago, and when it was just starting my husband was away because he was still in the military, so then my son was at home with it just starting and our family was in very hard circumstances, we had no way of going to find

treatment for him. Afterwards, when I retired and could go look for treatment, it had no effect at all. We even brought the doctor right here to treat him every day, but there still was no effect.”

A man from our group asks the sister if she wants to say anything. She declines.

“Would you like to say something?” I ask the boy.

“I just hope that somehow there can be a way to help me cure this illness, that’s all I hope for,” he replies. “Then I could walk and help my family.”

“If there is anything you would like to do, go ahead and say it,” I encourage him as he hesitates.

“I want to say it’s health—health to go learn electronics so I can come back and earn money, and do daily activities,” he elaborates.

A man in our group turns to the father. “When you took him for treatment did a doctor ever say what was wrong with his legs?”

“It was rheumatism, natural causes,” the father explains, “because he got a cold that developed into this illness. In the beginning it was only a little, just pain in his two knees.” He elaborates on what he had told us earlier: “We gave him injections, whenever he was in pain we gave him injections—not all the time. Gradually it got worse and worse... didn’t improve a bit. So then we asked a healer from the mountains to come here and live in the house several months to treat him with massage and all sorts of things but in the end it didn’t work. Up in Lai Châu and Hoà Bình—we went everywhere. Whoever told us about a good healer—we’d go to see them all.”

The man who has asked the question is thinking further about causes. “The cause of the illness is not clear at all,” he muses. “If it were joints [arthritis/rheumatism] then it would respond to treatment, but the cause of this problem is not clear.”

“That’s why, when we treat him, it doesn’t get better,” the father remarks. “It’s like many of those victims of Agent Orange, like you’ll see later.... The children suffer complaints, and this healer says one thing, and that one says another. When it’s a victim of Agent Orange, there is no way to heal them, and you can’t find a specific cause.

“But this boy of ours used to be able to walk normally,” the mother observes. “And the older he got, the less he could walk. Agent Orange remains and sometimes it’s only 18 years later that the disease develops. There are people that fall ill only some decades later. There are some cases where it manifests itself right at birth, affects the brain, and other cases where it appears one or two years after birth. In some children it’s a little slower, and only appears at five to seven years. When the child is small, he is normal, can study in grades one or two. But come grade three or four, the illness appears and develops.”

“That is the case of families I have visited,” I respond.

Talk goes on for a while, recalling the attempts by the doctor who was trained in France to diagnose the disease from fluids he had aspirated from the boy, and how nothing had worked.

I ask if many people have come to visit. The father says there have been a lot. The neighbors come and ask if he’s better yet, if the illness is cured yet, he says. As for organizations, he tells us that the “provincial level” came a year or so ago. In addition, he

says, "We are the object of the commune's concern... they usually come to visit one time a year, at Tết. They come to visit us and the boy."

When I ask whether the Women's Union has come, he tells me that in general the other organizations coordinate with the Red Cross.

When I thank the father as we prepare to leave, he too offers his thanks to all of us, and directs us to give the small gifts we are bringing directly to the boy.

Eighth Visit

"When they had their first child, it was deformed, and it died—right away. So he didn't have any more children, but waited for eight years to have another child. So eight years later he had another child, and that child was normal, because that dioxin has a half life process—six or eight years later it has disintegrated the first step, so as we calculate, by 1995 the men who were poisoned in the south the most heavily by Agent Orange still have dioxin in their bodies at the same level as people in industrialized countries—they are normal to that degree. So that guy, when he had the next child, there was nothing wrong."

--father of paralyzed boy who loves music

To reach the second house we wind through the brick-paved village, across a stretch of planted fields, then up the bank of the dike to follow a broad stretch of the Nhuệ river for a ways before parking our motorcycles on the top of the dike and turning down a short broad path paved with stones to reach a cement house. The house sits at right angles to the embankment, facing an open cement courtyard where chickens peck for food. Across the courtyard is a garden with several fruit trees. The house is furnished with a glass-front wooden credenza that serves as an altar, and with a set of lacquer and rattan arm chairs that sit opposite each other across a glass-topped coffee table.

The twenty-one year old son of this family was born in 1979, crippled, with twisted limbs. When his parents took him to three hospitals in Hà Nội—the Swedish Children's Hospital, Bạch Mai, and the Institute for Eastern medicine—they were told

there was no cure. Now he has lost his sight as well, and just the year before our visit he lost his ability to sit up. Then the family had asked for a wheel chair to help move him from place to place, but the response was slow, and now he can only lie on the bed. He can hear and speak, however, and likes to listen to the radio. When I ask him if he likes traditional or modern music, he tells me he prefers modern.

Only the father is at home. His wife is in the fields, his youngest daughter is at school, though she is rather slow-witted, the father tells us. Their oldest child, born in 1976, is married. The father describes her as not very bright.

Much of the talk during this visit is about the southern battlefield, with the men of our delegation adding their own experiences to those of the father. "So, let me tell it this way," the father begins. "It was in 1968 that I joined the army. We crossed the Trường Sơn,¹² it took us three months and 12 days to cross the Trường Sơn jungle, and the spray of toxic chemicals, the toxic chemicals they sprayed in the jungle killed all the vegetation. It took us three months to cross that region, and then we went to the front.... That is, we went to Tây Ninh, Bình Long. That's where we were assigned. We went on missions in Bình Long and Bình Phước—those two provinces were the main ones. And then we even went—after that we also went to Cambodia. So, there was a lot of time in the south. That's what I want to tell you. When I was in the Trường Sơn they sprayed toxic chemicals and all the vegetation died; we went across that region a lot, lived there, and then went to the front in the south—that is, lived there eight years, seven years. Seven years right there, and then after peace came, we went to Sài Gòn.... At the first it

¹² Went down the Hồ Chí Minh Trail.

was all forest and mountains, only forests and mountains, that's all. And then after peace we went to stay in Sài Gòn. That's a preliminary idea, so you can know how it was."

"I'd like to ask you to describe it a little, because I was never there," I say, "so I don't know. You say it was all sprayed by toxic chemicals—what did you see?"

"All the trees and plants were dead, all the vegetation was completely dead... like it was a void, like there was no life left, nothing at all left—that is, there were several hundred trees, a large number, not just a few, by any means. The whole Trường Sơn range—they sprayed it and it all died, and then we had to go across that region, eat there, drink, carry out our activities."

"Yes," I say. "And the other soldiers with you—do you know of other people who were affected? I don't know if you are still in touch with them...?"

"There are still a few left who were soldiers there—for example, Doanh, the son of Mr. Thiệu was there too, but, like Hoè, the son of Mrs. Phúc, those other men have all gone away to work. They aren't at home."

A man from our delegation explains my meaning: "There's another idea she is asking—she wants to know if there were any people who went with you who suffered like this."

"In that region, there wasn't any one," the father replies. "In that region, there wasn't anyone," he repeats. "But as for other places, I don't know. Sometimes many men were in many different units, so I couldn't know if they were also like this."

When I ask if he has had much help from people in the area, he says yes, he has had a little from the Red Cross recently, starting in 1998.

“So things have gotten a little better, compared to before,” I ask.

“Yes,” he says.

A man in our delegation explains, “We’re waiting for the coming project, you see... In the project, this subject will receive an allotment... in this case he will receive regular support. I tell you it’s been a long time, but we still don’t have any result. So many delegations have come here but we still haven’t seen any help at all for the families’ difficulties. There’s only a little from time to time from the district, or the commune pays attention and comes to visit is all—but as for long term help, we don’t have any yet.”

“Is there anything you would like to say directly so that the American people can understand these things?” I ask the father.

“Let me put it to you this way,” he begins. “From our point of view, in fact, nobody wants war, nobody wants it. Because our country was invaded and destroyed, then we were forced to take up arms and go to oppose the Americans and save the country, weren’t we? That is the duty, the right of our people. But those events are past; those events are past now, so really, to speak of hatred for the American people...there isn’t any. In truth, there isn’t any. So now we wish that, for the consequences of this war, the Vietnamese people and the American people would together solve these hardships is all, but now, as for hatred, it’s not like that at all. Here I tell you clearly that’s our point of view, now we speak clearly that that is our point of view—we speak clearly the point of view between the Vietnamese people and the American people...they must understand each other and help each other. Now we can say the war is closed, it’s over... we have to

work together to build peace and make a good living, that's what we prize. That's what I have to say."

"Is there anything else I should ask?" I respond.

Haltingly, hesitatingly, he asks me to see if there is some provision to provide regular help for his family, to lessen its hardship a little. "The hope of our family is like that," he says.

I turn to ask the other members of our group if they have any questions, or anything to add.

"Just like he said," one man replies. "The family has spoken, and so we just think the same way is all. As for our thoughts about the American country and the American people, it's like he said, we just have the same feeling, but only there are the consequences of war left for the Vietnamese people, like they are left for the American veterans, so we have seen clearly that that calls for mutual help and financial aid for those families who bear the consequences that the war has left for the people of Vietnam, as well as for the American veterans.... Because this situation that happened left these families in great pain. And one thing, the family is always sad and dejected.... because the families must all bear that loss, there is no way around it. Now all we can do is to encourage the families materially and spiritually to help them ease the hardship and take care of the child. And in addition, the goal is to encourage the family so it can lessen its self-pity.... That's what we think and just wish it could be that way...."

"The investment capital of the Red Cross is extremely limited, so it isn't able to support the families... there are only times on holidays and at Têt when family visits are made. If we have a little something, then we give a small gift that isn't worth much, and

it seems like that's all we give the families, just like all the other delegations that come to visit and lift the spirits of the families... that's the main thing, lifting the spirits. Money and material goods are big hardships...

"As for hatred, in truth, like he said, the people of Vietnam don't feel hatred. War caused these consequences, and that, not just the American people but people all over the world ... protested this terrible chemical warfare. It left these very troubling consequences, it is very.... who can know how long until it is over?"

"Back then," the father explains, "those airplanes sprayed toxic chemicals to kill trees, to kill vegetation, so operations... so soldiers couldn't operate under the trees without being exposed. That was the main thing. So they killed all the vegetation."

"Did you see the airplanes spraying?" I ask.

"The planes sprayed like dew," the father replies. "I saw it—like dew up there. And then they let barrels—like oil drums—fall... Yes. Then the vegetation was all dead—there was nothing left at all, several hundred trees, not just a few... a vast area."

Another member of our group starts to recall his own experience on the Hồ Chí Minh Trail. "I was in the Trường Sơn six months," he says. "We started at Con Lam in Quảng Bình and crossed over to the other side, on the west of the Trường Sơn, started to cross into Laos and then went into [Stung Cheng] in Cambodia, which is even with our Tây Ninh. Yes, that's right, it took six months."

"Such a long time!" another man marvels. The mood shifts slightly, becomes more reflective perhaps, as they recall their experiences of war.

"And I went three months and 12 days," the father reiterates. "That is, we started from Thái Nguyên and took a train to Vinh, then on foot to Quảng Bình, and after Quảng

Bình we went across [Kho village?] into the Trường Sơn, then went along the Trường Sơn to... Vàm Cỏ Đông—all of three months and 12 days. At that time in fact, we never thought about toxic chemicals—we just knew the trees and vegetation were dead, is all.”

A man from our group agrees. “Yes, at that time we knew they sprayed chemicals and they just killed the vegetation is all, they didn’t have any effect on people. The consequences (unclear) Thinking about that is only very recent. In 1980 my branch only started to think about it. When they were treating this child, no one was thinking about the consequences of dioxin.”

I mention Dr. Tôn Thất Tùng, the internationally respected liver surgeon, who had gone to France in the 1970’s to draw attention to the effects the chemicals were having on liver.

The man in our group tells us that he went south in ’72, after they were done spraying the chemicals. On the way to Tây Ninh he had seen big trees with only their trunks left, he recalls. The grass and the leaves were all gone.

“All gone, and not coming back to life?” I ask.

“That’s right,” he replies. “They couldn’t revive. And the people... after liberation, they came there to work and make their homes and live in those mountain regions, those mountain forests, because we didn’t know the consequences, so the people of the south were also very heavily affected, not just the soldiers.”

Yes, that’s right, I respond.

“And the American veterans went home after one year, but here they lived seven years that way, five years that way,” he continues.

“I can tell you the American soldiers never got up to that region,” the father comments. “I mean, I was there in ’67 fighting in Quảng Trị, in ’68 fighting in Khe Sanh... they were only in the countryside below there.”

“American veterans also suffered a lot,” a man from our group adds.

The father has a different recollection. “No... take the Marines, for instance—they just hopped up here every now and then, flew in... for the most part they lived in the delta, and the ordinary people had their safety corridors.”

“Do American veterans ask for compensation?” a man in our group interjects.

But the father has not finished. “They lived in the cities—they didn’t suffer in the military regions,” he continues. “At first they went on sweeps; America took its troops on sweeps, at the start. But after we attacked them a lot, after they sacrificed a lot, they didn’t go on operations any more, but sent the puppets out is all and the Americans stayed back as advisors. In that first period, the soldiers were better off for food and drink. And it was harder on my side”

I ask who else in the group went south.

The father points to another man, who says he went “in ’67...mostly in the region of Quảng Trị—fighting the Marines, and the Air Force. After ’75-’76, then we came back—after liberation we came back. In general, men our age—they all went, there isn’t anyone who didn’t. At home there were only the women, doing the planting and shooting at airplanes, you see. Everyone went—the whole country resisted the Americans, there was no one who didn’t resist.”

“But I’ve heard that in a house where there were four brothers, one was left at home, and (the others all went),” I counter.

“Yes, they all went,” the father responds. “There are some people who all went, some who left one at home, some who all went. At that time everything was given to the front, everything just for the war effort, we didn’t think about anything else... we poured every last ounce of our strength into liberating the south....”

“I have two friends who went with me—they’re now working in Hà Nội—and those two men fathered two boys who are retarded. But at the start not a soul knew we had been poisoned by Agent Orange. Came 1994, all the men in that unit came back to Phù Lý to meet each other, and I sat there and asked them if anyone of them had children who were born not normal. Then those two men spoke up. They said yes, that’s right, we too are victims of Agent Orange. But not as bad as this. But they were already 10 years old, and didn’t know a thing. They could walk, but they didn’t know a thing. Mostly it paralyzes the brain, you see. That dioxin paralyzes the brain.

“So they are retarded....When they had their first child, it was deformed, and it died—right away. He also said there were times that he was affected by something at the battlefield. So he didn’t have any more children, but waited for eight years to have another child. So eight years later he had another child, and that child was normal, because that dioxin has a half life process—six or eight years later it has disintegrated the first step, so as we calculate, by 1995 the men who were poisoned in the south the most heavily by Agent Orange still have dioxin in their bodies at the same level as people in industrialized countries—they are normal to that degree. So that guy, when he had the next child, there was nothing wrong.

“So you see... after liberation I came back and we had a child and then we were stuck—can you take back a birth? Who could have known that would happen? No... back

then [my] liver swelled up big, and we thought it was malaria... malaria. Red eyes, yellow skin—we figured it was the liver, so we used Nanaguyn [*tãng mạnh/tãng lực*], and spent two months in the dispensary. I lay there two whole months—I only got over the malaria in 1979. They only got it under control then..I still suffer from it—sometimes I get weak and tired, and have a relapse of fever.”

“Still now?” I ask.

“Yes, fever... malaria,” the father replies.

I tell them about a friend’s village in Bắc Ninh where out of 1030 people who started south, only 200 were left by the time they got there—and they had not yet done any fighting. The rest died of malaria.

“That’s it,” the father concurs, “died because of malaria.”

“And because of diseases—this disease and that disease,” another man adds.

We are silent for a while, and then talk returns to the boy. He can eat, he can chew, but because of his crippled arms, he has to be fed. He can’t see, but he can hear, and likes to listen. “sometimes I have to turn on the radio to let him listen, to ease his sadness,” the father explains. And he can still speak, can call out if he needs something. But he can no longer sit. Some in our group remember that when they came last year he could still sit. “Yes, this phase just happened,” the father says. One man asks if they let the boy go outside. At first the father says it is no use, since he can’t see, but then, noting that he can still understand, still observe the world around him, adds that you can still push him outside. When I ask about reading to him, the father replies that they are all so busy. “If we stayed at home reading to him, we would lose a lot of time,” he explains. They have the fields, and then around the courtyard there are some fruit trees to tend, and

a few chickens, and weaving. And only one person can go to the fields; the other has to stay with the child.

“When you are around the house caring for the child you do other work....?” a man from our group asks.

The father shows us dried grasses for weaving, saying “We do this work.” The bamboo fiber for the weaving comes from the forests. It is a traditional village craft, he tells us, has been in the village a long time—70 or 80 years already, he thinks. Before, they made things for local use and export to the Soviet Union. Now everything they make is exported—to the Soviet Union, to America. They have been exporting for several decades, he tells us. He explains that they are more productive now than in the days of collectivized labor. “Now we can use all the time for work, both day and night, so we can produce more. Before,” he tells us, “there were work hours, and we only worked according to certain hours, so our ability to produce was less....Here, for example—say I come back home to look after my son, but I can still produce. Before, if I wanted to be part of it, I had to go to the center, had to have someone at home to watch my son. At home, even young children, ten and twelve years old, fifteen years old, they can also work, so we can use people these ages, not just adults.”

We have been there a long time, and it is getting close to lunch time. As we prepare to leave I go to talk with the boy. It is then that he tells me about his preference for modern music.

Từ Thiện vs Nhân Đạo: (charity vs the way to be human)

For lunch we go back to the Duy Tiên district headquarters, back along the main north-south Highway 1. There are just three of us: the head of the Duy Tiên Red Cross,

one other man (the head of the Hoàng Đông village Red Cross? The head of Duy Tiên people's committee? My notes are not clear.) Over a meal of stewed meat and French fries the two men pursue a reflective conversation about the mission of the Red Cross. Not *từ thiện* (charity), the head of the Red Cross explains, but *nhân đạo* (humanity). Later, when I discuss the conversation with an editor in Hà Nội who has spent a lifetime translating between English and Vietnamese, he tells me that "humanity" in the western sense still has too much of the feel of charity about it. In Vietnamese it has another sense—simply what you do as a human being, because you are a human being, to be a full human being. As I understand his meaning, you cannot turn your back on suffering and call yourself fully human; you must help if you are to be human. That day in Duy Tiên the difference is explained in terms of fish, in a story I first heard in California during the 1960's or '70's: the difference between giving a man a fish and giving a man a fishing pole and teaching him how to fish. The point seems well taken by the other man, but there is also some discussion about times when fishing poles and knowledge are not the problem, and supplying them cannot fully address the problem.

Duy Minh Village (xã)

After a short nap on the wooden benches of the district offices, deserted but for us at this noon hour, we continue to another village where we stop only very briefly, perfunctorily, at the People's Committee office and then proceed to visit two families, both Catholic. The hot afternoon sun intensifies the colors of the village: houses lime washed in blue-greens and whites with yellow trim, the browns of the earth and stone and brick, the golden haystacks, the dark green shade of the fruit trees and bamboo.

Ninth Visit

“One part is that our own family has suffered loss. Out of 10 parts, our family has lost seven, but the country has lost three, [because] we can’t help the country carry its burden.”

--father of boy who has something like Down’s syndrome and loves children

The mother and father in the first house we visit are near or in their seventies, their son 26. Born in 1975, he is the only one of their children to suffer birth defects, and the one born closest to the time the father returned from the front. Four older siblings born before the father went south are normal, as are two younger siblings born in 1977 and 1979. The son seems to be suffering from something like Downs syndrome, perhaps: very slow development, poor vision, poor memory, an enlarged head, arms that are a bit gangly but functional enough to allow him to carry small children. He loves them, his father tells us, loves them endlessly, loves to carry them. That’s something particular, how much he loves children, all children, anyone’s child. He can speak, but speaks randomly, the father tells us, speaks without understanding. He can’t do a thing, the father says—not sweeping, not watching the water buffalo, not anything. He needs help in toileting and bathing. But people in the village love and feel sorry for him, care for him. The father, and especially the mother, iterate and reiterate their worries for what will happen to their child after they die. Each speaks at length, weaving themes back and forth in extended soliloquies interrupted only momentarily by an interlocutor’s brief question. In this recounting I will minimize the iterations, while still trying to give something of the flavor of the exchanges.

“We can still take care of him now,” the father observes, “but what happens tomorrow if we are gone? We have no power over life and death, we cannot decide life and death. We don’t know who we can take him to—that’s a vexation for society.”

A question turns the father's attention to his own experience on the battlefields in the south. In June of 1967 he had been sent to Quảng Trị, where he spent two years in the midst of some of the most intense fighting of the war, and some of the most intense chemical spraying. "But it wasn't just that battlefield," he is quick to point out, speaking of the cruelty of the fighting. "Throughout the whole south many places were that cruel."

He speaks of all the men in his unit who died, of how much he has witnessed—"so many stories." Only those who went can know, he tells us. He talks of the old forests he saw in places that were later barren wastelands. He remembers lying in the trenches and bunkers, watching the fighting. "When the poison phosphorus was sprayed," he says, "even the young trees burned. The battlefields of Quảng Trị were that cruel." He recalls carrying wounded comrades piggy back, recalls his response to the man who thought he had died: "No, we have come this far, so we're alive." For a time his job was to carry the wounded on stretchers to a battlefront hospital, Hospital 198. One man who survived thanks to his care still comes to visit him; last Tết he came bringing gifts and Tết money. He thinks back on how he passed through death. Passed through death, but lost his papers, his proof of having served. "My son still exists, but my papers don't," he notes wryly.

The mother talks of the many trips taking her son to the hospital. She speaks of the doctors and interns who showed a lot of affection for him, and who were baffled by trying to diagnose his disease. She recalls how at first she worried that he would die, but the doctors assured her he would live until he was six, or seven, or eight. And now it has been 26 years. Gradually she came to see she couldn't spend all her time caring for him,

that she had to go make a living “so the whole bunch of us wouldn’t starve.” Her talk moves back and forth between his cognitive and physical disabilities and her fears for what will happen to him when she dies; she is nearly 70, she points out.

He was slow to sit, slow to stand and walk. He would just sit there. He has no memory, she says. Even when he was six she had to repeat over and over the names of his siblings and relations so he could remember them: “This is your uncle (*chú*), your father’s younger brother,” she would tell him again and again. “He doesn’t know how to cook, doesn’t dare to beg, doesn’t know how to wash dishes,” she reiterated. “He knows how to eat, and he knows how to go without eating. If you tell him to go tend the buffalo, he lets the buffalo eat people’s rice, and they call us.

“And sometimes when he is disturbed he cries a deep, rumbling cry—cries so that the whole village thinks someone has died. He cries and cries—cries ‘Oh father, oh!’ cries ‘Oh mother oh!’ Now we give him medicine for his nerves, and with the medicine he is better for a time. Whenever he’s not happy about something, he hits his head as if to kill himself—hits it ‘til it’s all purple. Now, isn’t that misery for you?

“You have to keep him warm, keep him well. If he doesn’t get a bath for three days his skin peels off like snakeskin.

“And what if I die? What if I can’t do anything?

“There are times he’s nearly drowned, slipped and fallen into the pond, and he doesn’t know how to swim. He’s still stupid, but just this year he has learned how to make distinctions between things, to feel shame (*đeo cái bị*).. He still says “older brother” (*anh*) to his younger brother, and calls his brother’s wife “older sister” (*chị*) instead of

younger sister (*em*). It's that hard! He only knows how to carry a child, doesn't know how to feed them.

“But now the Party and the Country have let you come here, and we are very happy, very pleased. If I die, then....because I'm old, nearly 70 already, and weak, so if I die, I ask the country to give him something... I've been carrying a heavy weight on both shoulders, but if the country pays attention, if it looks after these handicapped children, then I'm very happy and it lessens my worry 100%. Now I've reached the age of sickness and weakness, but even if I die he will at least have something to eat.

“One part is that our own family has suffered loss. Out of 10 parts, our family has lost seven, but the country has lost three, [because] we can't help the country carry its burden. Because we lost by giving birth to this child, we couldn't work for the country, couldn't do our duty for the country. It was our loss, but it was also the country's loss--now the country has to take care of [us/him] to ease our misery. If he were well, he could go out and do his part as a soldier or a worker, isn't that so? Or with this duty or that—everybody carries a bit of the weight on his shoulder pole. And now I'm going to die, so that increases the care the country has to give. For example, if he eats 20 kg a month and the country gives three kg then ... he has to go ask his brothers for help.

“Sometimes when it rains I sit and cry and my husband [asks what I am worrying about] and I say now I could die any minute, leaving you this boy who doesn't know anything. Could you take care of him? And my husband tells me “Thôi! (enough, stop) We'll see when we get there (*đến đâu hay đến đấy*). And I say, we gave birth to him, so we must bear it. You can't bury him alive, but you can't let him go, and he doesn't know how to beg—so how will he live?

I pray heaven and I pray earth that if God takes me back, then let my child die first—I will bury him and then die myself.

“It’s painful. Today I feel sad and miserable, agonizing within—but with the Party and the Country raising the call, and with the rest of you who came, giving the boy a bit of this and a bit of that, if I die I wonder if perhaps I can be at peace.” For most of the next four pages of transcript the mother repeats again and again how happy she was when she got the papers the day before, saying that we were coming. Maybe we would bring an injection of vitamin B12, she had hoped. But the important thing was that our visit showed that the party and the country were paying attention, that they weren’t all alone, that there was hope for help. She repeats this last thought over and over and yet again.

Our conversation never really comes to an end, but at some point we have to stop. Before we go, I take a picture of the boy standing on the front step of the house, holding a toddler.

Tenth Visit

We talk about what the father saw the airplanes doing during the war. Dropping bombs, fighting—that is clear. He also saw them spraying something, but when we talk about chemicals, he says that at the time they didn’t know anything about poison chemicals, just knew that if you were still alive you would run somewhere else, is all, he tells us.

These days the family makes 7,000 (a day—roughly 50 cents US) by their weaving. You can only do about two a day, the father explains, because if you sit forever weaving, you get sick of it.

“It is toxic, harmful to your health”, the mother elaborates, “because you use sulfur to dry the grasses over a fire.”

--mother and father of a 14 year-old boy who can only crawl

At the next house we visit we meet five members of the family: a mother and father, both 42 years old; two sisters, one 15 and the other 17, who sit weaving grasses into rectangular boxes while we talk; and the only boy in the family, who kneels hunched

on a mat not far from one of his sisters, unable to walk or talk, his body twisted, but his head lifted and his eyes alert as he follows our conversation. His mother, like many of the mothers we have spoken with, talks of the physical care he needs: help toileting, help bathing, care when he faints and his whole body turns purple. When he was small, the mother used to be able to go to the market, but as he grew older she couldn't. It is unclear whether this is because he was too big to carry with her, or whether it is because the grand parents who cared for him grew too old and weak. So the family turned to weaving to supplement their income. His sisters have dropped out of school to be able to care for him while the family works in the fields.

The mother talks of the many hospitals they have tried in the province, and in Hà Nội. Each place she was told there was no cure. But they gave him supplements, and injections, and the family spent so much money that they went over the limit and the hospital visits are no longer free. The doctor told them to stop treatment, since there was no result. He told them the reason was the father's exposure to Agent Orange during the war. But the mother still gives him a special ginseng drink at Tết, and there are still times she has to take him to the hospital.

The father speaks of the debt these treatments have incurred, of how he borrows from local organizations like the women's union and the farmer's association, and from his brothers, but the debts just keep piling up, even though some people don't call it a loan, they just give. He borrowed 2 million *đồng* to treat his son, he tells us, and he is still sick. They live by farming a small plot of land (1.3 sào), by his benefits as a disabled veteran, and by raising pigs and chickens (and last year, geese, a man from the village adds). But there are so many losses with the livestock, he says. They don't want to raise

any more, and so they have turned to weaving. For each box they make they get 7,000 *đồng*. Subtracting the cost of materials, that makes 3,500. Each day they make 7,000 by their weaving.

“You can only do about two a day, the father explains, because if you sit forever weaving, you get sick of it”.

“It is toxic, harmful to your health,” the mother elaborates, “because you use sulfur to dry the grasses over a fire.” They do that at home, she adds.

“But when you are out of work,” the father continues, “you say *thôi!* (“ok then”, or “no way out”) let’s try.”

As a soldier, he fought in 1974 and 1975 in Sông Bé province, at Đồng Xoài, Bến Cát, Bình Dương. Sông Bé had been heavily contaminated with chemicals earlier in the war. The father speaks of artillery and bombs exploding, of airplanes spreading smoke screens, of eating and drinking in the midst of the debris. We talk about what he saw the airplanes doing. Dropping bombs, fighting—that is clear. He also saw them spraying something, but when we talk about chemicals, he says that at the time they didn’t know anything about poison chemicals, just knew that if you were still alive you would run somewhere else, is all, he tells us. There were just ashes left there. He now gets compensation as a sick soldier, class 3, with 60% disability. “Now I still have malaria all the time,” he says.

He speaks of other sorts of help the village organizations give. At Tết the Women’s Union visits to give encouragement and a little money. The Red Cross does the same, and once the Youth Union came and gave an outfit of clothes. The head of the village gave some money, and some group—he wasn’t sure if it was the commune (*xã*) or

the district (*huyện*) gave some money to take the boy to be treated at the acupuncture hospital, where he stayed for four months.

The mother asks me to look and see if I think her child might be able to walk one day. I have to tell her I am not a doctor. The mother elaborates her worry. “We are still young, we can carry him. But what will we do when we are older?” she asks. “How can we carry him?”

A man in our group responds. “Can he stretch out his legs?” he asks. Yes, she tells him. There is a program where children are taken care of for one or two years and they learn to walk, he tells her. They can’t walk fast, but they can walk slow. You massage him every day, and stretch his limbs, and bathe him in the morning and at night.

“But that’s not all,” another man in our group adds. “You have to make him stand.”

The mother talks about how only one of his hands can grasp things, so it is hard for him to hold himself up.

The first man urges her to go again to the Swedish Children’s Hospital in Hà Nội, to ask about this program.

As we pack up to leave, I tell her that though I am not a doctor, I will relay her words.

A Village near Phú Lý

Eleventh Visit

“But it’s certain that there are lots of Vietnamese like me. There are people in my same unit that have four children like my child, and others with five children like this, so I think, I have one child, but others have four or five, and they have a much harder life than I do. And there are people whose husbands are invalids as well, so its lucky just to have one child, that’s a freedom.”

--mother of seven children who died in premature births and one who survived with serious disabilities

The next day, Saturday, only two visits are planned, this time in villages just a few kilometers from Phú Lý. We are a large delegation: a man from the provincial level Red Cross, a doctor and a woman from the municipal Red Cross, and a crew of people from the provincial television. At the People's Committee in Phú Văn we pause for introductions, then a woman from the local Red Cross joins our group as well.

Leaving Phú Lý we cross a narrow bridge over a river. At the far end, we must pay a toll for the bamboo pole to be lifted so our caravan—a Red Cross van and small car--can proceed through the vendors clustered by the bridge, down a cemented road, to the People's Committee, where a large meeting is in progress, led by people speaking on amplified megaphones. The topic, I am later told, is the upcoming Party Congress. We gather in a smaller room, make very brief introductions to the head of the Red Cross and the vice-chair of the People's Committee, then proceed. We are the only cars on the road. We turn on to a hard-packed dirt road that cuts through the fields, then on to another dirt road lined with trees and houses. The last 100 yards are slippery with mud, so we proceed on foot, past a large hedge to a small two-room house that sits flush on the ground, facing a courtyard.

As we enter, the lights and the video camera go first, then people gather around the bed in the side room, to have a look at the child. The mother is crying, hurrying to arrange stools. I take her arm, and the man from the provincial Red Cross asks about her husband. Yes, she confirms, he died not long ago. He left her about ten years earlier, in 1990, saying he couldn't bear to be a burden to her. Left telling her not to look for him in

his native village; she looked three times but couldn't find him. We settle down, she on one small stool, me on another.

The man from the Red Cross makes some introductions. "Let me explain that this is Mrs. Fox, a member of the International Red Cross, who has come to work with the province and wanted to come visit your family."

"Yes," the mother acknowledges.

"Knowing that your family has difficulties, she came to visit," he continues, "to try to understand the situation and circumstances of your family, and your child's disabilities. If there is anything you want to say, just go ahead and say it... you just have to speak slowly is all, because she can understand, she knows Vietnamese. Your family situation, your economic situation, the development of the child's condition....how it was for you and your husband in the Advanced Youth Guard, whether there is anything you would like to ask the American government, or any level of the Red Cross, just go ahead and speak, speak naturally... you don't have to try to hide your feelings much."

Seeing she is still quite moved, I fill the silence a bit. "And I want to apologize for bothering you, and to thank you very much for helping me understand," I say. "I'm not a doctor, I'm not a person with a lot of power, but I am a person who can write your words and transmit them overseas, so that those people will understand more about Vietnam and about the results of the war, and I hope they will make donations...feel sympathy and make donations... so you see, I am like a writer, is all."

"Yes, thank you," she manages.

"And I know there have already been a lot of people who have come here," I add, "and I'm sorry, and I thank you."

The mother takes a moment's reflection to settle her tears, and then begins to speak. "I want to tell you and everyone here that from the time the Vietnamese Red Cross was established--from then until now--they have visited my family and brought presents for my child, and before then, I only...my daughter and I only had the state subsidy for my disability to live on. Every month we got a little over 100,000 for the two of us to live on. My child, she can't do anything at all for herself. From when she was born—in the first few months she developed normally, but later... she couldn't make any progress, she wasn't aware of anything. At eight months she could listen—slower than other children—so we thought that she was a slow developer was all, we didn't think she was like this. But my husband...after my husband went up to the Swedish Children's Hospital—she went twice to Swedish Children's—the doctors there answered that her case was very hard to cure, so we should just get along as best we could. But I searched all over to find other doctors to try to cure her.

"The two of us were soldiers together in the army, so our unit made it possible for the two of us to treat her at all the doctors: eastern medicine, western medicine—we tried them all, but she didn't make any progress at all. And then, afterwards, she gradually came to a point where she would just cry all day and all night is all. We didn't know what she wanted; we thought maybe she wanted milk, so we made her milk. She would drink it and keep on crying so it seemed she was just like that, crying for whatever reason. We went to the doctor's, and they said her lungs were normal, they just said her nervous system wasn't developing, so she is just like this... Her head is... it's pointed like this. Her body developed normally, but her legs and arms were so weak and soft...and now they are stiff and rigid—they can't move by themselves at all. No matter what you put in her

hand, she can't hold it—that's right, she can't take it. And her tongue is too stiff to eat or drink... she pushes it all out. I always have to take a spoon and push it in, so she can swallow. She is nearly 16 years old but I still must grind rice to make porridge for her. As for rice, she can only eat a very little... she can't swallow, it's hard for her to swallow, so meat and everything must be ground so small. She can't chew, but she still cut her teeth. Her teeth look normal, but she can't chew. She can't say anything at all; she only cries, she can't speak.

“Truth to tell, after we married we had seven babies that were premature and died, but I just wanted one child, just wanted to hear one voice say ‘mother’, but it was not possible. My husband knew it came from him, because when he went to Swedish Children's a person from our unit had a child who was suffering from Agent Orange, and they changed his blood—they could afford it, so they gave four blood transfusions, but the child still died. When my husband came back and told me that there was no cure for our child, I asked, how could it be that there is no cure? So we tried to find a cure—we used every bit of the salary we got from the army on cures.” Her husband was from a different village, from the Máng people, who speak a different language, she explains. “I went to his house and he told me to go back and buy a house in my home village, so I bought this house. I came back, but I still tried to find a way to go to the doctor, and they told me if there was no problem with the woman, I could have normal births. My husband kept telling me to go with someone else and come back here to raise children, but I answered that I am a woman, I can't do that, because I only know I married him, I don't know how to marry...to go with another man.

“Well, it got to the point my husband said he would leave. In June 1990 he left. He said, I’m going, and if I don’t come back, remember the day I left as the anniversary of my death, and don’t look for me in my village, don’t come back to my village, don’t come. I [looked for him back in his village] three times, but he didn’t go back; I went back three times and asked the men in his family to help me look for him—three times, [but he] didn’t go back to his village.

“Then in 1999, when the Vietnamese Red Cross gave certification for Agent Orange, Mr. Minh Hiên, the [leader] of my husband’s unit at the front, came and asked me why I didn’t go get a confirmation for my child, and I told him I had gone, but couldn’t get in to see the man. Then he asked if I had heard the news. I said I hadn’t any news at all—what news? Then he told me my husband had passed away, and I cried, and asked him who told him. He said the unit went to visit his family in the village and learned he had died. Then after that I asked him to go back to the village and ask exactly what day he died and ask for a picture. I found a picture of him, and I placed it on the altar, and from that time I commemorate his death anniversary.

“My husband went—I didn’t go—to the front. I was a defense worker in the army from 1971 to ’88. In 1988 I took disability leave because my child was like this. My unit let me go look for treatment for [two] whole years, from ’86 to ’88. For two years I went everywhere, near and far, but my child didn’t get better, so my unit decided to set up a policy for me, to let me retire because of disability. At that time I got 13,000 dong a month, but my husband didn’t get anything. We kept trying to run everywhere for help, with no result.

“Now, I just look at it this way... anyway, through all these things, she is still the child we gave birth to, the one whose weight I carried and for whom I suffered the pains of birth. I still have full responsibility to the child, its just when I can’t—there are times they talk of ending my disability pension, and so I try to encourage my child. I tell her that if I take her to go beg all through the city of Phú Lý, they won’t let us die of hunger.” She explains that her friends will help her, that they help her now. Her pension is just enough for rice, she says, but her friends give her the other things she needs to eat and drink. “Yes, all my friends from the same army unit now...those who know, give us money. They see the child and give us money, even 100,000 without asking for repayment, and they say, ‘I’m giving it to the child, I’m not giving it to you.’ There was someone once who gave 30 kilos of rice, brought it to the house when I was gone and came inside and left it in a corner of the house, and when I came back I saw they had left it there, but I don’t know who gave it. At Tết they bring presents and disappear--Tết cakes, MSG, they toss them in and I don’t know who gives them, and they don’t say their name, I just know that they have given, don’t know who it is. Sometimes I meet people later who say they had come by to give something to the child but didn’t see anyone, so they put it inside the door, and they ask if I got it when I returned.

“As for my family, my mother and father are also very poor. My father is now 80 years old—over 80—and he can’t help. And my husband’s parents are dead, and his siblings [are nearly all gone], and as for asking help from nieces and nephews, they are from an ethnic minority, and ethnic groups don’t have enough to eat, so I can’t go back to his village to ask for help. I’m here now, and life is much better for the two of us than it was before, because the Red Cross [organizations] from the province, the village, and the

district have taken an interest. They visit many times now...every Tét and holiday.

Every Tét they visit and bring gifts, so the two of us are better off than before.

“When we came back, I was given fields to work, but when I’d come back [from working those fields], she would be wet clear up to her neck, and crying all day long, wet all over, so then I [thought] if I go to work and leave the child, and she dies, I would feel deep regret, then I didn’t... I gave back the fields and didn’t work them any more, then I was given this vegetable plot right around here so I can work and still take care of my daughter.”

“What can you grow around here?” I ask.

“Here I plant beans and peanuts and I raise pigs and chickens, but I can only raise pigs when I can borrow money—when I can’t borrow money, I can’t raise them. Our friends help us borrow a few thousand to buy the pigs then buy the food and then when we’ve raised them we give back their money. So this time I haven’t yet been able to borrow anything at all from friends, because usually in this season they can’t make any money so they can’t lend any. When there’s a profit they let me borrow and I raise pigs and pay them back. That’s how I always do it—you turn over your profit to me and then I pay you back. Others come, and whoever makes an arrangement, I pay them back.”

“Can your child hear?” I ask.

“She can hear,” the mother tells me, “but she can’t see, and she can’t speak. But she can hear very clearly, though there are some times she can’t hear, and other times she hears very clearly. Sometimes when you speak she doesn’t know anything at all, and there are times she hears a buzzing in her ears, but there are times she hears very clearly. And then she needs medicine all the time—no idea what illness it is--she’s always got a

fever, always hot, always has to have her temperature taken... when she's hot, I give her medicine.”

“And can she understand?” I ask.

“Yes, she can express her feelings,” the mother replies. “For example, if you show her affection then some times she will burst out crying. Often when people come to visit like this and she sees me crying, she will cry too—I tell her the uncles are coming to visit and I start to cry and she cries too, cries very loud. And there are times she smiles... yes, like the time Hương came and gave us gifts and I cried and she told me don't cry, we will help you. They do help. The Red Cross of Hà Nam province has helped me. They wanted to ask for a wheel chair for her, because she can't get out in the sun. She likes to, but I'm not able to carry her outside. If it was possible to take her out there to play with the little children, she'd like it a lot, to see the young children. But there weren't any. The other day they told me that that chair—that chair for handicapped people—they said that whenever they could get one they would give me one, but because they don't have one, they haven't given me one yet. I just hope that while she is alive one day my child will be able to have a little contact with the community. Yes... now, with her lying there like that, it's really miserable, but I'm not able to carry her to the market. So then occasionally I go to work and come back at noon and lift her up and give her a little food and then in the afternoon I go back and when I come back at night I pick her up a little is all, and there are days I just can't.

“Now I've got a job looking after children for somebody in Phủ Lý, so I get up at 5 in the morning and feed her and then I don't come back at lunch. I come back in the afternoon, at five in the afternoon and I feed her. It's been two months and she's used to

it now—she eats breakfast, and after, she eats again in the afternoon. And then for her wetting, I ask for old torn clothes, and I tear them to make a lining between two pieces of plastic...that woman brought me the two pieces of plastic. Before, we really didn't have any money to buy anything that cost money, but that woman would buy, and then you lay that down for the child to lie on. It's very difficult.

“My husband was at the front the whole time, driving a car for the general staff of the army engineers. He told me that he was in a forest stripped of leaves for one whole year, in a forest where all the leaves had fallen, and he had already heard about Agent Orange and the possibility that he would be poisoned. So I asked him, ‘If you are poisoned with Agent Orange, why are you still so healthy and normal?’ And he told me, ‘You don't know—I often suffer.’ It was only after our child was like this that he confided in me. Before, my husband hid things from me. He said there were times he hurt, had sudden terrible headaches, but he never complained to me, he just said he was sick, just told me to go on ahead and work, and at home he had an unbearable headache. I cried, and asked him why he didn't go for treatment, and he said, ‘They can't cure the disease—I was in the army hospital for so many years, but no one could cure me.’ And my husband suffered from eczema and could never heal--had never gotten better, he never could get better. He said in the army they told him that disease could never be cured; only if he stopped driving could he get better. When he told me that I said maybe he shouldn't drive any more, but he said that was only talk, is all. That is the disease he got from the front, that's what he said about it, and I can say I didn't really understand. I didn't know anything about Agent Orange but the newspaper broadcast over the village loudspeaker spoke a lot about Agent Orange, and only then did I begin to think, did I

know for sure that my own husband was affected. But I thought—well, we married each other, so I sacrificed for him. I'm not selfish.

“I really wanted to adopt a child to raise, but my husband wouldn't let me. He told me to think about it—if I adopted a child, I'd neglect this child, I couldn't take care of her. So I accepted what he said is all, and will keep caring for this child until she dies is all, and by that time I'll be old.... That's enough of that.

“There are many times I get pessimistic—I'll tell you all the truth—pessimistic to the point of calling it quits, of making a sleeping potion for the two of us to drink together. But then, when I've got the medicine cut and got the glasses out, I think, what if I died but she didn't, who would take care of her? And if she died and I didn't, then I would be tormented by the thought that I was a mother who killed her own child, so then I can't go through with it, not like that.

“So when the Red Cross organization came to visit and encourage me, then I thought that I have to live, because this is because of the war, not because of my own fault, but sister, oh, how many times I fall into self pity! The people around here say that I have done something bad to deserve giving birth to a child like this. But I fall into self pity when I see other husbands just stay at home and get rich, have multi-storied houses, have all they need. Though my husband was a driver in the army,¹³ he was an ethnic minority, a Party member, so he was extremely honest and upright, and we don't have anything. People come into our house and ask why we don't have anything, though my husband was a driver. But I think, ok, we both gave our whole lives in sacrifice for the resistance, and even now, with the peace we have now, I still feel proud when these

¹³ Drivers were thought to have opportunities to get rich easily.

organizations pay attention to us—I feel proud that my husband and I have contributed a part of our bone and blood to the resistance against America, to bring happiness to all our people here. I feel proud.

“Now I think I must live and take care of my child however I can, because...everybody, all the organizations come and pay attention, so I think there is no reason to be negative any more, so I’m determined. Now I think I’ll just create some way to do extra work to make extra money to give my child food and drink. Many people encourage me not to feed her any more, just feed her a little to let her die more easily, but I say no. Yes, we are not as miserable as before, [when] no one looked after me, no one came to visit. But I still could still feed her. And now all the women and men pay attention and most every Tết and holidays they pay attention and give support and encouragement.”

A man from our delegation asks a question about America. “Let me put it this way,” she replies. “To speak frankly, if there is a special hatred for the American government, then I don’t hate the whole government, but hate those people who created those toxic chemicals that caused the destruction. Now it’s 25 years that we have been liberated, 30 years that we ourselves have been living with the wounds of war. We don’t know when these wounds will end. If the American imperialists had not provoked war in Vietnam, I believe I would have been a very happy mother, with undamaged children like those over there, who come and go, giving greetings and asking questions... I would take my child to school to study properly, because I am an educated person. I went to grade 10, and then went into the army—I didn’t go to the university, but went into the army, thinking I would struggle to liberate the South and then continue in the university. But

when the war was over, I couldn't go to the university, but I thought I would have a happy life. But I didn't get any happiness at all—up 'til now, I still haven't had the least bit of happiness, because my husband died, and my child is like this, and it will be like that until my child dies. She brings me my happiness.

“But it's certain that there are lots of Vietnamese like me. There are people in my same unit that have four children like my child, and others with five children like this, so I think, I have one child, but others have four or five, and they have a much harder life than I do. And there are people whose husbands are invalids as well, so its lucky just to have one child, that's a freedom. And my husband gave me freedom, my husband left, he left, he didn't want to make me a servant to him any more, so just leaving me to serve one child.

“But I would like to say through you, an American woman... I would like you to convey to the American government that they should act responsibly towards the people in Vietnam who have suffered from Agent Orange. The American imperialists provoked war with a country, and there are victims like this, and so the American government must take responsibility, responsibility towards those people who had to bear—and those who in the future will certainly still have to bear.... There are people in my same unit who have children who are not affected, but their grandchildren are affected... A man who was my husband's boss has a grandchild who is affected. His son is not affected, but his grandson is. Now here we are and in whatever way, Vietnam must solve the situation somehow because who knows how many victims there are like my child, and unhappy mothers like myself. Who will bring happiness back to us?

“I want, through you, to push the authorities of the American government to know about the victims of American imperialism. It’s not just me, but who knows how many young children, and I myself have seen with my own eyes my own friends, and men from my husband’s same unit who also have children like mine. But now Vietnam is poor, and the country isn’t able—like my child, there should be some monthly benefit to give the children, but there is nothing, no one has yet given a single *đồng*, not yet anything at all. There is just when the Red Cross comes, the charity of good-hearted people on holidays, is all. We ourselves have not had any support—the people who have given birth to such children have not yet had any help. And people like my husband, who die of relapses of battlefield diseases—my husband died, but he didn’t get any compensation. He died after he came back home, and it was just like he was sick, sick unto death. Who knew that when he came back from the battlefield that Agent Orange would recur and cause a painful death?

“So I am very enraged with...with those people who sowed our futures with this misfortune. So if you know who to lodge a complaint with.... These days, you come here so I have permission and power to tell you, and to speak through you so the American authorities know that the mothers, the wives, and the children of Vietnam, we carry hatred towards those who gave us such a perilous future—we are very angry. I tell you, if I met them directly, if I knew directly that person had caused me all this, I would certainly not let that person sit there before me. I think like this, and I speak like this with you so you can see the anger of every human being.”

“Yes,” I say, and thank her for her words.

A man in our delegation raises the issue of economic demands, based on an objective evaluation of the situation.

“Yes, I have this request of all of you here,” the mother replies. “With my family, it’s very hard, and now please...here’s my way of thinking. When I die, and if my child is still living, who will care for her and nourish her? How will it be for her? I’d like to ask a monthly subsidy for her so when I pass away—because who knows, I could die at any moment, unexpectedly, like my husband, and then who would feed her? How could the neighbors here feed her, in these conditions? She is my child, so I must bear full responsibility. But other people in this community... what would they get to take care of her? So I ask for a monthly subsidy for my child and all the children affected by Agent Orange.”

The man asks her what she would do if she had economic help.

“You must know Vietnamese women,” she replies. “I would raise livestock—pigs and chickens—I would build a wall so I could raise chickens, because my chickens were always stolen and lost, there was not a saucepan left. We locked the door, but they broke the door to get in to steal. They took everything from us, they took even the chickens and the saucepans, so I lost everything. If I can build that wall, I could raise livestock, but I don’t have any money.”

As we prepare to leave, I ask where she was when she was in the Advanced Youth Guard. She was in the army, she corrects me. Both she and her husband. He was in the South, in Quảng Trị, Thừa Thiên Huế, and then Route 9 near Laos. And she was only in the North, at in Lạng Sơn, and then around Hà Bắc. Her husband was at the battlefield

the whole time until the end of the war, she tells me, and then when he came back he still worked as an army engineer in Region 3.

“Thank you for talking with us,” I say in closing. “I don’t know what to say. It is very hard. Thank you very much. Both Vietnamese and American veterans are asking the American government about these problems—people in Australia and South Korea as well.” Once again I say I don’t know what the government will do, but I tell her that I think that people may help each other. And then I repeat my thanks.

As we make our way back through the mud to the car, the man from the provincial Red Cross shakes his head and sighs: “Every family, its own situation.”

Twelfth Visit

When she was pregnant with this child, her 4th, she was sick—sick enough that she was bed-ridden for three months, until her grandmother got medicine from a traditional healer. She drank three glasses and then little by little grew stronger and was able to resume her normal activities. But when the child was born she didn’t cry, and though she took her to the pagoda Trang Ha Dong for a cure, eventually she had to give up because there were three other small children at home, and no one to care for them if she was away.

She wants the country, and the American government, to know that not just her family, but many others as well, “are the aftereffects of war. And it is very hard, ma’am.”

--70 year old mother whose daughter is partially paralyzed

Our last visit takes us back across the fields and then deeper into the countryside along the tree-lined country road until we reach a village where each house is sheltered by a white-washed wall. Towards the far edge of the village we come to a house that sits in the middle of a garden, surrounded by fruit trees. The house is made of cement and sits on a high foundation, plain to the point of spartan, light and airy, and perhaps twice as large as the one we have just come from. Like that house, it is shared by a mother and her crippled daughter, but this daughter, though she walks dragging one leg and her arm

dangles, can walk; and though she cannot speak, her spirit is very much present in her eyes, and from time to time in her big smile.

More than the words we speak, I remember from this visit two contrasting images. The first is my memory of the mother telling me her story, urged on by members of our delegation. She sits on a chair opposite me, hands pressed together, her whole body leaning into the story she is telling, her expression earnest, intent, drawn. She speaks succinctly. When she was pregnant with this child, her 4th, she was sick—sick enough that she was bedridden for three months until her grandmother got medicine from a traditional healer. She drank three glasses and then little by little grew stronger and was able to resume her normal activities. But when the child was born she didn't cry, and though she took her to the pagoda Trang Ha Dong for a cure, eventually she had to give up because there were three other small children at home, and no one to care for them if she was away. Then her husband, who had been on the battlefields of the South—in Quảng Nam Đà Nẵng, in Thừa Thiên Huế, and on Route 9 in Quảng Trị—came home, and was given papers to take her to the hospital, but they didn't have the money, despite having borrowed right and left from friends and relatives and even from the government. Now she is 78, she says. Her husband just died last year of brain cancer. She and her daughter get by by working in the fields. They had chickens, but they all died at the start of the new year; pigs are too expensive, because you have to have fodder, she explains. When asked if she has anything to say to the American government, she says that she herself is no longer so bright because she has been worried about this situation for so long. How can she send her daughter, now 29 years old, into a camp, she wonders—where would she find the money?

A man from our delegation points out the possible links between her husband's time in the south and her daughter's illness: the three children born before he went south were normal; it was only this child, conceived during a leave from the front, who suffered. And then her husband himself had died of cancer. He speaks about what the American government did during war, and how we can't now duck but have to work together to solve and overcome the problems left by the war, to lessen the difficulties of the families.

Yes, the mother says, taking up the thought. She wants the country, and the American government to know that not just her family, but many others as well, "are the aftereffects of war.... And it is very hard, ma'am," she concludes.

I thank her for speaking with us, and tell her I will tell others what she has told me.

The second image is in sharp contrast. After most of the delegation has packed up and headed back to the van, she and her daughter are standing on the porch, looking out over the large, well-kept garden with its fruit trees, smiling broadly, their eyes sparkling. We linger a few moments, women sharing a quiet moment of beauty together, despite everything.

America--Number One!

That night back in Phú Lý I am surprised by a bare-chested man who crosses the street to confront me as I sit down at a tea stall. "America--number one," he tells me. "*So mot*," he insists. My spirit darkened by the stories that now fill my mind and heart I reply, "Number one at dropping bombs?" I turn my attention back to a conversation with the tea-seller's husband, a traditional healer who learned his profession from his maternal

grandfather. He goes to the mountains every four months to get medicine, he tells me, but the forests are being destroyed.

To Create a Humanitarian Spirit

The doctor who heads the Phú Lý Red Cross has offered to show me a bit of the countryside the next day, Sunday. We go first to the pagoda of Bà Đanh, a woman who was hard to get along with, but good-hearted, did a lot of good, he explains. Yet to this day the fruit of the lychee trees that grow there is sour, like she was. To get there we take a boat up the Đáy River. Seeing women loading baskets of sand or gravel onto a boat up the river, and remembering the women we had met the day before, he talks about how hard Vietnamese women work, about how much physical labor they do. At the pagoda we are offered lime-water tea and a betel quid. He talks about war. The more intelligent people get, he thinks, the less there will be war. But it may take 1000 years, he supposes. “We know the results of war, and yet we engage in war,” he muses. “We see something is wrong, and yet we ourselves do it.” He shakes his head.

I ask him what is the main purpose of the Red Cross. “To create a humanitarian spirit (*lòng nhân đạo*) in the community,” he answers. “And second, to set up a fund to help people who need help,” he continues, “because without a fund you can’t do anything.”

Remembering the lunch conversation about *từ thiện* and *nhân đạo*, I ask his idea of the difference between them. *Từ thiện* means not doing anything bad, he suggests, and *nhân đạo* is helping.

I ask him how he distinguishes between people hurt by Agent Orange and people who are disabled in general. He points to a beer can on the table as one, and a water

bottle as the other, and then draws a big circle encompassing them both, calling it war. You can't help one and forget the other, we agree. If you do, they start fighting each other, he adds.

After the pagoda we visit a small hill that is hollowed by a cave. Inside, we join a group of local tourists following a guide. When a woman asks him where I am from, he tells her I am from the mountains, up near Lạng Sơn. Yesterday he has warned me not to tell anyone where I am from.

Later, back in my room, I re-read the project proposal Hà Nam has submitted to the pilot project. "Natural disasters and war have left behind much hunger, poverty, and disease, which has affected the health and life of the people," it reads. "The aftermath of war caused pain and disarray in 2,130 families." It seems to me an understatement. If every building in Phủ Lý was leveled, if 300 families in the small village of Khả Phong lost a family member, if the walls of the People's Committee in several of the villages still bear framed, fading black and white newspaper photos of anti-aircraft artillery and of a pilot taken prisoner, how is it possible to count the number who suffered? Is there anyone who didn't?

Conclusion

The interviews in Hà Nam brought out many details of varied daily experiences that would be reiterated in the other provinces I visited: the contact with chemicals, their effects on health, the hopes for healing, the search for cures, the effort to subsist, the difficulties with loans, the impossibility of getting ahead, the attempts not to feel sorry for one's self, the pride despite everything, the attempts to make sense of their lives, the encouragement of various groups, and the effects on the family, neighbors, army unit,

village resources and country. The usefulness of the Red Cross project was appreciated, but frustrations also expressed: not only the slow implementation, but the inadequacy of the funding for the size of the task, and the competition and jealousy of other districts not chosen for the program. Several people I spoke with brought up the suffering of the Americans as well as the Vietnamese, and their lack of hatred for the American people. From "the former American government," however, they asked responsibility.

Chapter Three: A Province in the Center

In the center of Vietnam we visited just one village, Quảng Thọ, which lies about 20 km north of Huế, in the province of Thừa Thiên Huế. From 1802, when the Nguyễn Dynasty transferred the seat of power south from Thăng Long (present-day Hà Nội), Huế served as the last royal capital. Today it is a repository of culture and memory, and a center for cultural preservation, reconstruction, and recreation. The royal period is remembered in its tombs and palace (designated a “World Historic Site” by UNESCO), and in the roughly 20% of its population that still claims membership in the royal family. Recent wars are remembered in ubiquitous altars to honor the dead and placate the wandering spirits of those who died violent deaths, and in the business of guiding tours to Khe Sanh, to the Hồ Chí Minh trail, to the Trường Sơn national cemetery, to the ironically labeled demilitarized zone (DMZ), to the McNamara line, and to the tunnels of Vĩnh Mốc where a whole village sustained a semblance of daily life during the war, deep underground. The loss of sovereignty to the French is commemorated annually on March 23rd, and the liberation of the city from foreign influence on March 26th. Wars dating back a millennium to the days when Huế was a contested border region between the Việt kingdom to the north and the Chăm kingdom to the south are remembered in haunting folk melodies and ballads that have kept the quarter-tones of Chăm music. Since 2000, the French have remembered their colonial connection through “Festival Huế,” a biennial festival of art and music aimed at attracting tourists.

Pagodas, temples, and altars commemorate the female spirits who have played significant roles in the history of the region: Thiên Mụ, (Heavenly Mother) Pagoda, a

Huế landmark founded in 1601 by Nguyễn Hoàng in recognition of a mysterious heavenly lady who appeared on the spot to prophesy the advent of a great lord who would come to rule the southern lands; Hòn Chén, where Thiên Y A Na, linked to the ancient Chăm goddess Pô Nagar,¹ is still supplicated today; and La Vang, where an altar marks the appearance of the Virgin Mary in 1798—an altar that miraculously and singularly escaped the destruction of the bombs falling all around it, believers point out.

My relationship to Huế on this visit is through the Red Cross of Thừa Thiên Huế province.² Both the national and international levels of Red Cross have told me of the

¹ Thiên Y A Na is the Vietnamese name for Pô Nagar, who is perhaps best known to westerners as the Chăm goddess worshipped at Nha Trang.

² My understanding of this region has been shaped by many prior experiences. My feeling of personal connection with Huế began in 1968, when one of my best friends spent 19 days hidden under a bed by a family in the old citadel quarter during the Tết Offensive. He had come to Vietnam as an anti-war activist to bear witness to the war and to do what he could to relieve suffering. Working with International Voluntary Services he was assigned first to work with refugees on the coast in Tuy Hòa, then to teach English in Đà Lạt. He had gone to Huế to spend the new year's celebration with the family of one of his students. During the long attack, in which hundreds or thousands of lives were lost (accounts vary, and anguished, acrimonious debate continues to this day over how many were killed by whom), the family sheltered my friend, putting their own lives at risk. There was no news from him for such a long time that one of his fellow volunteers wrote to inform us that it appeared "a great light has gone out of the world," as he put it. It was only a few days later that we learned he had survived. That introduction haunts my understanding of Huế.

Twenty-three years later, in 1991, I went to Huế for the first time with my two college age children and two Vietnamese colleagues. We visited the royal palace and tombs, floated on the Perfume River listening to traditional music, and spent an evening as living examples for English classes, where a group of high-spirited boys taught my daughter to say "I love you" in Vietnamese. The citadel was still badly damaged from the war, but in the relative cool of early morning and late evening, young boys and men played soccer around the scattered, rusting remains of tanks and ant-aircraft guns.

The next two years I returned for formal contract talks with the universities, setting up posts for volunteer English teachers who taught there for two-year periods. Local residents who lived near the citadel would talk of hearing ghosts riding through late at night, the teachers told me.

In 1997 I lived in Huế for seven months, leading a pilot study-abroad program; it was at this time that the shopkeeper's blow to my shoulder drew my attention to Agent Orange. During that time I became friends with several people I had interviewed for feature stories, and others: two lacquer artists; a pair of twin painters; a member of the royal family who ran a garden restaurant specializing in dishes carved and arranged in the shapes of dragons, phoenixes, tortoises and flowers; a tour guide impassioned by Chăm ruins; the owner of a café who ran what I thought of as "a clean, well-lighted place" for backpackers; "the Buddhist," an English teacher who had helped establish a Buddhist school; a monk at Tu Hieu pagoda; a woman who taught me Hue songs and invited me to the ngay gio for the ancestor of Hue music; and, of

exemplary work of this office. I have come with a staff person and an intern from the Vietnamese National Red Cross (VNRC) program, the Agent Orange Victims Fund. Rather, I have come a day ahead of them to have a day of rest before beginning work. This is an anomaly in the standard way of doing things, and has given rise to rumors of “that American spy” (me).³ After the confusion is resolved or at least abated, we meet in Huế with the provincial Red Cross to settle plans. The VNRC staff person introduces me as part of the American Red Cross; I don’t know whether this is a misunderstanding, or an attempt to justify returning yet again to the families before the long-promised funds are released, or something else. I see it must be hard to separate my own work from the preparations for the imminent opening of the American Red Cross office in Hà Nội.

The director of the provincial office talks about how carefully they have done the work, visiting each house twice, trying to find what is most useful for each particular family. Of course, he adds, sometimes the families influence each other: this one hears his neighbor wants a pig or a cow, so he wants a pig or a cow too. The VNRC staff person and I explain that we are not here to check up on them—that people in Hà Nội praise the work in Huế and hold them up as a model. Then we discuss gifts for the families. The director is emphatic that we not give money, saying it teaches the wrong

course, Dr. Nhân, who introduced me to work on Agent Orange. In addition, one of the university professors I came to know during that period subsequently came to the US to share my house for a summer and co-teach a course with me on Vietnamese history and culture.

³ A few days later the problem is explained to me as follows: the hotel clerk had registered me under my middle name, so no one calling the hotel could find me.

expectations for future visits. He will leave it to the village (làng) to decide what gifts are appropriate for each family.⁴

Quảng Thọ: No Man's Land (vành đai trắng)

Thừa Thiên Huế, like Hà Nam and Đồng Nai, is one of the six provinces chosen as a pilot project to determine the needs of “the disabled poor, including those thought to be affected by Agent Orange.” Quảng Thọ is one of five villages selected out of two districts in the province. One of the districts, A Lưới, is in the rugged mountains, the site of a much-studied former airbase which remains highly contaminated with dioxin to this day.⁵ Quảng Thọ village is in the other district, Quảng Điền, which is situated in the narrow strip of plain that lies between the mountains and the sea. Unlike the villages in A Lưới, and unlike the villages and town we visited in Đồng Nai, Quảng Thọ was not itself directly sprayed. But the two branches of the Sông Bo river that embrace the village carry runoff from the mountains that are a half-day's walk away. In addition, soldiers from the village served in sprayed regions during the war, and after the war villagers worked in devastated areas to reclaim land for new economic zones.

Although Quảng Thọ was spared direct chemical spray, it was not spared destruction. After the Tết Offensive of 1968, which inflicted thousands of casualties on Huế, the region became part of a no man's land (*vành đai trắng, vùng trắng*⁶) meant to

⁴ In the end we give each family 2 kg of sugar and 2 cans of milk, along with an envelope containing a small amount of money. Understanding my hesitation about the sugar, a friend explains, “In Europe people don't use much sugar, but here, after working in the fields, people need it for their health.”

⁵ See the work of the Hatfield Group, and work forthcoming from Jacques Maitre, Nguyễn Đàm Thu, and Bernard Doray.

⁶ A friend whose parents fought in the region as guerrillas told me his mother had explained *vành đai trắng* to him as a region where a bird couldn't fly because it would have no place to stop and rest, no tree to perch in. He recalled how as a boy he loved going there in the summers. He said he was not afraid, but rather felt very safe, because he was with the soldiers. He recalled walking and night and resting during the day;

protect the city from attack. People from the village were taken to enclosed and controlled camps known as strategic hamlets. The physical structures of the village were destroyed and the village was razed; today all that is left from before the war is a cornerstone here, half an archway there.

I only came to understand a bit of this history through our meetings, however. It was beauty, not destruction, that first caught my attention when our car turned off the main north-south highway and cut across the rice fields towards the village: well-tended fields stretching to the banks of the river, freshly-painted altar houses dotting the landscape; rice that was already tall but still green rippling gently in the breeze. From the village the highway is lost from view in the expanse of fields that appear to stretch unbroken to the foot of the mountains.

Our first meeting at the village is scheduled for 8 a.m. in the office of the People's Committee. It is a one storey cement building with large windows and wide doors. Inside, the room is dominated by a large wooden conference table covered by an oil cloth patterned in alternating squares of red and white flowers. At one end of the long room, a white bust of Hồ Chí Minh sits on a pedestal against a backdrop of green curtains. Directly behind the statue hangs a red curtain with a gold star, and overhead, just below the ceiling, large letters that stretch from wall to wall proclaim "Long Live the Socialist Republic of Vietnam!" At the opposite end of the room there is a large mural depicting progress in the village: a hydro-electric project, and scenes of gardens, ponds, and small-animal husbandry (*vườn, ao, chuồng*, or VAC, as it is commonly called). The scene is

recalled how his mother had just her knapsack, canteen, and gun; how the spirit was "wonderful," the relations between human beings, "wonderful."

labeled “Happy (or “Be happy for) the country united, Happy (or “Be happy for) the home village renewed.” (“*Mừng đất nước thống nhất, mừng quê hương đổi mới.*”) Over the picture and on the side walls hang many framed certificates of excellence awarded to the village. A new two story building that will combine administrative offices and a flood shelter is being built across the road, on the highest ground in the village.

We meet with representatives of the People’s Committee, the Red Cross, the Veterans Association, the Youth Union and the Women’s Union. The vice-chair of the provincial Red Cross, who has led us here, explains that we are here to understand the situation in Quảng Thọ and see their needs. The staff person from Hà Nội says we are not here for an interview, but a conversation. I am introduced as not being like a foreigner; that is, it is explained, not needing special things.

The meeting begins with basic facts about the village. There are 7,500 people in the village, which is comprised of eight or nine small hamlets (we are told different numbers by different people). There are 186 families (*hộ*) in the village listed in the official category “hungry and poor”(đói nghèo). If a family makes less than 100,000 *Đồng* per person per month, they are given a government subsidy. At that time, 100,000 *đồng* was roughly equivalent to \$7 US. One hundred families have malformed or handicapped members; these conditions are judged to be related to Agent Orange if the mother or father spent time in defoliated areas. There was very heavy spraying in the Trường Sơn mountains we have seen beyond the village, and some people went into those mountains, and into Laos.

The village has a strong heroic, revolutionary tradition, and so it was heavily destroyed, we are told. It was leveled after 1968. People started coming back in 1972,

according to most accounts (one person said 1970), but about 1/2 to 2/3 of the people did not return, and new people didn't come. When I ask hesitantly about the others, wondering to what extent they were killed, to what extent they moved on as refugees, my question is met with irony: "It would have been too crowded if they had all come back," one person replies. "We are lucky they didn't return," another adds with a big, equivocal smile. Later I am told the wild grasses grew taller than a person's head. The land was very good, I am told: improved by having lain fallow.

The army came to clear unexploded ordnance. They would plant flags along a path, then clear it. When that was clear, they would make a cross-roads and clear that, until little by little the land was cleared. There was too much for the soldiers to do it all themselves, so they taught the villagers and the youth. Each villager was also responsible for filling in the bomb craters on their own land. "How did you know what was your own land, when everything was razed?" I asked. The river was still there, I was told, and there were vestiges: the stubble of a bamboo clump here, the upturned roots of a tree there. People survived those days by sharing, the Red Cross worker told me: you share what you have with your neighbor, and your neighbor shares what he has with you.

Talk of the war leads someone from the village to ask me: "Why did the Vietnamese bury the enemy when the Americans didn't?" Another person answers with the saying, "*Sống thì là thù, chết thì là bạn*" ("enemies in life, friends in death"). A third person suggests the law of *nhân-quả*, the Buddhist belief in the law of cause and effect, the law of "what goes around comes around." I don't have an answer.

The chair of the local Women's Union explains the function of her group: to provide small investment loans; to increase production; to protect the health of mothers

and children; to reduce malnourishment for 41 cases; to visit women to know their needs. The board of the group is made up of a chair, a vice-chair, and one representative from each of the village's nine hamlets (*thôn*). The VNRC staff says appreciatively, "The Women's Union does a lot here!"

The local Red Cross is charged with helping people through the frequent floods, by seeing that people from low lying areas get to higher ground. Floods are on everyone's mind during our visit as the previous year's flooding was the worst in a century, lasting 10 days and causing 2 deaths in the village, 47 in the district. There are 160 Red Cross volunteers in the village, headed by a dedicated young woman who does this work in addition to her regular job. It is the Red Cross that is charged with care for those thought to be affected by Agent Orange. The Red Cross visits the families, checks on their health, gives basic health education, and participates in assessing their particular needs. Again the VNRC staff praises how well they work. During the interviews the respect and warmth exchanged between the families and the Red Cross staff is palpable.

The head of the Veterans Association tells us that most of the veterans are now old and weak, so his job is to mobilize other people to help care for them. The oldest veteran in the village is 85 years old, he tells us.

The head of the Youth Union explains that his group is charged with two main tasks: creating work, and engaging in various humanitarian activities. They help develop animal husbandry and ponds, and then help find other work such as candy and cake (*bánh*) making, or construction, to supplement incomes during the four months of annual

flooding when agriculture is impossible.⁷ Their humanitarian work includes supporting older veterans, motivating and encouraging young children, and assisting in PRA (Participatory Rural Assessment, “*đánh giá nông thôn với vai trò tham gia của người dân*”) projects that aim to involve rural people in the decision-making that affects their lives. These assessments might be carried out as neighbors walk along the road on the way to the fields, the provincial vice-chair explains, or during an informal visit to the family’s home in the evening, after work, to give but two examples.

The representative of the People’s Committee speaks briefly about a board to handle the Agent Orange program that either has been or will be established. Then we discuss our plan for the four days we will work in the village: two interviews that very day, a Wednesday; three interviews the next day; a day of rest on Friday; three interviews on Saturday; then one interview on Monday and a final meeting with the various representatives we have met today. The plan is to visit nine families, but in the end we make eight visits, and the schedule gets pushed back a day due to illness, ending on Tuesday instead.

In the following descriptions of our visits in Quảng Thọ, I highlight the new perspectives each family brings to the discussion of Agent Orange, through their own particular situation.

First Visit

“I was with the puppet army.”

--grandfather of a boy with something like cerebral palsy

⁷ From the 8th to the 11th months, he says; we do not clarify whether this means August to November, or is a reference to the lunar calendar.

Immediately after our meeting we are taken to a house not far from the office of the People's Committee, a stone's throw down a dirt lane off the main road, across from the village cemetery. The house walls are made of worn and sometimes gaping wooden planks, its roof of wooden shingles. Its single room is partitioned into sections by woven bamboo mats. Attached to the house on one side is a storage room and pig sty, with woven bamboo walls elevated off the packed earth floor by single bricks, and a sheet metal roof. Behind the storage room chickens scratch the dirt in front of a thatch hutch. Rows of vegetables fill one corner of the large earth court yard, which is divided from the neighbor's by areca palms, banana trees, and a bamboo fence.

As we enter we are greeted with a big smile from an eight or nine year old who lies in a hammock strung between two support poles just inside the door. Though his limbs are flaccid and his neck is too weak to support his head, it seems clear that he is sustained by the love of his mother and the handful of neighbors and family members gathered in the room. He smiles the more as he is passed from person to person. His mother explains that the boy is often sick with pneumonia, that she has to take him to the hospital 1 ½ hours away very two months or so; and that it is very hard for him to breathe.

His two grandfathers fought in the war, but neither she nor her husband was in the war; she is only 29. It is thought that perhaps her son is one of those children affected in the third generation. Her husband is at work—works from sun up to sun down, I'm told. He plants rice, and then hires himself out to work in other people's fields. This house where they have been living for two years is not their own: they will have to find another place when the owner returns.

Neighbors and family come to help, she says. When the staff person from Hà Nội asks if the village Red Cross has come at Tết or other holidays with gifts, she is told they haven't helped at all. This seems to be some misunderstanding, since the local Red Cross worker has made it possible for him to go to a rehabilitation center in Huế (*Làng Hoà Bình*, that is, "Peace Village") for two months. The miscommunication seems to lie in the notion of Tết gifts: while there was no money given, there was rehabilitation help. There are three things the mother would like: money to invest in pigs or chickens, money for a piece of land so they could have a permanent place to live, and a special chair so the child could practice moving, as he had learned to do at Làng Hoà Bình.

When the grandfather comes to have his picture taken with the child, the boy again responds with a big smile. The grandfather is 70, he tells me. Did he fight in the war? Yes. Where, I ask; here? Yes, he says. And in the mountains? I ask. Yes, the Trường Sơn, he answers. A lot? A lot, very, very much, he answers. He tells me he was with the *linh nguy* (the "puppet army"), a pejorative name given to the southern troops who were allied with the Americans. Writing this four years later, I wonder at his use of the term. Was it ironic? Coerced by the presence of northerners? An expression of a change of heart? Or perhaps a total fabrication he thought would please me, an American?

Lunch: heroes, paved roads, and floods

At the lunch that is prepared for us at a cement house near the People's Committee I learn more about the village. Unlike the north, I learn, there is no common ancestor or village founder who is honored. It is however, I am told, the home (*quê hương*) of two people who made great contributions to the revolution: One is General

Nguyễn Chí Thanh, whose shrine we visit at the end of our stay. The other is Tô Hữu, who is perhaps the major revolutionary poet from both the French and American wars. My language teacher has taught me two of his poems about the suffering and steadfastness of mothers in war, and another called *E-mi-ly, con...* (*Emily, child...*) about the daughter of American pacifist Norman Morrison, who immolated himself in view of Defense Secretary Robert McNamara's office window. Here I learn about a poem Tô Hữu wrote from prison, named after a fish dish that is the specialty of the region (*Con Cá, Chột Nưa*). He was offered the dish by his captors to tempt him to break a hunger strike. "Who will know, who will suspect?" they cajole him. "What good does it do to die miserably?" Maintaining his steadfastness, Tô Hữu refuses.

Different holidays are observed here than in other parts of Vietnam, our hosts explain. One is May 23, the day in 1858 when the French took over the Huế citadel and many people died. Another is March 26th, the day in 1975 that Huế was liberated, they tell us. Today is March 29th, and as we motor around the village we see here and there pockets of houses where red flags are still flying.

The road we drove in on was paved for the first time this past year, we are told. Before, a car could come, but only when it didn't rain. The road is one part of a four-part government program to modernize villages: *điện, đường, trường, trạm* (electricity, road, school, health clinic). Soon the village hopes to build a two story administrative office across from the present People's Committee; it will double as a flood shelter.

Flooding is a recurrent topic of conversation. I begin to see floods as similar in some way to snow: you know it will come every year, and you must be prepared. Here that means raising your house up on a foundation if you can, and building in cement if

you can. Every house has a boat, I was told, and each house has an attic or storage space in the rafters. You put away a reserve of water, fuel, and instant noodles (*mỳ ăn liền*). Rice is not suitable because it takes too much fuel and water. When the floods come, you move to the rafters for the duration. The village and district are organized to deal with flood damage. Preparation, however, cannot avert all the damage, only lessen its effects for most people.

Second Visit

"If I get pigs, how can I afford to feed them?"

--a young widow whose son has vision and motor difficulties

After lunch and a short rest we visit a young widow who lives in a distant hamlet. To reach her house we park near a bridge that spans a wide part of the Bo River. We follow a dirt path through tunnels of bamboo along the river's edge. As we pass an old man chopping bamboo with a machete, he holds out his twisted hands, showing me a missing joint, and asks for money. A Red Cross worker signals "No." I recall the uncle of a teacher I knew in Huế, also a farmer in a village a few kilometers from town, who, after politely showing my study-abroad students from the US his fields and pigs and teaching them something about rice farming, then offering them a meal, held out his crooked hands and spoke of his fingers being smashed during wartime interrogation by the Americans.

The widow's house is on the right, just after the path veers inland a few yards, but she is not home. The old man, who has followed us, goes to get her. She returns with her two children, a boy of eight who has one eye turned inward and some weakness of limbs, and his older sister. The mother is gentle and soft-spoken, her children the very image of

ngoan (a term of praise for Vietnamese children, including elements of well-behaved, obedient, good, well brought up). Our conversation is halting. I am made self-conscious (and can only speculate that perhaps she is too) by the size of our delegation: there are eight of us, compared to the five this morning, and she is alone with a few neighbor children looking in, again unlike this morning when the young woman had adult aunts and grandparents to support her. I am made more uncomfortable by the observer roles adopted by the Red Cross workers. The young woman and I are in the spotlight, it seems, ringed by silent observers. She is made the more uncomfortable because I have forgotten to ask permission to tape at the beginning, and so interrupt her as she begins to speak.

Only part of the awkwardness is due to circumstances however, I think later. Our conversation also became difficult for me as I came to realize the difficulty of her situation, the way she and her children are caught by poverty. Her husband died of malaria when her son was nine months old; her daughter can only go to school for half a day⁸ in order to be at home to care for her brother so her mother can work half a day in the fields. She has three *sào*⁹ of land on which, if there is no flooding (but there is almost always flooding) she can raise a ton of rice, which she can sell for 1,000,000 VND (roughly \$700 at the time). After she buys fertilizer and pesticides, she is left with 400,000—not enough to feed three people on, I think. She says she would like two pigs to raise, but then in tears she turns to the provincial Red Cross worker, wondering how

⁸ Some clarification is needed here. At the time, many (all?) schools in Vietnam were in session for only half a day, although those who could afford it then sent their children for additional lessons, often with the same teacher. I did not clarify whether the mother meant her daughter just went to half of the regular session, or rather was unable to attend the additional lessons, lessons that my colleagues in teaching deemed not supplementary but essential.

⁹ The amount of land indicated by the term *sào* varies by region. In the north it is equivalent to 360 square meters, in the center, to 500 square meters, and in the south to 1000 square meters (Doan Thi Tuyen).

she will be able to afford to feed the pigs. The Red Cross worker assures her that she will be given enough money to buy fodder to get the pigs through to the first sale, after which time she will be able to make a profit and be self-sustaining. The Red Cross worker also offers strong words of encouragement, which the woman seems to recognize as true, and supportive. "You must rely first of all on yourself," she tells her.

Part way through the visit the Hà Nội staff person disappears with the little girl. We find her at a drink stand near where we parked the car, where she has offered the girl a soda. After the child leaves, the staff person can barely contain her distress about the house. "Why wasn't that house rebuilt by the Red Cross after last year's floods?" she demands. "Why were some houses of people who weren't so poor rebuilt, but hers wasn't?" The standard was that the house had to have been swept away by the flood, she is told. "Why on earth didn't you come and knock her house down then!" she exclaims. "Just give it a push and it will fall into the pond...." The house, which has impressed me with its neatness and cleanness and the beauty of the arrangement of its simple furnishings, was indeed very poor, with walls made of woven bamboo mats, an earthen floor, and a roof of sheet metal. One side of the long single room was partitioned for the bed and sitting area; at the other end was the kitchen and pigsty. In the center a table covered in a red and white printed oilcloth held a framed funeral picture, a pot of incense, a vase of flowers, and two large candlesticks. The staff person goes on to reassure me a bit. She had looked into the kitchen and seen a sow about to give birth to piglets. With the fields, the pig, and some ducks in the pond, her life would be hard, but she could make a living. With 1,000,000 VND from the program, she can get two pigs, two dozen chickens, and a six-month's supply of feed. With another million VND they could repair

the house. Someone observes that with more pigs she will need a new pigpen. “She needs a new house first,” the Red Cross worker exclaims. But the pond to the side of the house is good, she says, thinking of ducks and fish. Bad for mosquitoes, the provincial Red Cross vice-chief counters.

When I express my sense of awkwardness with the interview, the Red Cross worker from Hà Nội offers these observations: the woman was shy of talking with a foreigner, I was tired, our conversation was far too short, and maybe there were too many people around listening.

Third Visit

“I can’t ask other people to help—I don’t want to be a bother.”

--brother who has been sole caretaker for his disabled sister for many years

On our next trip to the village we visit three homes where there are only adults, no children. The first visit is to a 36 year-old man who has devoted his life to taking care of his bed-ridden 38 year-old sister. They were born in Quảng Ngãi province in the south, during the heaviest time of chemical spraying, she in 1965 and he in 1967. Their father died in 1976, and then a while later their mother developed stomach cancer and died in 1989, after an eight-year illness. When his mother became ill the son became the main support of the family, at age 14, and had to care for all the needs of his sister, who is paralyzed, deaf, and mute, but who can communicate through gestures. She gestures to a young member of our group to come take her picture.

One member of our delegation begins to tease him that he needs a wife; another suggests that he and his uncle move in together, to help each other out. The man explains

that his uncle does come to visit, but the uncle himself is sick, and has his own children to take into account.

If the harvest is good, he tells us, his two sào of land yield 5 tạ (500kg) per harvest, giving him about 300,000 VND every six months, or 50,000 per month. So, a Red Cross worker observes, you belong to *đói nghèo*, the hungry poor. The man looks down. I recoil a bit at what seems to me verging on a reduction of a human being to an economic category. He explains that the village helps with rice, and the offices of labor and society (*lao động xã hội*) gives them 22,000 to 36,000 per month. And after the flood the village Red Cross gave him some money to reset the pillars of his house, and came to help him with the work. Sometimes some of the social groups come to bring gifts.

His idea is to make a cage to trap fish in the river that lies down a small incline from his house. The work wouldn't take much time, he thinks; he could tend to it in the morning, before going to the field. He can only afford to be away in the field a half a day; he can't leave his sister alone longer than that. He can't ask other people to help, he says; he doesn't want to bother them, though sometimes he has to when he has to go to the doctor. Usually he goes twice a year for stomach trouble, but this year he has had no problems. A doctor in the group checks his medicine and looks over his hospital papers.

A Red Cross worker encourages him to plant sugarcane in the plot of land just outside his door, a field where he now grows cassava and a kind of bean called *he*. Others wonder about his ability to pump the water up the hill from the river, but when he says he can hand carry the water, the worker immediately looks for an envelope to add to the money we are bringing so that he will have enough to plant half the field in sugarcane. She will come back to check how he has done, she says. It seems a bit odd to me, people

from the city coming to tell a farmer what to plant. I also worry a bit about stories I have heard that people are planting more sugarcane than the local sugar industry can handle. But I understand the impulse. As a Huế friend put it, speaking of her own reactions to visiting such a home: “You meet these families, and you want to empty your purse.” As she leaves, the woman from the Hà Nội Red Cross returns to the thought of his taking a wife, and presses hard.

As we walk the path along the river back to our car, the local Red Cross worker explains that the money we give now can help people get by until the harvest. When I ask about the idea of marriage, observing that he seems to be a kind and thoughtful person who would make a good husband, she says yes, but she reminds me of the work a woman would be taking on. I think as well of the stories I have been told about people being afraid that their children might inherit the sister’s disease.

Fourth Visit

“That’s war.”

--visitor’s response to a father’s recounting of deaths and miscarriages

In the next home we visit we meet a man and his wife, age 65, and their 37 year old daughter who is able to walk and eat, but has limited mental capacity. The day has turned grey and rainy, and the kerosene lamp on the table that stands in the center of the room makes only a small soft circle of light in the gloom. The father, mother and I sit at the table, along with the vice chair of the village People’s Committee. The daughter sits at the far end of a bed pushed against the back wall, perpendicular to the table. She is the only child left from five births, the first child born when her parents went to fight near Pleiku, in a heavily sprayed region of the Central Highlands. They went from Quảng Thọ

in 1962, the father explains, and she was born in 1964. In 1968 they had a boy who was born with shriveled, twisted limbs (*quèò tay*) and a body that shook (*run*). After two years he died, and the doctor told them it was better not to try again. But they did. The third child died in a miscarriage at 5 months, the fourth in a miscarriage at 6 months, and the fifth died two months after birth, covered with growths on its face and body.

His family had rendered great service to the country, earned great merit (*có công*), the father explained. They were four brothers. One died when he stepped on a mine; another was paralyzed in an arm and a leg by wounds he received as a soldier. The third was also wounded as a soldier. “That’s war!” a member of our delegation interjects with a sigh. He himself is weak, the father tells us, with lung and liver problems, dizziness, and a minor heart problem. His wife has kidney stones, finds it hard to breathe, and wishes there were someone to help her as her strength fails. They say they get no help from the government, but then amend that under policy 202, their disabled daughter gets 36,000 VND per month.

The Red Cross staff person from Hanoi suggests taking out health insurance, but the woman says it is hard to get to the hospital for help, and other members of the delegation explain that you can’t get individual insurance, but need to go through a group. The rest of the conversation focuses on insurance. On the way back to the car the Hà Nội staff person criticizes herself for having talked too much.

Fifth Visit

Gleanings

At the next house we visit, the staff person from Hà Nội sits outside and lets me do the talking, with the help of the village Red Cross worker. It has not been easy to

reach this house, which lies in yet another hamlet along another stretch of the river. It has begun to rain, and the road has turned to mud, thick, deep mud that is as slick as melting snow pack. We fishtail along beside the river until the driver feels he can go no further. While the other members of our group pair up on motorbikes, I choose to walk. At each step my unskilled foot sinks down several inches, and I have to struggle to pull it free against the suction of the slippery mud.

We are visiting a woman who lives alone in a very small cement room relatives have built for her, perhaps 50 meters from the water's edge. The room is just wide enough so that there is room to pass between the bed pushed against the right wall and the table pushed against the left. Beyond the table is an altar, then curtains that partition off a storage area. The room stands apart and to one side in a courtyard where concrete blocks are stacked in rows. The woman's uncle greets me in the courtyard, pointing to her house and telling me he has had to do all the work himself. She needs rafters, he says, so when it floods she has somewhere to go to be safe.

The woman herself has less to say to us, and our conversation is strained. When she was 15 or 16 and living in Đà Lạt, she tells us, tumors began protruding from her body, and now, at age 47, they cover her from head to toe. Her face is disfigured by them, her fingers and arms marred and deformed. The Red Cross worker expresses warmth and care, and the woman seems grateful, but the great sorrow in her eyes does not change. It seems to me we are causing her more pain with our visit, and so I do not prolong the interview.

Seeing us leave so quickly, the woman from Hà Nội is critical. What did the woman ask for, she asks. Rafters for a second floor, I answer. A house is good, she says,

but not the most urgent. How will she earn her living? I am silent. Perhaps she could raise pigs, she answers her own question.

The vice-chair of the People's Committee lives a few houses away, and we go in to sit for a moment and drink tea while we discuss what might be most useful for this woman. The woman from Hà Nội again suggests pigs. When two other members of the delegation point out that the pigs would be lost in the floods, she protests: but not every year! Yes, they tell her, here it floods every year. Besides, she is too weak to tend the pigs. The woman from Hà Nội suggests that she might open up a small shop. Who would buy from her, the local members of the delegation ask. People are afraid of contracting her disease. Now she lives by following the rice carts back to the village and gleaning what falls. We begin to think of this as a special case needing long-term support. That is not something international organizations will consider, the woman from Hà Nội says. They will say that is a matter for the state to handle itself. Where will the resources come from?

We leave the conversation hanging. On our way back through the mud to our car I am overtaken by an elderly woman in a blue plastic rain poncho and rolled up black cotton pants who quickly passes me by, her bare feet resting lightly on top of the glutinous ground.

The next day the woman from Hà Nội and I are both sick. As I lie in bed listening to the radio, a song about the Trường Sơn Mountains plays. *Trường Sơn Oi!* Oh! Trường Sơn—where so many of the people from the village fought, so many died, so many came home still sick. Tears come to my eyes. I think of us trying to continue our work as if it is just a normal job—just going to visit families. But what layers of history, what will to

live, what attachment to place—a place so beautiful, and so difficult! It seems to me our sickness must come from sickness of heart. After I begin to cry for the place, for the land, the sickness begins to dissipate.

Sixth Visit

“There wasn’t anything left: not a bird, now an animal, not a thing.”

--grandmother, speaking of her village that was razed during the war

By Monday we are ready to go back to the village, though the composition of our delegation has changed. We have lost two members, and gained one. The national staff person had to return to Hà Nội for work, and the provincial staff has left us to the care of the local Red Cross. We have gained an artist, a friend of mine who has asked the Red Cross permission to join our group. His intent is to do sketches while we talk, and to see about the possibility of bringing his students to the village one day, both to learn about their own history and to think about the role of art.

We leave the road at a place marked on one side by a shell-pocked remnant of a wall, and on the other by a bomb crater that now serves as a small pond. We continue a kilometer or so along a dirt path, past sunny fields and houses shaded by fruit trees and stands of bamboo. Hammocks are slung here and there between the trees, and here and there children play while adults go about morning tasks: washing, sweeping, preparing food. In front of one house a woman holding a baby stares at us and sings a loud, sad song as we pass. When I ask about the song later the intern tells me the woman was crazy. The local Red Cross worker explains however that it was a lament for a soldier who left and never returned. The woman sings it each time a delegation passes, she adds.

At the first house we visit we learn as much about the history of war in the village as we do about Agent Orange. The family appears to be somewhat better off than the others we have visited. The main house sits on a cement foundation about a meter high, and is roofed partly in tiles. It is the only house where we are offered tea. The family has four children. "Three births, four children," the father says with a twinkle in his eye, explaining the puzzle by pointing to a pair of identical twins 3 ½ years old. The eldest child is in third grade. The second was born during the years when the father was a soldier in Đắc Lắc and Buôn Ma Thuột, areas that were once the site of heavy spraying. That child has been paralyzed from birth with something like cerebral palsy, he tells us. But she is also quite small for her age, not much bigger than a toddler, with withered arms and legs, and fingers that are fixed in a rigid inward curl: she looks up at us with an intelligence she is unable to express. A woman asks if the birth was difficult. The baby was born at 7 ½ months and had to stay in the hospital for three months, the father answers, but it is not clear from what he says whether the birth was difficult. He says that at first they went everywhere looking for help, but finally the doctors said there was nothing they could do. Now the child lies on a bed, wrapped today in a soft pink blanket, and is cared for by grandparents while the parents work. When I repeat that they have someone to watch the child while they work (the extra hands seem a gift in contrast to the situation of some of the homes we have visited), the father adds that since his parents are old and weak, it is up to him to do everything. He has just finished re-thatching the roof of the side building, for instance. His father is 85, he explains.

I turn to the grandfather to ask a bit about what he has seen. He is very straightforward and succinct. At the time of the French, he tells us, sometimes they would

come round up villagers and force them to be soldiers, soldiers for the French. They would round them up out of the fields. They would send them to the front lines and many would die. He himself was taken north by the French for a year, he says, as a prisoner. So many died, a woman interjects; there are not many people left from that time.

“And in the war against America?” I ask. Then they were rounded up and sent to strategic hamlets, the grandfather says. His son interjects that he remembers being a child in the hamlet, and having a good time playing. When they came back after the war there wasn’t anything left—not a bird, not an animal, not a thing, says the grandmother. They recognized their land by the charred remains of trees. They talk of an aunt who burned to death next door, talk of reclaiming the land from shells that would explode as they were removed. The grandfather recalls opening the family bomb shelter to find it full of the remains of many people, unknown people.

We sit in silence a moment, and then I turn to the artist, who has been helping me understand, and say something about how these last 30 years have been better, in comparison with the 30 that went before. The grandfather agrees.

Now, he says, all we have to do is fix the house.

Seventh Visit

“...a wonderful laugh...”

--mother speaking about her weak and partially paralyzed son

The next house we are to visit lies just around the corner from the last one. A small, well tended altar stands near the entrance to the property, on a cement column that is high enough to keep it above the flooding in normal years. In the front yard grow five long rows of beans, a trellis of squash, and a few fruit trees; to the west of the house lies

another squash trellis, a few patches of vegetables, a clump of banana trees, and a small field of beans.

These days the mother, age 48, lives alone with her son, age 12. Her son also has something like cerebral palsy. He cannot walk, cannot speak, and cannot chew; his mother pre-chews his food so he can swallow it. For the first eleven years of his life, he could do nothing but lie on the bed. Yet even then, his mother tells us, he had a wonderful laugh. Last year, a Red Cross worker with rudimentary training in physical therapy visited the family to teach the boy how to sit up. As we come in, his eyes and face light up when he recognizes the Red Cross worker who is our guide. He pulls himself up and sits between the visitors from the national and local level Red Cross chapters, dangling his spindly legs over the side of the bed. Our difficult conversation is punctuated and lightened by his infectious laughter.

The mother tells us that before her son was born she and her husband were living in a new economic zone in A Shau valley, in the mountainous region of A Lưới. Before the war, this region was covered in dense, triple canopy forests; during the war these forests were very heavily sprayed with defoliants to lay bare the Hồ Chí Minh Trail. After the war, she and her husband worked chopping and burning the remains of the forest to clear the land for tilling and planting. They both contracted malaria. She was so sick when she was pregnant with her son that she was brought back home to give birth. Her husband died of malaria two years after the baby was born. No, a doctor later tells me, malaria is not thought to be linked to birth defects.

The boy interrupts the talk with laughter as he engages his visitors in a game of “drop the handkerchief.” Repeatedly grabbing the cloth that the village Red Cross worker

has been using to wipe away his drool, he drops it on the floor with delight and a mischievous twinkle in his eye. He laughs uproariously at his own cleverness, and we cannot help but join in.

“Have you had any help?” I ask his mother.

“Oh yes, lots!” she replies enthusiastically. “Neighbors, the Youth Union, the Women’s Union, people bringing rice.” She is getting 202 benefits, the support for families with disabled members. The benefits have recently risen from 36,000 VND per month to 48,000 VND; that is, from a little less than \$2.50 USD to a little more than \$3.

She has pigs, chickens, ducks, and grows peanuts, cassava and beans, all close to the house. Because of her son she can’t go far, though she does leave him alone each morning as she goes to the fields. She explains that she can’t take him with her because he can’t control his bladder or his bowels.

As we talk, the woman from the local Red Cross manipulates the boy’s hands and feet, while the intern from the national Red Cross massages his back. The little twin siblings of the bed-ridden child we have just visited come with another small friend to see what is going on. They play and laugh with the boy. The artist tries to see if the boy can hold pencils. He can’t, but they play other games together, tearing a piece of paper to bits and dropping an empty film box over and over. The young neighbors take turns drawing on the artist’s sketchpad. The flash from a camera sets off another peal of laughter from the boy that once again elicits our own laughter in response.

The house seems to be under construction. The front wall is made of new cement blocks, and there are new cement pillars and a portion of a new metal roof as well. The side and back walls of the earthen-floored house are covered in worn reed mats backed

by heavy plastic feedbag material. The base of the back wall is a work in progress: cement blocks stacked in place, four blocks high, some mortared, some not. I ask the mother how she has rebuilt her house.

The question turns the conversation to the disastrous flooding of 1999, the winter before our visit. It was the biggest flood in a hundred years, in a region where annual flooding up to a meter is taken for granted. She put the table on the bed, the mother explains, then the chair on the table, and then lifted her son up and there they sat for 24 hours, until the waters subsided. Her house was rebuilt after that, but the conversation drifts on and I never do learn who rebuilt it. The intern from Hà Nội later speculates that she was helped by neighbors and members of the Youth and Women's Unions.

How can this Red Cross program help, I ask. The mother says she hopes for further rehabilitation for her son, and a small sum for investment for more pigs, chickens, and ducks. People buy from her, she says, and she could sell more if she had more.

The neighbor children are called home to lunch. The intern reminds them of their manners: they must say good-by to the boy. They come to him, one by one, and with arms politely folded across their chest address him as elder brother and say they are going. As they leave, he looks after them for a long time, thoughtfully.

It is soon time for us to leave too.

Half way back to the road, a man calls out to us: Do we want to see a bomb crater? We step off the path, past arbors of squash, to a perfectly round hole perhaps five to seven meters deep. A little water stands at the bottom of the hole. Up its sloping sides, beans are planted in concentric rows. The local Red Cross staff person offers to take us to see the ruins of a pagoda: two arches and a few meters of crumbling walls.

We talk about the house we have just visited as a house of laughter, and wonder at the way this boy brings more laughter to the world than many of us who have all our faculties. We talk about how we have been privileged to witness a spectacular expression of human spirit. And we hope we can find the simple help the mother has asked for.

Eighth Visit

“OK, that’s my fate. But I would like some help.”

--a woman with a nervous condition, mother of a dwarfed and crippled son

The next day we come to a house where there are tears, not laughter. It is in another hamlet of the same village, a kilometer or two down a hard-packed mud lane from the road that links most of the hamlets together, the one which was asphalted just this year. There we meet another widow who lives alone with her son. The house where they live is situated back from the lane, behind and down a slope from a neighbor’s freshly painted concrete-block house that sits high on a cement foundation. When we arrive, the son is working with trellises of squash vines in the small garden that lies between the two houses. In addition to the squash, the garden holds a few rows of beans or peanuts and vegetables. Banana trees grow along one side of the house, and at its back.

The walls of the house are pieced together from woven bamboo and corrugated metal, lashed to bamboo poles for support. The roof is corrugated metal, crowned with a single line of tiles along its peak. Inside, partitions are made of widths of heavy plastic striped in blue, white, and red. The plain wooden furniture is basic, and worn: a low table with a few folding chairs; a shelf that could double as a bench, made of a plank set on piles of uneven bricks; a bed with broken and missing wooden slats.

As we sit down, the mother starts to tell her story. She talks about getting severe headaches when the sun is hot, and about the way the heat affects her nervous system, driving her crazy. She talks about her husband, who spent much of the war in the mountains, fighting for the old regime, then died when his son was just a few years old.

At one point she stops talking, and begins to cry. Pulling herself together, she says, “OK, that’s my fate. But I would like some help.”

What kind of help? She doesn’t dare borrow from the bank, she says, because she is afraid she is too weak to earn enough to pay back interest. But she would like some chickens, or maybe ducks—chickens are easier than pigs, she explains.¹⁰ She is currently keeping three pigs for her neighbor, next to her kitchen.

She seems to have something else on her mind, so we wait. At last she adds, “And I would like a hearing aid for my son. It’s 800,000 VND – for you it is not much, but for me it is impossible.” She understands that we cannot give her anything that morning, that we have just come to hear her story. “I just want you to know in case you meet someone, or some program.” Her manner is now calm, clear. “I know you have only a little, but you have a great heart.” It is a phrase she repeats two or three times during the conversation, like an incantation, perhaps, or a prayer, or a mantra meant to bring into being the object of its meditation.

She does not seem to intend irony, but her remark sets in sharp relief the contrasts between us: the accidents of history that have shaped each of our lives so

¹⁰ A few years after this project, chickens throughout Vietnam were destroyed to prevent further outbreaks of Avian Flu.

differently; the abundance of what we have previously thought of as our simple lifestyles, the comparative ease of our lives as foreigner and urban Vietnamese.

Neighbors help her with everything, she says. They give her rice, clothes—everything. After last year's flood they helped her reset the pillars for her house, and fix the roof. When the government gave her 45,000 VND for a light fixture, her neighbors gave her free use of electricity from their line.

Although she is allotted two sào of land, she is too weak to work it. The government gives her a small monthly subsidy under measure 202, which provides aid to families with disabled members.

Her son, age 20, is dwarfed, deaf-mute, and suffers from a deformity that pulls one side of his body down and makes him walk with a lop-sided gait. Yet he tends the garden, watches over his mother protectively while we talk, and manages to communicate with us about several things. He tells us about the flood that came the year before, showing with gestures how high the waters rose in the house, and showing with expressions how terrifying it was. He asks for a photo of himself to hang on the central post of the house. And he draws us over to see that there is no rice left.

It is time for us to go if we are to have a chance to visit a newly built shrine to Nguyễn Chí Thanh, the revolutionary war hero that is a native son. The visit has been arranged in response to my request to understand not only the poverty and hardship but also the pride of this village. But as we stand by our motorbikes after taking leave of the woman and her son, we talk of a greater urgency, and we pool our money and efforts to buy her a big sack of rice. We begin to understand something about the priorities that

work to keep unwritten the remarkable story of the post-war rebuilding of thousands of villages like Quảng Thọ.

When the Red Cross staff goes to get the rice, a neighbor just up the slope from the family we have visited invites us to sit and drink tea in her house while we wait. Our conversation begins with the neighbor's new house. She built in cement, she says, because she got tired of rebuilding every year after the floods. Another neighbor drops in with her children, and then the woman we have just interviewed comes in too and sits down beside me silently, taking my hand and holding it tight until the motorbike returns with the rice and it is time for us to go.

We go to a "memory house" (*nhà lưu niệm*) for General Nguyễn Chí Thanh (1914-1967), the son of a poor peasant family from the village who became one of the leaders of the revolution and an important developer of southern strategy. The house is beautiful. Its mostly open front is graced with freshly painted yellow pillars that hold up a thick thatched roof. It sits on a raised cement foundation at one end of a large courtyard; at the opposite end of the courtyard sits a newly constructed small open pavilion with a large memorial stele sheltered by a two-tiered thatched roof. The house is preserved as a museum, with a photo display hung on the walls: Nguyễn Chí Thanh at Điện Biên Phủ, in Moscow, greeting the Chinese, in the jungle of the Trường Sơn mountains, and elsewhere. In the pictures he is often at the side of Hồ Chí Minh.

A Plea for Oral Histories of Dislocation and Reconstruction

In the final meeting with the representatives of the various organizations in the village, when I am asked my impressions, I speak of the families, but, thinking of the glimpses I have had of the dislocation and reclamation of the village, I cannot restrain

myself from making a rather impassioned plea for the recording of the history of the village. I am thinking of an oral history told by the generation that is passing. Not surprisingly, given the survival needs of many in the village, I am told that they have not yet had time to do so, that there have been too many other things to do. They are right, of course. But the time to make such records is quickly passing.

A Visit with Dr. Nhân

"Do you think it is better to wait until you have enough evidence to help people?"

--Dr. Nhân, who works with disabled children and their families

After finishing our visits in the village, I return to talk with Dr. Nhân, the Huế doctor who first introduced me to the subject of Agent Orange. In the four years since our first talk he has completed his dissertation, created the Center for Genetic Counseling and Disabled Children, set up classes for the deaf, mute, and blind, increased his international support, and expanded his attention to include prevention as well as treatment. He speaks briefly of his research. The epidemiological comparisons between two of his sites can be seen by the eye, by clinical diagnosis, he tells me. The region that was sprayed has statistically significant increases in birth defects that include: cleft palate, club foot, inguinal hernia, cataract, crossed eye, strawberry marks on the skin, and polydactylism. He speaks of the difficulty of controlling for confounding factors: of the many causes of cerebral palsy, for instance, or of paralysis. But, he notes, the proportions of children born with birth defects were much higher in intensely sprayed areas: the proportion of families with *many* (his emphasis) disabled children was much higher in those areas; in one village in Quảng Trị one out of ten children is born with birth defects.

It is clear that Dr. Nhân is first and foremost a medical doctor. “Do you think it is better to wait until you have enough evidence to help people?” he asks me. “All people with disabilities need help,” he answers his own question. Dr. Nhân has another question for me as well. He compares the experience of Americans and Vietnamese with Agent Orange, observing that the American soldiers were in Vietnam a comparatively short time, that they were [nearly] all male, and that they are eligible for government compensation for Agent Orange related illnesses. “What about my people?” he asks. “What happened to them?”

In his own work, Dr. Nhân does not wait for perfect knowledge or perfect conditions. He has set up a fund that has enabled hundreds of poor people to get operations for their children; provided scholarships for rehabilitation and training at an exemplary center, the Làng Hoà Bình (Peace Village) in Huế;¹¹ set up a sewing class and workshop to give deaf youth a trade; and set up a school where blind children learn and perform traditional Huế songs for tourists. At the time of my visit he had improvised a sterile environment in his lab, and improvised an incubator for genetic material that he

¹¹ The Peace Village in Huế was one of ten Peace Villages in Vietnam in 2001. It is a residential program where children live with a caretaker (often their mother) for the period of time necessary (often a month or so) for the children to begin the process of rehabilitation and for the caretakers to learn skills that they can then use to continue exercises and treatment, and to teach others, once they return home. The day I visited the Huế center, 80% of its residents were being treated for cerebral palsy, and 20% for other mobility problems. The center has a staff of 20: four doctors, eight technicians (eg, physical therapists), and eight non-specialized staff. According to the staff who brief me, its problems include a lack of training: there is very little written in Vietnamese, so they study as they work, gleaning what they can from books and the internet. It is too expensive to make it feasible to go to study in Hà Nội or Hồ Chí Minh City.

As we walk around, the center appears active, cheerful, and well-cared for. A class of 5th year medical students fills the entrance hall, listening to a lecture on rehabilitation. In one side room a mother and a technician work with a child who is strapped to a complicated machine. Across the hall a circle of parents are manipulating the limbs of several children, and one child is practicing walking. In another, recently built building one large room is designated for physical therapy (kinesthetics) and another for occupational therapy—that is, daily life activities, such as manipulating chopsticks. Other buildings at the center house a workshop that makes simple mobility aids, a cafeteria for residents, and sleeping accommodations.

kept at 37 degrees Celsius, with the help of two light bulbs.¹² As I write it is five years later, and his work has expanded to include efforts to integrate disabled children into regular classrooms, setting up schools and classrooms for special education for those who cannot be integrated, training for teachers to work with these children, plans for a prenatal screening clinic, work with classrooms in poor mountainous areas, and continuing expansion of a network of international support, which includes hosting a stream of visitors and volunteers from many places in Asia, Europe, and the U.S.

Conclusion

Rather than trying to make comparisons between Hà Nam and Quảng Thọ, comparisons that founder on the small sample size and the short time spent in each place, let us look at what the stories from Quảng Thọ have added to the larger picture of the consequences of Agent Orange. They have raised the profile of families linked to those who fought for the Sài Gòn forces. They have added to our beginnings of knowledge about what had to be done to reclaim the land and rebuild homes. They have also directed our attention to families with handicapped children now in their 30's, to people struggling to survive on their own, and to the particular hardships faced by caretakers who have no one with whom they can divide the work of the fields and the work of care-giving: the loss of labor that can lead to greater poverty, and the loss of care that can lead to endangerment and perhaps further complications; the lack of hands to perform work that requires two people; and perhaps the lack of moral support as well. These stories in turn have highlighted the need for and presence of both formal and informal social networks

¹² For a vivid account of similar medical improvisations in the difficult circumstances of a hospital on the Hồ Chí Minh Trail, see Dr. Lê Cao Đại's memoir.

that do what they can to alleviate the poverty and share the care: families, neighbors, and the various associations that are charged with care and protection of different cohorts of the village or town. While this structure was visible to some degree in each of the places I visited, in Quảng Thọ it was made the most explicitly clear. Can links be traced between this organizational structure and the influence of the strong revolutionary leaders who came from the village, or did the village itself have long-standing practices that helped generate those leaders? Yet another question to explore that is beyond the scope of this study.

When I commented favorably to the director of the VNRC Agent Orange Fund on my observations of the workings of these supportive structures, on how I had been struck by the fact that no one can be in need in Vietnam and not have some responsible agency know it and try to address the situation or at least visit to bring encouragement and moral support (*động viên*), he replied that I had understood something important about Vietnam, something deeply rooted in the compassion for one's neighbor taught by Buddhism. Another Vietnamese colleague agreed vigorously with my observations, exclaiming: "That's how Vietnam won the war!" The network of structures serves many purposes, and while it is not my intent to idealize it, I do intend to raise for reflection the positive purposes of system that some mistake as only constraining. The questions entailed are as old as philosophy itself, and certainly will not be settled here, but must be taken seriously in any attempt to understand Vietnam: the balance of security and freedom, protection

and constraint, individual and group, right relationships shaped by patterns of respect and obligation, and by survival needs.¹³

The next chapter, the final chapter of stories, returns to Mrs. Hồng's province in the south of Vietnam, Đồng Nai.

¹³ One couple who had spent a lifetime working for a major international relief agency in half a dozen poor countries in Asia and Africa spoke in the early 1990's about how it was precisely this structure that would lift Vietnam from poverty: the structure that links the smallest village to the central government with information and requests that flow both ways, this network of supportive agencies, these habits of thought that take into account the collective good at multiple levels. The couple had had their share of petty frustrations working on a village malnutrition project, but had also seen the way the system was able to take a good idea and multiply its benefits quickly to the rest of the country, significantly improving the standard of health in a short period of time.

Chapter Four: A Province in the South

Mrs. Hồng's city of Biên Hoà is the capital of Đồng Nai province, which lies just to the northeast of Hồ Chí Minh City, across the Đồng Nai River. In the days when the city was known simply as Sài Gòn, this proximity brought intense warfare to the region. The *Rừng Sắt* (Iron Forest), the *Mà Dạ* Forest, *Xuân Lộc*, and the road to the port and resort city of *Vũng Tàu* are some of the areas remembered by all sides for heavy and prolonged fighting, including intensive bombing and heavy applications of Agent Orange. A full environmental history of the region and the impact of war on it would add much to this study; once again my work can only serve a heuristic purpose in that regard, recording the passing references of people I spoke with.

Today, according to Đồng Nai Tourism, the region is known for its sweet and juicy *Tân Triều* pomelos,¹ its durian,² its rambutan,³ and its rubber. Tourist attractions include the ancient tomb of *Hàng Gòn*, the *Trị An* waterfall, a "primitive jungle," a 3000 year-old stone xylophone, ceramics, a warrior tower at *Xuân Lộc*, a statue of the revolutionary *Võ Thị Sáu*, and the Đồng Nai peace park. Đồng Nai was the site of War Zone D, the tourist information continues, and is today the site of hundreds of factories and plants, including the *Tay Ha* oil chemistry zone. The *Trị An* reservoir, constructed in 1987, generates hydroelectric power. The memory of war is strong, but only one piece of a kaleidoscopic present.

¹ *bưởi*, which looks something like a giant grapefruit

² *sầu riêng*, a large, spiny fruit with an odor so strong it has been forbidden in airplane cabins; it tends to inspire either intense love or hate

³ *chôm chôm*, something like a golf-ball sized, prickly litchi

The Đồng Nai I visit is not the Đồng Nai of the tourist bureau, however. The dimensions of the Đồng Nai I experience over the 11 days I spend there are measured by the hotel where we stay; by trips to one village to the northeast and another to the southeast; and by visits to families in the town of Biên Hoà, as well as to a super-market in its industrial zone. To this patchwork I add some fragmented memories of a visit eight or nine years earlier, in 1992 or 1993, when as coordinator of an organization sending volunteer teachers to Vietnam, I visited a young man who taught English at the Biên Hoà Teachers Training College. An official from the school drove me by motorbike from Hồ Chí Minh City, past fields and trees and a few crumbling buildings that dotted the same miles of road where large, modern, international factories now stretch as far as the eye can see. I remember passing the long, high wall of the former U.S. military base en route to visit a UN sponsored vocational training center for refugees who had returned, or in some cases been returned, to Vietnam. I remember a young man who stood up in the back of the class I was asked to address. Would I do him a favor when I returned to Hà Nội, he asked: buy a white flower and place it in the road, for a friend who had died; after class he pressed 2,000 dong into my hand for the flower. I remember the teachers college, just beginning to rebuild, and a mid-week visit to a nearly deserted small amusement park on a lake. And I remember a lunch near the river that ended with the best pomelo I have eaten, before or since.

This time, with a young intern who is the representative from the Vietnamese National Red Cross in Hà Nội, I stay at a hotel in Biên Hoà, alternating days of interviewing with days of rest that allowed our hosts to conduct other work, and allowed me to make notes.

Introduction to the Đồng Nai Red Cross

“They will still live if we don’t help them—they have been living so far, have taken care of everything by themselves for 25 years now—we are just adding a bit of help, is all...and it is rather late.”

--a doctor at the Đồng Nai Red Cross

On the day of our arrival we meet with our hosts, the staff of Đồng Nai Province’s Red Cross, including the director, vice-director, accountant, and person in charge of foreign visitors. We are given a brief introduction to the work of the Red Cross and the illnesses of the families we will be visiting. The Đồng Nai chapter of the Vietnamese Red Cross was established in 1976. The provincial Agent Orange fund was set up in 1999, one year after the establishment of the national fund. It provides money to build houses, buy wheelchairs, and support small investments and vocational training. Part of our discussion focuses on the long delay in the support promised by the national Red Cross for the projects. They have been “waiting, waiting, waiting” for the money and the chairs, we are told. It is an issue raised in several places we visit. People are really putting a lot of hope in this plan, they tell us—it is like throwing them a floatation device. In part, it gives them hope for a cure for disease, or for a chance to study, or for the means to fix their house. In addition, it gives them psychological (*tâm lý*) help, as they come to understand that their suffering is not due to their sins, but due to a poison chemical sprayed by the Americans—that it is a consequence of war. The staff tells us of a scientific study conducted in the vicinity of *Hồ Biên Hùng* (Biên Hùng Lake), near the old U.S. Air Force base. Vietnamese and international scientists have come twice to check the levels of dioxin in the blood of people living near the lake, and have found very high levels of contamination. This lake is referenced frequently, both in our visits here, and in articles in recognized international research journals.

When I make a remark about the help we are bringing, a doctor present responds rather sharply: “They will still live if we don’t help them—they have been living so far, have taken care of everything by themselves for 25 years now—we are just adding a bit of help, is all...and it is rather late.” Earlier the doctor has refused to allow me to present the small gifts I have brought for the families, saying they would never accept money from an American. Instead, he will take money from each envelope to buy sugar, milk, and cakes, and then divide the rest among the families, presenting them as well with a certificate saying the gifts are from the International Red Cross, the Vietnamese Red Cross, and the Đồng Nai Red Cross. When I ask the intern about this later, she suggests that maybe it is because it is not appropriate for an individual to give, while the association gives nothing. Perhaps. At the same time it is not hard to understand a reluctance to accept help from the source of your suffering, all the more so in the context of Vietnam’s official insistence on *nội lực*, that is, “internal strength,” not relying on outside help.

I ask the staff members whether they were in the region during the war. Yes, the director replies. When she was 16 she joined the guerrillas—she makes a gesture of shooting an anti-aircraft rifle into the air. *Xuân Lộc*, she says, then, seeing I do not recognize the name, she adds—45 kilometers from here. She starts to say more, but in the slight pause I have too quickly turned to the doctor. When he came, he explains, the war was over, but the dioxin was still in the ground, because of the heavy spraying around the base. The foreign affairs officer does not respond to me directly, but turns animatedly to the doctor, trying to make him see how it was. The durian died and split open right on the tree, he explains—died right on the tree but didn’t drop. They turn to me. Do I know

durian? Yes. Have I eaten it? No. It is a specialty of the region. The physical persistence of the past into the present and future entangles with memory; my presence and questions serve both to evoke that past and provide a return to the present.

Talk turns to children born in heavily sprayed regions: children in the Rừng Sắt who grew up normally until a certain age, then shriveled up like monkeys; so many children born in *Tây Ninh* province with something like cerebral palsy, and crippled arms and legs, and blind; children in *Bình Thuận* province who had no anal opening but had to defecate through a tube.

“*Có hai việc mà phải làm, vô hiệu quả,*” the doctor observes. I first translate this as “There are two things we must do that we cannot do,” or “that cannot bear fruit.” Later the doctor corrects my back translation. “Things we must do that we cannot yet do,” he says. Still later he talks of this work as not without fruit, but without end. “We must cure the people and restore the land,” he explains. “We must do this, but how can we? There are no medicines that can cure these diseases.”

The next morning we are to go to a distant village to meet with three families, I understand vaguely. It is only some time after our visit that I realize the village, situated in the former Rừng Sắt, is in one of the regions most heavily sprayed during the war.

In the Rừng Sắt Forest

Our first visit is to Phú Hữu village (*làng*), in Nhơn Trạch district (*huyện*), which lies southeast of Biên Hoà, still along the Đồng Nai river, but closer to the sea. Leaving the center of the town we first head back towards Sài Gòn, past the miles of factories with their names emblazoned in Vietnamese, Chinese, and sometimes English. The director singles out Caro, a mammoth supermarket. The road is broad and smooth and well-paved,

two lanes to a side divided by a cement center barrier—another world from the roads we have been traveling in the center and north. At a large round-about planted in a careful design of red and green, we turn in the direction of Bà Rịa-Vũng Tàu, towards the beaches and the port. During the war this road between Sài Gòn and its port saw heavy fighting and was heavily sprayed. Today we pass many places designed to attract tourist travelers: shady cabanas, canvas sling chairs and hammocks, piles of fresh coconuts, and a bigger than life-size black and white cow that stands guard, or welcome, over what is this morning (a Tuesday) a vast empty parking lot. Eventually we turn off the main highway onto a smaller road that is also well-paved.

Compared to the center and the north, the land seems deserted, and somewhat desolate—a grayish color. We pass fields of sugar cane, bare fields, fields of cassava, and then cross through many acres of rubber. Some of the trees are saplings, some are old with strips of bark removed, some have cups attached to catch the latex as it drips. I see only one or two people at work that particular morning.

After several miles we come to the Nhơn Trạch industrial zone. It is only a few buildings, nothing compared to the complex outside Biên Hoà, but surprising out here in the seeming middle of nowhere. We proceed to the district offices, where we do not get out but are joined by a member of the district level Red Cross staff. The offices are housed in two large, beautiful new buildings landscaped with carefully sculpted plants, all protected by a high fence and a guard station. We continue on the road through more fields, some bare, some planted, and then turn off down a road lined with houses separated by plots of land around and between. Over the entrance to one house stands a very large, perhaps half life-size, statue of the virgin Mary; around a few more bends, a

gate leads to an even larger (perhaps five times life size) statue of the sitting Buddha, fat and laughing. The road continues past houses of bamboo and thatch and houses of cement. Passing the school and health clinic on our right, we turn left into the grounds of village People's Committee. A pre-school stands at one end of the grounds, beyond a packed earth volleyball court that is shaded by trees.

In the offices of the People's Committee we are invited to sit around tables that are pushed together in a large u-shape in the center of the room. Colorful maps and organizational charts are placed high atop cupboards. A banner proclaims this village as having been "Heroic in Battle" (*anh hùng vũ trang*). A number of people come to sit at the table, while at the desks against the walls, work goes on. I ask for an overview. The reply starts with statistics. The village is made up of 1975 families (ho), I am told: 9343 people. It has been designated as "Heroic in Battle." In the last seven years, since 1994, it has been able to reduce the number of poor households from 271 to 226. Eighty-six households have at least one disabled member; 50 have a member affected by Agent Orange. Nineteen families receive support from the Party and the government; 10 families receive continuous support. The 70 year-old head of the Veterans Association explains why the village has been conferred the title "Heroic in Battle". The region was heavily attacked because of its position: a marshy area just across the river from Sài Gòn, with deep hollows that made it useful as a military region. The fighting was very intense; the year 1968 was especially ferocious: "một mất một còn" ("one dies, one remains"; that is, "to the death"). He says a few words about the effects of the chemicals: people found it hard to breathe, unbearable, exhausting. From the place where we are now sitting, you could see 20 km, he attests. There was not a tree, not a blade of grass.

In the north people often told me about evacuating their homes periodically to move to safer regions. In the center, around Huế, I was told of forced long-term evacuations to strategic hamlets (*ấp chiến lược*). Here, I begin to understand, there was no place to go. That's right, the Red Cross doctor later confirms, it was not a matter of evacuating. It was more—and here he makes large circling motions with his hands—first they went this way and then came back; then they went that way and came back. Everywhere they went they could still hear the sound of the planes. No, he agrees, evacuation was not the right word. There was no place to go.

The representative of the Veterans Association explains that there were two periods of fighting in the region, one against the French and the other against the Americans, but the worst was against the Americans. Most of the people in the village opposed the Americans. Most people there have their roots in the village, he says. When he was born, his parents were already there. Under the French the village had been called Lương Thiện; it took the name Phú Hữu in 1945. It later became known as Phước Thành for a few years, but now it has taken back its former name.

We make three visits in Phú Hữu. In selecting what to include here from those visits, I have looked for what seemed to me the dominant concern of the principal people I spoke with, as well as those concerns and matters of pride unique to that family that could add another piece to the mosaic of stories narrated by this dissertation. In addition, I highlight oft-repeated themes. For the most part this is done in synoptic form, situated in a brief description of the setting, and punctuated by a limited number of direct quotations. I am keenly aware of the way such a presentation limits each person's fuller meaning, but choose this approach due to limitations of space, and in acknowledgement

that whatever I learned in my time with these families is but a very small part of the whole story. The two extended interviews presented in the introduction and conclusion are meant to give a reader more of a sense of the complexity of each perspective, but these are also severely limited by the time and circumstances of a single visit. These limits are mentioned not to invalidate these interviews, but to make precise their value as a first step, and underscore the importance of considering each as one piece in a mosaic.

First Visit

"I'll explain it to you this way. In war there must be wounds and losses, but now I ask foreigners who are compassionate to help."

--mother of eight disabled children

The first home we visit is not far from the People's Committee offices, a short distance back along the road we have come. Someone has taken pains to brighten the home with symbols of compassion, vitality, and good fortune. The cement walls of the front room have been papered over with bright posters of the Buddha sitting in lotus position, red votive papers imprinted with various designs, calendar pages, and sports posters. Even the rough wooden pillars that support the bamboo and corrugated metal roof are partly covered with a bright red paper decorated with large floral designs in blues and yellows and pinks. The plank bed, chest, and low table are well-lacquered, the floor of large brick tiles is well-scrubbed.

Two plastic chairs are set, one for me, and one for the mother. The other members of our delegation stand outside or move about the room. The mother begins the conversation with the loss of her children. "I have eight children...three died when they were 18 years old. At birth they were normal. At ten they started to [unclear] until they were 18 and died." Eighteen, nineteen or twenty, she later amends. She speaks simply,

directly, with great control, but the pain is obvious on her face and in the way she presses her hands together. While we are talking, a twenty year-old son lies on the plank bed, his legs and arms withered and contracted, his eyes clear and bright, his voice strong yet gentle. He is speaking with the intern from Hà Nội, asking for medicine for his 17 year-old sister. She is weak, he says, and in pain. Another boy, 13, sits on the floor, alert and upright, but with thin bony legs that can no longer support him. After we leave the house, the head of the provincial Red Cross recalls that when she visited the home three years earlier, that boy could walk, and was so sweet. An older sister, 23, is at vocational training; she is missing toes, one leg is small, and the ball of her other foot is swollen. The mother explains that she had been married before, to a soldier who died in the war, and had a child with him who also died. The child was bent and sick and though the grandmother tried to nourish it, it died.

During the war she lived in Đồng Nai, where they were sprayed starting from 1961 or 1962. When they were thirsty they would drink the water from the craters made by the bombs the B-52's dropped. "We didn't know anything about it then," she says. "When you are thirsty, you drink. But then, after drinking, we would be sick—the poison spray had fallen there." At that time, she recalls, the doctor warned her that if she got pregnant, it would be hard to keep the child.

"We live by selling lottery tickets," she explains. "We don't have money to run to the doctor. We didn't even have enough money to buy the tickets—how could we run after curing illnesses? At the start we worked in the fields, but the fields were poor and we couldn't pay our debts, so we went to sell lottery tickets so we could little by little pay off our debts." The Red Cross supplied the funds for the first investment in lottery tickets.

She and her husband have to go far, she says, across the river and deep into Hồ Chí Minh City. Her husband is 60 now, the age of retirement for men in Vietnam, but he gets up at 5:30 every morning and only gets back at 8 at night. He makes 20,000 *Đồng* or so a day (roughly \$1.50 at the time of our interview)—enough for 10,000-something for the ferry, and 5,000 to buy things to eat. “Enough to keep us alive,” she says, “but not enough for medicine.” When they both go to sell tickets, the daughter in vocational training stays home to take care of the others. They have had help from the community for a long time, she says—“3 *ký* (kilograms) of rice here, or 5 *ký* there, and milk for the children to drink.” Whenever people come she asks them for pain medicine.

When I ask if there is anything she would like to say through me to others who aren't here with us, she replies, “I'll explain it to you this way. In war there must be wounds and losses, but now I ask foreigners who are compassionate to help. My daughter is taking sewing lessons, but we have no sewing machine, no tools for her to set up a little make-shift shop outside and help feed the family. And my boys want to work on rehabilitation, but they have no equipment. And for the child who cries all night, I'd like to ask for medicine.”

Throughout our conversation the mother holds her body tense, and speaks with force and urgency, her words at times tumbling over themselves. As I write this now, I have on my desk two pictures that reveal her strain. In the first she is standing to the left of the plank bed, where her three children present that day are sitting. The daughter has her arms around her 13 year-old brother, who she has helped lift from the floor. He leans against her. Beside them lies the older brother, holding a package from the Red Cross and smiling gently. The mother stands, her arms folded in a gesture that may mean defiance

in the U.S., but signifies respect in Vietnam. Her eyes look straight ahead; her expression is sad and strong. In the second picture she stands alone with her back to the carefully arranged altar, with its flowers, offerings, candles, and pot of incense. Her lightweight red shirt and pants echo the predominant reds of the Chinese inscribed paper panels that hang above the altar. Her expression is the same, but this time her hands are clasped in supplication. After everyone else walks out, she turns to me and asks several times, "Help me." A staff person from the Red Cross comes back in, saying gently but firmly, "*Thôi!*" ("That's enough, that's all.")

Second Visit

"We are all poor"

--neighbor of a family with a slow-witted son

The second visit that day is just a few minutes' drive away, back down the same road. To reach the compound of six bamboo and thatch houses, each with a fenced courtyard of packed earth in front, we walk 20 or 30 yards down a lane, between other structures. In the house, I am given a seat across from the father, at the table that sits at the center of the room, between two plank beds which are pushed against opposite walls. The rest of the delegation sits on the bed behind me. Behind the father, the bed is full of family and neighbors, relaxed and curious. My notes record: "I have the feeling of being watched like a television." For a while, the family's 25 year-old son looks in through the window from outside. Then various members of the group urge him to come sit with us, which he does. After introductions and granting permission to tape, the father begins to talk about Agent Orange, looking around to check with the Red Cross team to see if that is right. The doctor suggests he just answer my questions. Still overwhelmed by the

previous visit, I fail to pick up on his lead, and revert to my short list of standard questions. The conversation is not so much difficult as minimal.

I ask him about his family's health. Nothing special, he says—he can still work, running the fishing nets and doing this and that, working to feed “this guy,” he says, pointing to his son. He elaborates: when he needs a bath, you have to bathe him. When he wanders off, you have to spend a half an hour or an hour looking for him. His son can feed himself, but he can't talk, and at times he is deaf.

During the war the father was here, in the Rừng Sát. He didn't see any spraying he says, but at the edge of the forest, all the vegetation and leaves had fallen. Some people got sick right away, he says. “Sometimes you couldn't find a thicket to stay in, and you had to find cover in order to live,” he explains. “We got our drinking water from the leaves of trees. Whatever trees still had leaves, we'd drink the rainwater from them. As for whether they were sprayed or not, I don't know,” he adds. He fought in that region for five years. He is aware of one other man in his unit who has a child who is affected.

When I ask if the community has helped, he says no—from past to present no one has come to pay a call. Behind me I hear a stirring and muted protest. Someone speaks about the Red Cross. “Ah,” he says. “Maybe they came by while I was out fishing.” His hope is to have some investment money to start raising pigs or chickens, and to cure his son's illness.

As we leave the house, a woman who has not been part of the gathering hurries over to me to say, “We are all poor—all the homes here are poor.”

Back in the car there is vigorous discussion, with various members of the delegation talking about how many times people have been to visit him. Perhaps he

himself is a bit slow, they speculate. I recall the visit in Quang Tho where a young woman appeared not to realize that the neighbor who had visited her so many times was coming on behalf of the Red Cross.

Third Visit

"If you travel around you will see that the consequences of this war linger on a very long time and are huge"

--father of club-footed son living in former defoliated area

The third family we visit lives several kilometers from the others. We turn off the well-paved road, down a road that would be normal in the center or the north, but which here looks poor. We go several kilometers, past empty fields and fields of sugarcane, past a few isolated houses that offer for sale food that is the specialty of the region, to a certain turn in the road, where we get out and walk perhaps a kilometer to reach the family's house. We cross over a small canal on a "monkey bridge" (*cầu khỉ*), an arched bridge made of two thick, curved bamboo poles with planks nailed across. The intern from Hà Nội is very excited and scared to be crossing such a bridge. That evening she calls home to Hà Nội on her cell phone, describing the event with great animation. Sometimes I feel that she is at least as foreign here as I am; indeed, it has been explained to me that part of the reason she is on this trip is to get a grounding in reality (*đi thực tế*, "go into reality", or "make a field visit"). We follow a path through fields and past a small cluster of very poor houses. A man from the local Red Cross explains that people had been resettled here after the floods in the west. The houses are built on sandy soil, under the shade of a few trees. The path continues through fields of sugarcane, past occasional bamboo and thatch houses, alongside gardens of pineapples and mangoes.

Coral-pink flowers on tall stems line the walk into the well-swept courtyard of the family we are visiting. Banana trees, papayas, mangoes, coconuts and pineapple surround the house, providing food, shade, beauty, and perhaps some income. To one side of the courtyard, a small pile of leaves is drying. Along one edge, a flat altar sits on a cement column. When we arrive, the father is not home. We go in and sit down. The head of the Veterans Association says he will play the role of host, and takes bananas from the imposing family altar to offer us.

While we wait for the father to arrive, we talk a bit with the mother, though she prefers to wait for him. I say the house is beautiful. The tile floor is cool, the two rooms are enormous, with very high ceilings supported by wooden pillars. Everything is neat and well scrubbed; the wood shines. The altar is set with tall wooden candlesticks and a beautiful vase. Snapshots decorate a cabinet set to one side, which also contains a television. A picture of Hồ Chí Minh hangs on a pillar near the altar. The mother contradicts me, saying it is poor; then she adds, the house is left from the grandparents.

With the memory of the morning's first two visits fresh in my mind, I am focused at first on the family's health, but though that is mentioned by the mother, the main focus of her husband is on the land. The mother begins by briefly recalling how difficult it was to make a living right after the war, and thanking the government for helping to stabilize their lives. She talks about the effect of war on health, especially the consequences of the chemicals. It has affected her eyes and nerves, she explains. She went for treatments for two years, she says, and though she is not completely well, she is better. Both she and her husband have been affected. Her husband, age 61, is weak and can't do heavy work. And

her fourth child, age 22, can't walk right. When that child returns from cutting sugarcane in the fields, we see he has a club foot. She hopes the international community will help.

The mother tells us she was born in B n Tre, and spent the war 100 km from there, up on the Cambodian border, from 1970 until the liberation. As she talks about the intensity of the bombing and the spraying in 1970, the Red Cross doctor asks her how she knew they were poison chemicals. We knew, she says. When they sprayed, within two days all the leaves would have completely fallen. You'd run into the shelter, but you could still smell it. And the U.S. didn't use just one plane, but sometimes three, or ten—it was really loud. If you got to the shelter in time you were ok, but if you didn't, it was terrible, and you'd be in the hospital for a long time. "My lungs were affected during that time—being bombed like that and breathing those poison chemicals," she says. In the village and at the district they would give them medicine to help.

"How could we know what chemical it was?" she asks. "We just saw it sprayed, but how could we know whether it was Agent Orange or something else?" In B n Tre, she tells us, America sprayed a lot—not a thing was left standing. There were no forests in that region, but the coconuts would fall from the trees after spraying. The fields were bare. Before there were coconuts and tangerines, but half a month after the U.S. sprayed, not a single plant was left standing. Now things are back to normal there, she tells us, and you can plant the ground again.

The man from the Veterans Association explains that when she and her husband came here, they had only their bare hands. Her husband's parents helped them with fields. Right after liberation he himself had come back, he tells us, and for 20 kilometers

around nearly everything was destroyed. There was nothing left. Then little by little, step by step people started to work the fields again. Because it is a tidal region, they had to reclaim the land from the sea before they could plant. He was born there, and remembered that before the war the land there was really good, but during the war it deteriorated. Right where we were it was sprayed, heavily sprayed, but “up there”, he gestures, it wasn’t. But here there were bombs and mines because comrades were living in the region, he explains.

The conversation lags in the noon-day heat. As we wait for the husband to return, various members of our delegation drift out to the shade of the trees, admiring the plantings. One man returns with a fresh picked coconut, which he opens and pours for us.

When the father returns, he speaks directly and forcefully. He begins by asking for help, if the “international” (Red Cross? community? visitor? He does not specify.) has a human heart. He requests that the U.S. compensate the war victims in Vietnam, the several million war victims, not just his family. “If you travel around,” he tells me, “you will see that the consequences of this war linger on a very long time and are huge. The war is past,” he says, “so now maybe the governments of Vietnam and the United States will do that work together, but so far they have not. The Red Cross and the humanitarian agencies have, yes,” he says, but according to him, a simple Vietnamese person, he says, it has to be done between governments. “Vietnam didn’t meddle in anything against America, but America came over here on its own. That’s my opinion,” he says, “from someone living in this country. The international is one story, the Red Cross is another story, but if you speak with the American government, it will really mean something.”

“I myself bear witness,” he says, “to the matter I call ‘Dacota’—chemicals, specialized in spraying poison chemicals over Vietnam. They didn’t spray just one or two places, they sprayed several hundred mẫu⁴ at a time. You know, they totally destroyed several hundred *mẫu* right in this region. And that’s not even talking about trees...the coconuts, the jackfruit, all the fruit trees. I see maybe no one believes me, because there is a woman smiling. But it’s true. And the area around Long Thành, where I fought the war was heavily poisoned.”

I ask when he came here. After liberation, he says. “I didn’t have a thing. We lived from day to day. There were no trees or vegetation, just rice. The water was salty, and then later the Party and the government gave money to keep the salt water out. Only then did people start to come and plant this tree and that. In ’75 we could just harvest one crop of rice, because there were [only] six months of fresh water.” How did they eat during the first six months, I ask. “We looked for work... went into town... the government helped,” he answers. “Generally speaking, the government never leaves people in misery.” After the war, life was very hard. The Party and the government took care of life for people, never let people starve, he tells us.

“Even right after ’75?” I ask.

“Yes, even up ‘til now, it’s still the same way,” he replies.

The interview ends. As we walk out into the full force of the sun, two or three members of our group pick banana leaves to serve as parasols as we wend our way back through the fields.

⁴ 1 mẫu = 10 sào = 3600m²

After these visits we had two days' rest. As I listened to the tapes I realized how much I had missed the first time, and wondered if I should be working with an interpreter. I worried that the size of the delegation and the need to explain my purpose and seek permission to tape might overwhelm the stories people had to tell. And I thought about the questions I was asking, and my relationship to the people we were visiting. "I must not let the large delegation and the technical difficulties overwhelm the stories people have to tell," I write in my notes. Yet I must remember all the while that this is the first, and perhaps last, time we are meeting, and that the important relationships here are the ongoing ones within the household and the village, and between the village and the province. "What can I say?" I write. I want to express something of the sadness, the pain, the injustice, want to offer my apology, despite my government's unwillingness to apologize or take responsibility. But I do not want to seem patronizing. I think of working with these people as partners in telling the story and raising awareness. I think of—and then find my mind shying away in pain from thinking of—the difficulties they have faced and found ways to meet. I think of each life as normal to those who live it—as the very experience of life itself. I try to walk a line that neither sensationalizes nor diminishes the lives I am being given glimpses of. "Easy to say," I write.

During these two days I also seek some respite from the weight of the stories by visiting Đồng Nai Tourism, where I learn about durian, the stone xylophone, and other local attractions. And I prepare questions for our upcoming visit to Xuân Lộc district.

Xuân Lộc: "Twelve days and nights" (*mười hai ngày đêm*)

The Red Cross director has earlier explained that Xuân Lộc is 45 km or so from Biên Hoà. Someone else has said 100. All agree it was the site of one of the most intense

battles of the end of the war. The fighting was especially fierce, they explain, because that region was a gateway to Sài Gòn for troops coming down Route 1 from the north. It was a stronghold of the ARVN forces. If it could hold, then Sài Gòn could hold; if it fell, then Sài Gòn would fall. "Twelve days and nights," I am told several times: the last battle, in April 1975, lasted a continuous 12 days and nights. The director of the provincial Red Cross, who fought there, now wonders if the diabetes in her family is linked to the Agent Orange she encountered there. There is no prior history of diabetes in her family, she says.

The road out of Biên Hoà to the northeast is lined with the usual mix of city buildings: shops and schools and hospitals and government buildings. On the outskirts, as the road begins to rise into the hills, there is a parish church every few kilometers. Several are new, and big. In the morning as we pass many are hung with red banners enjoining the reader "*Hãy yêu thương nhau*": "Love one another."⁵ Further into the hills the road runs through groves of rubber trees. In the shade of the trees, roadside stands sell drinks and snacks and offer beach chairs for a rest from travel.

Next we come to a stretch of more or less evenly spaced lots with houses in a profusion of styles: wood houses painted blue, houses built on pillars, houses made of bamboo, and houses made of brick. We are in the district capital of Xuân Lộc. We stop only long enough to pick up the director of the district Red Cross. He apologizes, explaining that they only received word of our visit that morning, and so several people are away. We proceed to the village of Xuân Hưng, where we go first to the offices of the

⁵ On our return early that afternoon I notice only one banner, changed from red to purple, as befits the afternoon of the day, Good Friday. It is around one or two o'clock, midway through the three hour period of silence and prayer observed by Catholics around the world, and people can be seen through the open doors and windows of several of the churches.

People's Committee, which sit in the middle of a large clearing. Later we learn that it was the former base for the Americans and the ARVN troops. We are met by a representative from the People's Committee, the head of the Farmers' Association, the vice-chairman of the Veterans Association, and the head of the Red Cross.

In the introduction to Xuân Hưng we are told that the village was established in 1972 and is now inhabited by people from six different ethnic groups who follow five different religions. People here earn their living by gathering and preparing the leaves used to make houses and straw hats (*nón lá*). On swidden fields⁶ they raise rice, corn, manioc, cashews and peanuts. Animal husbandry in the village includes chickens, pigs, and cows. There are 11,000 hectares of land in the village, we are told, and 21,000 people. Confirming what others have said earlier, we are told that during the war it was the door to Hồ Chí Minh City, and thus the site of terrible fighting. Many people were malnourished, disabled, and exposed to Agent Orange.

The head of the Veterans Association, who moved here in 1989, tells us that there are now 140 (veterans?) in the village who are affected by Agent Orange. He speaks of a wounded veteran, a woman, whose husband is one of those affected. His hands and legs had to be amputated, leaving his wife to feed seven children. He is very moved by their situation he says, and saddened when he sees what the imperialists have done. Another case he mentions is that of a rich family, one that owns a Honda Dream⁷, but is still touched by disabilities linked to Agent Orange.

⁶Fields made by burning vegetation and trees to clear the land. Traditionally the land would be used until it lost its fertility, then allowed to lay fallow and return to vegetation. With land increasingly scarce, this practice is hard to sustain.

⁷The motorbike that symbolized wealth at that time.

The head of the Farmers Association, a resident since 1972, says there are 600 people in the village officially classified as poor or hungry. There are 327 disabled, of whom 180 are thought to be affected by Agent Orange. The Party and the government look after them, we are told, to help them forget their losses and pain. Agent Orange isn't the only ongoing legacy from the war, however. Already that year (it was then mid-April) three people have died from explosions from *bom bi*—baby bombs or cluster bombs. “They are small things, no bigger than a cigarette lighter,” I am told. A month ago, someone was collecting garbage to sell and ran into one. Two months ago it was a Chămmother and child who were collecting manure. There is no program for sweeping for *bom bi*'s.

Taking my lead from the last house we visited in Phú Hữu, I ask if any of the men I am talking to were here during the war, and could tell me what it looked like then. After a silence, the man from the district Red Cross responds, “I can tell you—I was here.” He speaks with force, his jaw set. He was here in⁸ 1972, and saw airplanes spray a lot of chemicals. America sprayed a corridor through the forests, he tells me. One day it's all green, and the next day all the leaves had fallen. He makes particular reference to a mountain, *Núi Mây Tàu*, a stronghold of the Việt Cộng.

Talk in the room returns to the effects of those chemicals. The man from the Veterans Association says he wasn't a witness here, only came from Quảng Trị in 1989, but he has seen the effects on chickens. He knows a man up the hill whose chickens are

⁸ My notes are unclear here. Did he say he was here in 1972 or until 1972? If he said in 1972, his recollection of seeing spraying suggests several possibilities. One is that spraying was done after the official end of spraying was ordered (as is suggested by the US move to take barrels of Agent Orange to Johnston Island, partly, one source claimed, as a result of continued use of the banned chemical). Another possibility, as another source claims, is that while the US spraying officially ended in 1971, America continued to supply certain chemicals to ARVN forces until 1975, though perhaps not Agent Orange itself. Another possible explanation could be the tricks played by memory.

very good-looking when they are born, but then develop tumors all over. Other people in the room have heard of this man. Some people say it is because he didn't wash the eggs carefully before they hatched, he says, but the man himself says he did. In heavily sprayed places in another village, another man relates, out of 10 calves born, only three will survive. Yes, someone else interjects, on Núi Mây Tàu 300 cows were lost—born monstrously deformed, or with crippled legs, or no ears, or no mouth. The vegetation up there doesn't produce much either, someone adds. The leaves curl up. And the cowherds on the mountain suffer from many fevers, and diarrhea. There are cancers—of the liver, the digestive tract, and the lungs. Another thing about the chickens, someone adds, is they don't see clearly, and no one can explain why.

I ask how they differentiate the categories “disabled” and “Agent Orange victim.” There are three criteria, I am told. The first is the length of time living in the area, the second is the presence of deformed children, and the third is the incidence of cancers. There are a large number of cancers, I am told. Far too many. While these are the criteria, at the same time it is recognized that some people, for example those from Quảng Trị, come here already exposed. The different levels of the Red Cross—the village, the district and the provincial—have programs to help these people, and orphans. They give help twice a year, on two Tết holidays.

Fourth Visit

“I receive you here, and people from the national Red Cross, but I still don't understand why America came over here to drop bombs and bullets on Vietnam that way.”
--father of a boy with Down's syndrome

The first house we visit seems meant to illustrate the point of the man from the Veterans Association: Agent Orange touches the lives of rich and poor alike. The house

is large, set on a concrete slab, one part roofed in sheet metal and the other in shingles. On the altar in the room where we sit stand brass candlesticks and a large brass incense burner. A Honda Dream is parked in the next room. The husband is 68, the wife 65. Most of their 10 children have married and set up their own households. The ninth child remains at home, however, affected by Downs Syndrome: he can't speak, he doesn't understand, he wanders off, and can't sit still, the father tells me. I am seated opposite from the father, across a table that is covered in a pleated gold cloth, topped with glass. The family moved to the area from Quảng Trị, "after liberation," in 1978. During the war they were up near the Lao border, near Khe Sanh. When they came all that was here was *cỏ tranh*, he says. I have read of this as *imperata* grass, a tough, economically useless grass nicknamed "American grass" because it grew in areas that had been sprayed by Agent Orange. Lots of people came here from Quảng Trị, he says. "Up there, there were so many [left over] bombs exploding—we didn't dare stay there any longer. We planted corn and sesame to live on, had to clear the land, look after ourselves. So many people died." I tell him I have an 80 year-old friend from Quảng Trị who told me that when the war began there were 83 villages in his part of the province, and when it ended, only three.

When I ask if he knew about the chemicals from hearing people talk, he tells me he saw them himself. "When I was up there, at home, I saw airplanes fly across and unfold a white [unclear]...white color, white smoke, and then that place turned from green to yellow, and afterwards there wasn't a tree or a bush—they slowly died. After a long time some of the trees could re-grow, but some were completely dead." I ask about the people living in that region; the Red Cross doctor repeats my question in better

Vietnamese. Many people were affected, the father tells us. Some had their arms and legs crippled, and could not walk.

When he says that what he would like from the program is an investment loan to help him raise ducks or pigs or maybe cows, I ask if cows can be raised well here. Cows here also have deformed fetuses, he replies. They carry them three or four months, and then they miscarry. Out of 10 cows, you get two; the other eight die. You have to find a good place to raise them. In the mountains it is heavily contaminated, but in the delta, less.

He turns the conversation: "I receive you here, and people from the national Red Cross, but I still don't understand why America came over here to drop bombs and bullets on Vietnam that way. Vietnam is a self-governing country, [...] America brought planes and soldiers to wreak havoc in Vietnam like that. Now Vietnamese people in general, and I myself in particular, want America to take responsibility...to give people the means to survive and lessen the hardship a bit."

When I reply that, speaking as an American, I do not know whether my government will help, but I think the American people will, he acknowledges my words and says he sympathizes. He says he sees that in the past war it was not only Vietnamese, but also Americans who suffered. He had seen it on the television news—many people who participated in the war in Vietnam were also sick, and miserable. So, he said, he thought Vietnam and America should work together on those consequences that war unjustly caused. He thought it would be good for both Vietnam and America.

The Red Cross doctor intervenes to sum up what we both are saying: after how many years of war, it's late to start this—it should have happened sooner. Resolving war

isn't just a matter of economics. He thinks the father wants to say more. "The consequences of war have been going on for 20 years," says the father, "and yes, some restoration has occurred, but I ask you to make your superiors help my family and Vietnam, the sooner the better. Waiting will bring back sadness, for my family and for Vietnam in general." Here the man from the district Red Cross talks about the delay of the funds promised by the Red Cross to these families. He hopes they will be made available as soon as possible after my trip. As it is explained to me and to the families, the problem is that the Vietnamese government has not released the allocated funds, but no one explains why. Less than a month after our visit, those funds are finally released.

The intern from the national Red Cross is annoyed by this visit. The Red Cross commitment is to the most vulnerable of the poor, and this family has a hill of cashews, the wife has told her. Whoever has a hill of cashews is rich, not poor, the intern insists. I speculate that this family was chosen to illustrate that the effects of the chemicals sprayed touch both rich and poor, although an equally plausible explanation is that the father is particularly articulate and willing to speak (a criteria mentioned by one Red Cross person), or that he is in accord with official policy.

Fifth Visit

"God is love."

--banner in the house of a young man affected by spina bifida

To reach the second house we twist and turn down dirt roads that divide large parcels of land with single-family dwellings partly obscured from passers-by by hibiscus and other hedges. The whole is covered by a thin canopy of trees: coconut, mango, jackfruit, *bằng lăng* and banana. The Biên Hoà members of our delegation seem as

enchanted as I, marveling at the well-tended fruit trees that make a shady orchard we must walk through to reach the house we are visiting.

As we enter the house, the first thing that catches my eye is a large banner hung over a small altar, or shrine. In large red and gold foil letters it proclaims "God is love." On the altar is a crucifix, and a statue of Jesus that reveals his sacred heart. To one side hangs a framed picture that includes a cameo of the pope, and several holy sites. Below the altar is a quotation from 1st John 4 in the New Testament. As best I can decipher it, it is the passage: "He who abides in love abides in God, and God in him." Pictures of an older generation hang on the wall as well.

Signaling assent to my request for permission to tape the interview, the mother replies to the doctor, "When she asks questions, I will answer." Our conversation is rather halting, reserved. I start by observing that many people must have come there many times already. Yes, she tells me, many times. The village has come to visit and given presents, given money, given rice. I explain that my purpose is a bit different, that it is to relay her words to people who do not know what the situation is like in Vietnam or in her village. She begins by talking about her son, now 25, and his needs: a sanitary place to lie, a fan to provide a bit of air. He was born with *spina bifida*, an external tumor on his spine which prevented his walking, causing his legs to atrophy. It is the one birth defect for which male veterans in the US can receive compensation as associated with exposure to Agent Orange.

The family has taken out loans to build a small tiled room for their son. In it he lies on his stomach on a low slatted bed, his chest propped up on cushions. His family has

set the light switch near the baseboard, within his reach, and devised a system of tubes that enable him to drink water at will from a large container that stands against one wall.

Currently the mother has a loan of 10 piglets, which she keeps in a well-scrubbed sty a few yards from the house. She and the doctor explain the system of loans. You buy feed to last six months, along with two pigs. At the end of the six months, you sell the fattened pigs and pay back the loan, and have a little bit of profit, about 100,000 VND (roughly \$7 at the time of the interview). Now what she would like is money to raise more pigs so they can have more money to care for her son and get the medicines he needs. When he was small and she was young she could take care of him, she explains. Now “my old age is already here...I am old (58) and my husband is also old (77). I can’t work any more.⁹ So now I ask you to help my son have a place to lie and something to eat.”

Her son was not born in this village but, like the first family we visited, in Quảng Trị, near the Lao border in the area of Khe Sanh,¹⁰ where they went in 1975 to work in a new economic zone. She recalls a time when from one day to the next all the vegetation was damaged, and the people living there didn’t know what to make of it—didn’t know whether it was a “salty mist” or what. She also recalls drinking from a well they dug

⁹ The age of retirement for women was then 55.

¹⁰ Khe Sanh is known as “the Valley of Death” by people in Hue. It was the point chosen to attempt to stop the flow of soldiers from the north into the south, and thus the site of prolonged, fierce battles. The surrounding area was heavily defoliated during the war. The mother’s reference to a mysterious white, salty mist after the end of the war is puzzling. Was some sort of spraying continued even then? Did the wind displace some of the chemical residue from the war? Is she mis-remembering? Is she mistaking the mist for the cause of her son’s condition, not understanding the effect of the dioxin remaining in the soil and in the shrubs that they were clearing for the new settlements?

whose water gave people a stomachache and diarrhea. When she was pregnant, she was sick for five or six months, and the doctor told her that her child would surely be like this.

“When he was born in 1976,” she explains, “I carried him right away to the Hang Hoa hospital. At the hospital the doctors said they couldn’t cure him, and [I] took him to stay in the hospital at Dong Ha for several months, and the doctors again regretted they couldn’t cure him, and sent him to the hospital in Hué. After he lay several months in the hospital in Hué, the doctors said to let him go by train to Sài Gòn. By the time we got there I was completely out of money, and then...that is, the doctors there said we had to give up, and bear it. When the doctors said to give up, then I brought him to this place to take care of him myself.”

I ask how they lived on the road like that, right after the end of the war. “Well,” she replies, “we leaned on our relatives on both sides, and the hospitals. Whichever relatives had a lot helped us out until the time we came up here, and after that, when we came up here it was gone—there was no money left. You call it enduring hunger. A potato or some flour...the neighbors who had come here first saw our extreme misery and they helped, they loaned us things or we couldn’t have eaten. And we cleared the forest for cultivation....When we came we didn’t know a soul, but when they saw our situation, they took pity on us.... We came here, and had more children, and saw they were healthy, so we stayed right here.”

At the end of the interview we visit her son, whose handsome face, intelligent eyes and gentle conversation make a sharp contrast with the large lump on his lower spine and his withered legs.

Sixth Visit

"Now, out of your own humanity, whatever you think about Vietnam and our children, you think for yourself and be moved, but here we are not asking for a single thing."

--father of a child with motor and learning disabilities

On the way to the third house we return to the main highway and drive past a long stretch of homes where leaves perhaps two inches wide and four feet long lie drying in front courtyards and along the edge of the pavement. We are just here for a short visit, I am told. This time we speak mostly with the father, a man 40 years old who works at the local health clinic. He tells us his experience in Quảng Nam Đà Nẵng, where in 1969 he saw his grandfather die from drinking water from a new well that had been contaminated by an American bomb. His grandfather drank the water, began coughing blood, and slowly died of vomiting and diarrhea. Other people who drank that water were also affected, but not as much.

We ask about the leaves of the trees. They had fallen all around there, he said, though some areas were hit heavily and others lighter. It was so hard to live there, he told us. He stayed until he couldn't take it any more then came south in 1986. In 1990 his first child was born, "frail, frail, frail, frail...so weak." They went from one hospital to another until their money ran out. He himself has trouble with one arm that tires easily and goes numb, and with a tight chest cough that just drags on.

The doctor asks what the father has asked for in the Red Cross plan—animal husbandry? The father says what he would really like is medicine. After further discussion, he says a small investment to help him raise pigs or a cow would bring income to help defray the costs of his daughter's medicine. She is sick a lot, he tells us.

The doctor, in a hurry to go, says that if he has anything else to say, he should say it now. The man talks of the happiness of having a healthy child, and the difficulty of

having a child born affected by the chemicals that America poured down. “And we are the ones who must bear the consequences war has left,” he says. “Now, out of your own humanity, whatever you think about Vietnam and our children, you think for yourself and be moved, but here we are not asking for a single thing. We have lived with this hardship for many years already, from birth.”

There is a long silence after this last comment, parts of which I have not fully understood. He sits looking down at the table. In parting we offer our small gifts, and they offer us mangoes, a large bag full of beautiful, ripe, sweet-smelling mangoes from their tree.

The International Red Cross hosts the delegation to lunch and beer at a roadside stand. As we get in the car to go back to Biên Hoà, one of the Biên Hoà staff with elaborate care places a baseball cap on my pile of things. I am a bit puzzled, but only later do I look at it closely. It is a denim cap with “Ranger” embroidered in bold red letters, and “U.S. Army” in smaller letters in gray and green. Then I am even more puzzled. Is it a gift? I think about all the things I don’t know about the people I am sharing these visits with. When we reach the hotel I am not sure what to do. If it is a gift, I don’t want to just leave it behind. So I ask whose it is. The man who has placed it there is surprised. “Yours of course!” he exclaims. I say no at the same time another member of the delegation says it is his. I am struck once again by how complex and conflicted the relationships here must be, how complicated the memories, how amazing it is that things work as well as they do given all the possibilities for mistaken assumptions.

After our visits to Xuân Lộc, we again had two days to rest, transcribe, and write. To save money, the intern and I have chosen to room together, and tension is mounting

between us. I suspect we are both overwhelmed by our visits, the heat, and the constant company of just each other. She is young and spends much of her free time watching t.v. I am old and long for silence to write. From time to time she goes shopping, and I go for walks—to an internet café, to the river's edge, or just to walk. We are both riveted by televised tributes to the beloved song-writer Trịnh Công Sơn, who died earlier in the month. Once condemned by all sides for his sardonic pacifist lyrics, at the time of his death he was loved by all for his songs on love and human fate—perhaps one of the few figures of his generation inspiring such intense love on both sides of the 17th parallel.¹¹ The intern and I would while away time in the restaurant writing down the lyrics to his songs and making poor translations. During this time she also taught me the lyrics to the Red Cross song. For a few days we shared the hotel with a soccer team from—Hải Phòng, was it? They were in town for a match, and some of them knew the intern's boyfriend, who was also a professional soccer player. As we were leaving, the hotel was making preparations for a wedding between a young local beauty and an American man in his 60's who said he was a banker. A staff person at the hotel asks me if I think the American is telling the truth.

Biên Hoà

Our third set of visits were to families in the city of Biên Hoà itself. As has been noted, Biên Hòa is the provincial capital of Đồng Nai province and lies just across the river from Hồ Chí Minh City. It's extremely rapid rate of industrialization has made it a magnet for people from all over the country. The attendant who worked on the floor of

¹¹ The 17th parallel lies a hour or two by car north of Hue, along the Ben Hai River. From 1954 to 1975 it marked the division of Vietnam into North and South. Many poems of separation and longing for reunion have been written about the parallel, the Ben Hai River, and the Hien Luong bridge that spans it.

our hotel, for instance, had come from Phù Lý, a town in the north that was the site of some of my first interviews.

The particular ward of Biên Hoà that we visited, Trung Dũng, is the part of Biên Hoà closest to Hồ Biên Hùng (Bien Hung Lake), which is thought to be contaminated with runoff from the large American air base that for several years served as the headquarters for the Ranch Hand program and was a major storage and transfer site for the various chemicals stored there. Some reports speak of pilots dumping residual chemicals over populated areas on their approach to landing. There is solid evidence of a 7500 gallon spill on the base that researchers theorize may have drained into a canal that feeds the lake, helping to explain the high incidence of cancer in the ward.

At a briefing in the ward's People's Committee offices, we meet leaders from the local Red Cross, the Committee for Protection and Care of Children, the Fatherland Front, the Old People's Association (*Ngươi Cao Tuổi*), and the Committee for Labor and Society (*sic*; presumably a shortened form for the local branch of the Ministry for Labor, War Invalids and Society). Our own delegation includes one representative of the national Red Cross and two from the provincial Red Cross. We are told that 18,000 people live in the ward, working as government employees, business people, factory workers, and in "free trades" such as cyclo driving and day labor.

Sixty-nine families in the ward have thus far been examined by an international group of researchers who measured the levels of dioxin in their blood and fatty tissues. This is only the first step, not the total number of those affected, we are told. People in this quarter have been exposed to Agent Orange via two routes. Some left to be soldiers and came back having been exposed in battle. Others were exposed by leakage from the

base into the public water source. The consequences of these exposures are thought to include unusual diseases, reproductive disorders, and a high incidence of cancer—49 times that of the ward of town with the least incidence of cancer, we are told. We are also told that there was a reduction in the number of children born with birth defects once it was understood that the water source was contaminated and uncontaminated water was brought in.

In 2001, the Ministry of Labor, War Invalids and Society gave 88,000 dong (roughly \$6 US) per month to those thought to be affected by Agent Orange if they were Viet Minh (communists or their allies). Others must rely on charity we are told. The Red Cross provides treatment, builds houses, gives investment loans and grants, and visits on Tet and other holidays. Examples given of the use of investment money included buying three-wheeled vehicles used to transport goods; improving housing; starting up small businesses such as selling cigarettes, candy or tea; providing schooling for children; and buying a cyclo.¹²

Seventh Visit

We are abruptly asked to leave.

To reach the first house we visit in Bien Hoa, we turn off the main highway onto a dirt lane that leads down an incline to the railroad tracks. We walk along the tracks, passing houses separated from the trains by fences patch-worked from scrap lumber and corrugated metal. An open sewer runs along the fence, bridged here and there by a slab of cement that provides access to a house. The house we enter has a small courtyard in front. When we arrive there are two children inside. One is a 5th grade girl who stands at a

¹² A three-wheeled pedaled vehicle. The passenger or cargo sits in front, the driver sits on a bicycle seat behind.

window, reading a school text, quite shy when I ask her about her book. Her leg is in a brace, her foot in an orthopedic shoe that is the gift of earlier visitors, we learn. The other child is her older brother, who sits against another wall, his foot held by a loop in a long metal chain that allows him some freedom of movement but keeps him from wandering out onto the tracks. Their mother is out looking for garbage she can sell to support the family. After a time the father comes in, agrees to be taped, and starts to tell his story.

There are nine people in the family, three of them sick. The father moved to this house in his teens, in the 1940's, when the land his family had been living on was taken by the westerners¹³ and made into an air base. He talks a bit about help he receives from Viet Kieu and from the Committee for the Protection and Care of Children. Then abruptly everyone is standing up to leave. Not understanding, I am at first reluctant to go, thinking this is another case of the delegation's preferring quicker visits than I do. When I get back to the car, I am told it is too hot and the head of the Red Cross is sick. She does not accompany us on the next visit. It is only the next day that the doctor tells me what happened: the man said it was giving him a headache to talk.

Eighth Visit

A short visit to Biên Hùng Lake

The next house we visited is situated on Hồ Biên Hùng, the contaminated lake. The father spent much of his time in the lake, making a living by gathering water spinach (*rau muống*) and lotuses, and fishing. They sprayed directly here, he tells me. The trees dropped all their leaves. And during the flood season the water from the lake rises and

¹³ He uses the word westerners. At the time it was the French. It is the base that was later used by the Americans.

comes into the house. He shows me the water marks. Two members of our delegation who have been standing by the lake rush over and ask abruptly “Done yet?” Not yet I reply, and try to continue. One of them talks over us: “271—that’s the measure of dioxin in his blood. His disease is called chloracne.”

From our conversation I have been learning that chloracne is just one of the many diseases he has that could be related to Agent Orange, and that his children too suffer many symptoms of exposure. As I pack up to leave, he is still talking about the help they have received from the Red Cross and from the Ministry of Labor, War Invalids and Society.

Later the intern from the national Red Cross scolds me: “You should just go in, have a look around, and that’s all,” she says. “No use sitting around.” Today she refuses my request for help interpreting, although earlier she has said that I didn’t need an interpreter because she would help. It is the low point of our work together. Back at the hotel I write: “I think the way to think of it is that they have extended great courtesy and patience to me, and have come to the end of what they can tolerate. I can’t blame them—they are busy people. I also don’t need to put them, myself, or the families in a difficult situation any longer. I think the graceful thing to do is to call and thank them for all they have arranged for me, say I know they have many things to do and I don’t want to *làm phiền thêm*” (cause more bother). I call the Hà Nội office to ask their advice about this plan. They tell me to ask the intern.

The next morning the intern is sick and does not join us. Should we still go, I ask the doctor. Yes, he says, then adds that perhaps the intern hadn’t told me, but tomorrow they are conducting a province-wide training, so the office will be very busy and have no

time for visits. I say that they have done a lot for me already—that if this morning it is better to just go and present gifts, that’s ok. The doctor looks surprised and shakes his head, saying that this morning was *thoài mái*, free—I could talk as long as I pleased. Then we both shake our heads and laugh, seeing we are both coming from reconciliatory positions. He repeats that it’s ok this morning, just two houses.

On later reflection, I see that their impatience with me yesterday had grown with the increasing heat of the day, but also followed on the experience of being asked to leave by one interviewee, an experience the other members of our delegation understood, but I was oblivious to until it was later explained.

Tenth Visit

“Create a center to cure or treat diseases related to Agent Orange, where people could get medicine.”

--suggestion from a man suffering several medical problems

The first of the two houses we visited that morning was that of Mrs. Hồng, whose interview was the focus of the first chapter of this dissertation. The second house, the last house we visit, is the home of a man in his early 40’s who has twice tested positive for high levels of TCDD dioxin in his blood. He remembers seeing the spraying of chemicals in Sông Bé, where he was born, and then going out to work in those same fields, planting corn and beans. He recalls airplanes spraying something white, something that looked just like rice milk. And a while later the leaves would fall, he says. Now he suffers from a cough, a stomachache, a weakness in his arm and fevers that the doctor can’t explain, along with other problems. In 1997, as a participant in a scientific study, he was given some medicine that helped, but when the study was over the medicine ran out. He would like more. His wife speaks of their children who are small and slow to learn, of her own

trouble falling, of her husband's continual illness, of their lack of money for doctors visits and medicine, of how his illnesses keep him from working, causing other difficulties—they can't afford water, for instance, and so they must carry it from the well (or central spigot). They do odd jobs to make a living, and have their house thanks to contributions from their families.

When the Red Cross doctor asks if he has any request, the husband offers this suggestion: create a center to cure or treat diseases related to Agent Orange, where people could get medicine. The wife speaks of a happy time when the local Red Cross came and gave them sugar, milk, presents, and medicine that made him able to work, and healthy. The wife also asks for a small amount of money to feed and school her children. As we leave they offer profuse thanks; I say we must wait and see what happens before thanks are due.

Conclusion

One of the most important things these interviews from Đồng Nai add to the mosaic of interviews is complexity: complexity of the warp and woof of history and geography, complexity of social organization, complexity of encounters with chemicals and poisons, complexity of effects on the land, animals, and human beings, complexity of hopes for help and accountability, complexity of styles and purposes of storytelling.

The southeastern part of Đồng Nai, a marshy land with deep hollows and both a wide river and a main highway that link Sài Gòn to its seaport, was hard fought over during the war and heavily sprayed with chemicals in an attempt to provide safe passage for ships and convoys. The hills in the northeast of the province provided the last barricade to the troops moving south towards Sài Gòn, and were the site of an epic battle

at the end of the war that left them denuded in part, and embedded with unexploded ordnance and chemical residue. The city of Biên Hoà saw its water supply contaminated by the chemicals that were stored and transferred into planes and sometimes spilled at the Air Force base that lies in one heavily populated part of town.¹⁴

After the fighting stopped, parts of Đồng Nai became resettled with people from other places that were even more devastated, or so haunted by traumatic memory that any place else at all was a hope, however slim, for some relief from the ghosts, for some new beginning.¹⁵ Places mentioned by immigrants to Xuân Lộc and Biên Hoà included, in the center of the country, Quảng Trị, Khe Sanh, and the Lao and Cambodian borders; and in the south, the region of Quảng Nam Đà Nẵng, Sông Bé, and Bến Tre. The People's Committee of Xuân Lộc made a point of noting that it is today comprised of six ethnic groups and five religions. Housing structures, statues, and banners all attest to this complexity. Wood houses painted blue stand beside brick houses that stand beside houses on stilts that stand beside thatched homes. Large statues of Buddha and Mary adorn the outside of homes; inside altars, in addition to the almost ubiquitous pictures of ancestors, hold statues or images of various incarnations of Buddha, of Jesus with his heart exposed, and of Hồ Chí Minh. In some places the state has bestowed flag-bedecked certificates proclaiming the place to have been "Heroic in Battle," or a person to have been a war hero or a martyr. In other places, banners proclaim that "God is Love," and enjoin readers to "Love One Another."

¹⁴ To what extent does the dense population of this part of town have its roots in the people who flooded into town looking for protection and work at the base? And did they indeed flood, or trickle? When, and in what circumstances?

¹⁵ Resettled voluntarily? Involuntarily? Out of desperation? Because there were no other options? Out of false hopes that there was some "elsewhere" that had escaped the ravages of war? A mix of these and other motivations? A history of post-war population migrations would be useful, especially if balanced by oral histories.

Some people had contact with the chemicals by drinking the water that had collected in bomb craters, or on leaves. Some drank from poisoned wells. Several spoke of a white mist that looked like a salt mist or like rice milk. They spoke of being unconcerned at first, but then they learned to run for cover, either from advice given by their leaders or from experience with the spray that left them nauseated, faint, or made it hard to breathe. They spoke of watching the vegetation slowly turn from green to yellow, and then die. In the end, you could see for 20 kilometers—there was not a tree or blade of grass that whole distance. Still today the leaves on vegetation on a heavily contaminated mountain curl up, I was told. The cows that are born there are deformed, the cowherds have fevers, diarrhea, and cancers, and the chickens grow tumors. In the lowlands, the sea overwhelmed the land and made it salty, presumably due to the loss of protective vegetation along the tidal river banks. Mangroves in particular served the function of separating land and sea; growing in the water along tidal rivers, they serve both as protection against soil erosion and some protection against flooding, and as a breeding ground for fish. Vast stretches of mangroves were destroyed, as much as half of the total mangrove forest overall; 100% of the mangroves in large areas. The effects of this destruction continued to be felt in post war problems of reclaiming the land for agriculture: reclaiming it from the sea salt, reclaiming it from the unexploded ordnance, reclaiming it from the tough grasses, and finding alternative sources to the contaminated water. Reclaiming, and then replanting: sugar cane, cassava, rubber, durian, pomelo, jackfruit, pineapples, mangoes, coconuts, bananas, hibiscus, *bằng lãng* (*lagerstoemia*), and a profusion of other tropical fruits and flowers that now soften once devastated land and provide work and food to its people.

Amidst the ongoing work of reclamation and its first fruits, illnesses linger. To the diseases suffered by Mrs. Hông—diseases of the liver, spleen, digestive tract, and myelitis, miscarriages (and, a few years after our conversation, the development of breast cancer)—these interviewees added missing toes, club foot, diabetes, spina bifida, troubles of the eyes and nerves, undeveloped limbs, lung damage from inhalation of the chemicals, mental retardation, and a progressive contraction and weakening of the muscles that led to death in a child's late teens. Some women mentioned that at the time of their pregnancy doctors had warned them about the possibility that their child would be born disabled.

What people hope for in these circumstances, in addition to Mrs. Hông's request for a stable place to live, includes tools for work, aids for rehabilitation, medicine, operations, small loans for investing in cows, pigs, and chickens, help caring for disabled children as the parents' strength wanes with age, and the establishment of a center for treating diseases related to Agent Orange.

In addition to physical help, many shared Mrs. Hông's sense that "there must be responsibility." I was urged to ask compassionate people to help, urged to seek help from any international person who has a human heart, and told that while all that was good, it would really mean something significant if I were to speak with the American government. It was pointed out to me that Vietnam did not come meddle in American affairs, but America came over here on its own. Another man brought up a similar theme: he still couldn't understand, he said, why America came over to drop bombs and bullets that way. Vietnam was a self-governing country. Now, he said, he wanted America to take responsibility, to give people the means to survive and lessen the hardship a bit.

Because Americans had also suffered, he thought Vietnam and America should work together on the consequences that war unjustly caused. He thought it would be good for both Vietnam and America. But there was another man who made it very clear that, although he did want assistance from the Red Cross, he was not asking for and did not want American help.

No one else spoke with Mrs. Hồng's insistence about the need to write the stories into history, and no one else I met in the Đồng Nai made explicit reference to building friendship between former enemies. One person seemed confused about the point of the interviews, and one expressed ambivalence, at first agreeing to talk, and then asking us to go away. Other people told stories of grief, of struggles to survive, of illnesses and hardship. Several raised questions about the past, one suggested a local plan of action, and several reflected the strength and courage with which the families had met their difficulties, often with the help of their communities and the government.

The next chapter will turn away from stories to look at the ways Agent Orange has been framed through the more public discourses of science, politics, humanitarian and activist efforts, and the social science disciplines.

Chapter 5: Frames

The first four chapters of this dissertation have presented as simply and directly as I was able the stories I was told by people whose suffering is attributed to Agent Orange. This is not meant as a naïve assertion that the stories here presented have not already been framed by my recording, memory, transcription, translation, editing and ordering, and by multiple other filters made apparent during the course of re-telling the stories, such as my rapport with the story teller, the make-up and attitudes of the audience, the weather, health, time pressure, hunger, the perceived lines of authority, the influences of public discourse formed by an intersection of state and local concerns, and many other influences besides. Nor is this to deny the importance of the many thoughtful and sometimes passionate discussions on transparency, representation, subjectivity and subjugation, objectivity and objectification, power relations, and overt or hidden, or at times unconscious, agendas. Rather, while acknowledging the importance of these discussions, I would argue that it is also important to recognize the risks of falling into solipsism if we turn solely towards theory without at the same time (or perhaps as a next step) struggling to find better ways of engaging than those we are critiquing.

In “The Storyteller,” Walter Benjamin writes of the disappearance of the ability to exchange experiences. I would argue that in the context of a particularly polarizing moment in history, one vital role for some anthropologists to play is to create possibilities for just such exchanges of the complexities of human experience across boundaries, to create possibilities for an understanding inflected by empathy, not only through the elegance of intellectual theory but also through an appreciation for the texture and

complexity and constraints and loves and hates and fears and preoccupations of daily life. The first four chapters of this dissertation, then, may be taken as an attempt at such communication.

This chapter turns to other ways of framing the issues marked by the polyvalent term “Agent Orange”: the chemical, the metaphor, and the name for the cause of suffering. It will take up briefly, one by one, a variety of approaches, raising salient elements in the history of each approach, noting its language and the questions it raises and insights it brings, naming work yet to be done from that particular perspective, and suggesting ways that particular perspective both enhances and limits understanding and action. Some of these approaches have been explored for 50 years, some only for one or two. Most are worth several dissertations on their own. This chapter can serve only as the barest of outlines, meant to raise questions, not draw conclusions. It is heuristic, not explanatory, a storehouse of first thoughts to return to for future studies rather than a finished work. By insisting on the pertinence of a variety of frames while asserting the primacy of human stories, this dissertation seeks to sketch a possible outline for a problematic of what must be taken into account if we are to have any hope of adequately addressing and perhaps even “settling” the charged questions that hamper discussions of “Agent Orange.”

In her book *Ghostly Matters: Haunting and the Sociological Imagination*, Avery Gordon speaks of the “dense site where history and subjectivity make social life.” What follows in this chapter is a look at some of the threads that are tightly interwoven into the fabric of what we are talking about when we talk about Agent Orange. Indeed, they are so densely interwoven that an attempt to disentangle them is fraught with simplifications of

experience that threaten to distort as much as clarify. Yet that attempt may still be helpful as a step towards a two-fold goal: to see more clearly how these threads are interwoven, and to see more clearly how the categories themselves are inadequate representations of experience.

This chapter will focus for the most part on the public discourses of science, politics, humanitarian non-governmental agencies, law, activism, and a variety of perspectives from the human and social sciences: economics, demography, psychology, and anthropology. It will begin, however, with ways the people I spoke with framed Agent Orange.

Interviewees

For many of the people I spoke with, Agent Orange was one possible causal explanation for at least part of the suffering they had experienced since the end of the war, and a focus for grief, fear, and anger. More recently, being classified as an Agent Orange victim has offered some hope for compensation, and a scientific explanation that could be used to displace culpability for suffering from the personal moral failure of the sufferer or the family to the impersonal forces of chemicals and warfare.

Dr. Lê Cao Đại, when head of the Agent Orange Victims Fund of the Vietnamese Red Cross, recalled a period of visiting such families to let them know their illnesses were thought to be due to a chemical, not to fate. At the time the Red Cross did not have material support to offer, but their visits were often received quite gratefully as literal moral support, easing the family's sense of moral culpability, he observed (personal communication).

In the south, where links between birth defects and Agent Orange had been spoken of since the time of the war, some of the women I met said they were told directly by the doctors that delivered them that their babies' deformities were the result of Agent Orange; other women reported that their doctors had warned them not to have children due to the chemical contamination of their surroundings.

These scientific explanations and warnings had sometimes been given to the families personally by a doctor, or a Red Cross worker, or by a military official in the field. Other times, families had heard it given in reports that came by word of mouth through the stories of friends and former comrades in arms, through the newspapers, or over the loudspeakers that serve as village radios. For some veterans the explanation was made the more credible by battlefield memories of substances that caused coughing, dizziness, weakness, headaches, and fainting.¹

Several of the interviewees spoke of moral explanations as alternatives, or predecessors, to the scientific interpretations of why their particular families had been afflicted. Was their suffering the result of their own moral wrong doing or that of their ancestors, the result of the karmic law of cause and effect in which evil-doing begets evil returned to the perpetrator or his or her descendants? Some people spoke of having

¹ The line between memory and a re-remembering, reconstruction, re-reading of the past is not at all distinct, of course, and no claims about the authenticity or objectivity of these memories are being made here. The slipperiness of the memories that weave through these stories is suggested by one interviewee's statement that he remembered seeing barrels that were labeled "dioxin, or zioxin, or something like that" (see story retold in conclusion). Was he simply overstating his case, or did his mind hold some vague memory of indecipherable English words that held a "D" and an "o" and an "n"—"Do not...", or possibly "Danger"? Impossible to know. Jackson sees these stories that are created out of a succession of intersubjective relationships between 'victims' and the situations or interlocutors they have encountered since the events as "[blending] a desire to do justice to experience and a calculated interest in producing effects that will improve the storyteller's lot....(not) 'truth to the past' but ... 'truth to power'" (54).

confronted such questions themselves, while others spoke of having been confronted with them by their neighbors.

One woman in Thái Bình², for example, who had fought as a soldier for seven years in the heavily sprayed Central Highlands, defended her family thus: “Some people say heaven is punishing us because we have led a bad life. But our parents on both sides were very gentle, good people...three generations were landless laborers, five generations were revolutionaries.” While the definition of “good” she offered on this occasion is close to the language of the state, her own searching ranged far and wide: “I went to make offerings, I went to pray, I went to the fortune teller, I went to the physiognamist, I went to ask about my ancestors’ graves. I was told there was nothing wrong with the graves—nothing wrong with the way my family lived. I didn’t tell them there was something wrong with my children...two children sick, then dead,” she added.

This woman not only considered the possibility that her physical suffering—two miscarriages, two children who died as babies, three more retarded and weak, and no breast milk to feed those who lived—was retribution for wrongdoing, but also proposed an alternative way to link her suffering to moral action. “I offered all my youth for the future of the country,” she observed, “and when I see my disabled children it causes me anguish and torment (*khổ tâm*).”³ Rejecting the interpretation of her suffering as retribution for wrongdoing, she linked it rather to heroic sacrifice, and then called for governmental support as a validation of her interpretation: “When my children were born,

² My first interviews were with eight families in Thái Bình Province, made possible by cooperation with the Ủy Ban Bảo Vệ Chăm Sóc Trẻ Em, the provincial Committee for the Care and Protection of Children.

³ “*khổ tâm*” is defined in Bui Phụng’s Vietnamese-English dictionary as “painful; moral suffering; suffer morally, as in “*Khổ tâm làm việc nghĩa*” –suffering involved in doing good deeds. In his *Từ Điển Hán Việt Từ Nguyên* (Hán-Việt Etymological Dictionary), Bửu Kế defines *khổ* as “lo lắng” and *tâm* as “lòng”—that is, worries or torments of the heart (with thanks to Liên Hương Fiedler).

I hoped they could go to university. Now I just hope someone can give them a little money so they can survive. What will happen to them if we die early? Please speak for us in America—ask if there is any compensation. I want America, and Vietnam as well, to give financial support. For example, give each child 100,000 VND (at the time, roughly \$7 US) *to prove to the village and the commune that I made a contribution to society*” (my emphasis). Not so much material support, but rather public, communal recognition of her own interpretation of her life is this woman’s goal. To return to Jackson’s terms, she is calling for collective storytelling that reworks the traumatic event into a new story that would free her from being stuck in shattered identity that she does not recognize as her own, that would turn the interpretation of the link between suffering and morality from negative and punitive to positive and heroically sacrificial.

The possibility of karmic retribution as the cause of his family’s suffering is also dismissed by a pharmacist from another village in Thái Bình as he reflects on what it is possible to know, on his own fate, and on that fate as a metaphor for the fate of the Vietnamese people as a whole.⁴ In response to my question about the link between the illnesses of his three sons and his exposure to Agent Orange, he replies:

I am the only one in my family with this problem, and the only one who was a soldier. I supplied medicines in the army—also insecticides—but friends who worked with me in that area weren’t affected. Professors expert in this field must research more—I can only say this much. Quite a few friends in my same unit also have similar problems—continual miscarriages, for example.

....

I am subjective, but I think few people can overcome these difficulties as well as I...I have mental strength. Sometimes my wife has had enough, doesn’t want to do anything. I tell her, this is

⁴ Nguyễn Bá Chung points out that the karmic law of cause and effect includes effects due to one’s own prior actions (*biết nghiệp*) or to the actions of a group to which one belongs (*công nghiệp*) (personal communication).

our fate, so we must overcome it. When there are happy things, I say we must be happy. For example, at Tết, we still have to have flowers, and when we were allowed to have firecrackers, we would light them, though my wife would say, “What do we have to be happy about?” But I have to reclaim something of my life, have to create... although it is false. In truth, I am very sad—not like you, friends. I have cried a lot.

That is my situation. I see [in it] the fate of the Vietnamese people. Why is my fate so unjust, so severe? When I review my own life I see that there are no faults worth mentioning. From childhood to now, I’ve generally lived compassionately with my friends, behaved carefully and properly, kindly—didn’t fight or play rough. Sometimes I was naughty, but I never fought anyone. When I went into the army, I had special duty. I was lucky, I didn’t have to take up a gun to fight directly. I had a gun, but it was only for protection.. My duty was to take care of the medical supplies for the soldiers. It was my profession from before, pharmacy.

This gentle, educated man denies any past wrong-doing that would account for his family’s suffering. He calls his fate unjust and severe, like the fate of the Vietnamese people. He is left with questions, not answers.

For many families, then, Agent Orange has come to serve both as an explanation for unmerited, inexplicable suffering, and as a marker for that which is beyond the known: beyond known causes, beyond known cures, implacable. To repeat the words of the seventh interviewee from Hà Nam, who had exhausted his family’s financial resources and the resources of both Eastern and Western medicine in his search for a cure for his son: “When it is a victim of Agent Orange, there is no way to heal them, and you can’t find a specific cause.”

Science

One of the earliest and most persistent ways of addressing the consequences of Agent Orange and developing knowledge about it has been through the languages of the physical sciences: chemistry, biology, bio-chemistry, and bio-medicine in particular.

These languages contribute to knowledge through accuracy of measurement, observation, description, and analysis, and through repetitions of comparisons and experiments which produce evidence that may suggest causal links. This evidence is by definition always subject to later revision: the time frame of science is theoretically infinite, its knowledge accumulating at a pace that transcends the bounds of a single human life time. While science is a useful tool for answering questions about how things happen, with regard to Agent Orange it is at times asked to answer questions with a certainty it can never possess, in a time-frame incommensurate with human concerns. The attempt to use science to answer human questions is both fruitful and inadequate, trammled by what Michael Jackson, quoting Michel Serre, calls “epistemodicy”: the replacement of the religious search for who is to blame (theodicy) by a secular search for what is the cause (Jackson 2002: 82).

As related in the stories above, this shift from theology to secular forms of knowledge is exemplified in the shift from moral blame to scientific explanation for conditions thought to be linked to Agent Orange, and points to one of the problems with some attempts to rely on science for a guide to ethical action: when politicians say we must wait for more scientific evidence, or sometimes even ask for “proof” before deciding on moral action with respect to Agent Orange, they are asking science to play a role it cannot play. There is no end to science. With these cautions in mind, it is nonetheless possible to trace certain developments in scientific knowledge of Agent Orange that have contributed to our present understanding.

Certain scientific breakthroughs stand out as milestones that must be taken into account in some future fuller telling of the story of Agent Orange. These include, in the

1930's, the development of the chemicals that were to be used as defoliants; in the 1940's and 1950's, the earliest experiences with the consequences of dioxin in industrial accidents⁵; in the 1960's, a finding of teratogenic effects (causing birth defects) in laboratory animals; in the 1970's and 1980's, hundreds of studies in Vietnam and the United States as well as other parts of the world; in 1990, the discovery of the Ah receptor as the mechanism through which dioxin entered the cell and affected multiple cell functions; in the 1990's, studies that showed high levels of TCDD dioxin in the soil surrounding former US/ARVN military bases, and in the fat tissue, blood, and breast milk of people who currently lived on those sites. Today ongoing scientific debates are carried on in terms that include: the possibility of developing valid exposure assessments; dioxin levels in soil and samples of human and animal tissue (fat tissue, blood, and breast milk); the possibility of male-mediated birth defects that occur years after exposure (Erickson 1984; Young 1988: 304); the possibility for valid epidemiological study given the passage of time and the absence of baseline data; whether TCDD is an initiator or promoter of damage, or a complete carcinogen; whether there is a threshold level (the shape of the dose-response curve); and the what should be the role of scientific uncertainty in regulatory policy: 'proof of harm', 'acceptable risk', or 'precautionary principle' (Webster and Commoner, in Schecter 1994: 15-16). Recent studies of the role of dioxin in producing epigenetic effects—disruptions of the endocrine, nervous, and reproductive systems that affect more than one generation—are of particular interest for trying to understand the mechanism for what many believe to be third generation effects of exposure to Agent Orange (see, for example, Bruner-Tran 2007).

⁵ 1949 at a Monsanto plant; 1954, at Diamond Alkali; in 1964 at Dow (Appeal, 27-30)

Caution and controversy over the use of defoliants dates back to their laboratory inception nearly 70 years ago, a time distinctly different from the present in its almost unalloyed exuberance over the possibilities of transforming life through science and technology, when Du Pont proudly proclaimed "Better Living Through Chemistry." When the predecessors to the chemicals that were to be used as defoliants and herbicides were developed in the 1930's, they were meant to aid farmers speed the growth of soy beans to accommodate a North American growing season that was shorter than the one the beans enjoyed in their native China. Yet even at that time one researcher who worked on the project wrote in his notes a caution that these chemicals should not be used in excess, lest the plant grow itself to death, losing its leaves in the process (Galston). These early experiments were soon thereafter developed by the military for use to do just that, to produce an excess of growth that would result in the leaves dropping from the trees: that is, defoliating.

Knowledge about the hormonal effects of the defoliating chemicals themselves, 2,4,5-T and 2,4-D, is but one part of the pertinent scientific knowledge, a part which for a time was conflated with effects of dioxin, the contaminant of Agent Orange now thought to be responsible for most of the long-term damage. Knowledge about dioxin dates back to laboratory and factory accidents that damaged the skin, liver, and nerves of those exposed. By 1965, experiments at the Bionetics Laboratory linked the 2,4,5-T to malformations in test animals.⁶ In 1967, a Midwest Research Institute review of published and unclassified literature on the ecological consequences of the extended use of herbicides characterized the data as inconclusive "with respect to chronic toxicity and

⁶ For apparently political reasons, the study was not released until 1969, however.

many other issues,” but asserted the unlikelihood of human or animal fatality. The National Academy of Sciences, which had reviewed the report, cautioned that it was only a first step.

Steps that followed in the U.S. included several research trips to Vietnam by American scientists sent by various groups. Zoologists Gordon Orians (University of Washington) and E.W. Pfeiffer (University of Montana) dug into their own pockets to make two-week field trip in 1969. In 1970, commissioned by the American Association for the Advancement of Science, biologist Matthew Meselson of Harvard led a team of researchers to collect data in as full-scale a field study as wartime conditions would allow. A study commissioned by the National Academy of Science, also begun in 1970 at the request of Congress and the Secretary of Defense, found in 1974 that “no evidence substantiating the occurrence of herbicide-induced defects was obtained,” but concluded, “However, the potentially most definitive aspect of this examination has not yet been completed.”

An American pioneer in research on the environmental effects of Agent Orange is Arthur Westing, who began looking at ecological damage in the early 1970’s and continued publishing well into the 1990’s. Westing, it should be noted for future researchers re-creating a genealogy of knowledge about Agent Orange, was a student at Yale of plant physiologist Arthur Galston, who was mentioned above as one of the creators of a predecessor to Agent Orange.⁷ Two other scientists who deserve mention for their early work on this issue are John Constable, whose work continues to this day, and Fred Tschirley, who was employed by the Defense Department. Beginning in 1984,

⁷ In his retirement, Dr. Galston has been teaching a popular class in bioethics at Yale in which he uses his own experience to pose ethical questions for science students.

Arnold Schecter took up and continues Constable's work of gathering and testing human tissue samples. Alvin Young, an Air Force plant physiologist, is another name that appears frequently in the literature (see the works by Uhl and Ensign, Wilcox, Cecil).

In Vietnam, internationally respected liver specialist Dr. Tôn Thất Tùng was one of the first scientists to draw world attention to the effects of Agent Orange, at a 1971 meeting in Paris at the Quai D'Orsay. An early researcher whose work has continued into the 21st century is Dr. Nguyễn Thị Ngọc Phượng of the Từ Dũ maternity hospital in Hồ Chí Minh City, who studied spontaneous abortions, molar pregnancies, and unusual births in the south, working at times with Nguyễn Can and Cung Đình Trung. Dr. Hoàng Đình Cầu, long time head of the "10-80 Committee", was responsible for overseeing a wide range of scientific work, including a large genealogical study on the family histories of people thought to be affected by Agent Orange. Another name that must be mentioned is that of Dr. Lê Cao Đại, who as a doctor worked with Tôn Thất Tùng in the 1970's, as a researcher worked with Hoàng Đình Cầu and the 10-80 Committee in the 1980's and 1990's, and in 1998 served as head of the Vietnam Red Cross' Agent Orange Victims Fund until close to the time of his death in 2002.

Starting in the late 1970's, veterans' claims that Agent Orange was the cause of their illnesses spurred research in the US—research that was often quite controversial, accompanied by charges of incompetence, obfuscation, withholding of evidence, and sometimes falsification of data. An aborted attempt by the Veterans Administration, followed by studies by the Center for Disease Control, and the US Air Force Ranch Hand Study are places to start research that might seek to untangle, or at least illuminate, the inter-workings of science and politics.

Several international scientific conferences on Agent Orange, also fraught with controversy, contributed to the development of scientific knowledge: “Long Term Effects on Man and Nature of Herbicides and Defoliants Used in War” (Hồ Chí Minh City, 1983); “Herbicides in War: the long-term effects on man and nature” (Hà Nội, 1993); and, in 2002, also in Hà Nội, the first scientific conference jointly sponsored by the US and Vietnamese governments, attended by scientists from roughly 20 countries. Out of this latter conference came the first tentative steps towards the two countries working together on remediation projects. These steps remain fraught with layers of misunderstandings, difficulties, and sometimes momentary dead ends.

While these conferences focused on Agent Orange, work on dioxin was going forward internationally and in the US. Annual conferences on dioxin began in Rome in 1980 (the same year the 10-80 Committee was formed). In 1991, the US Congress passed the Agent Orange Act, which “directed the Secretary of Veterans Affairs to request the National Academy of Sciences (NAS) to conduct a comprehensive review and evaluation of scientific and medical information regarding the health effects of exposure to Agent Orange, other herbicides used in Vietnam, and the various chemical components of these herbicides, including dioxin” (Institute of Medicine website). The results were published in 1994, and updated every two years for a period of ten years. From the lists generated by these studies are drawn the diseases frequently quoted as linked to exposure to Agent Orange: five groups of cancers, two nervous disorders, two skin conditions, and one birth defect. Diabetes and prostate cancer have recently been added to this list. By 1997, the International Agency for Research on Cancer had concluded that the TCDD form of dioxin was a known human carcinogen. In 2000, the US Environmental Protection

Agency (EPA) at last released its controversial, much-delayed 3000+ page study on dioxin, after 10 years of work. The director of the experimental toxicology division of the EPA named the following conditions as effects in humans that are linked with dioxin exposure: “cardiovascular disease, diabetes, cancer, porphyria, endometriosis, decreased testosterone, chloracne,” along with developmental effects on the “thyroid status, immune status, neurobehavior, cognition, dentition, [and an] altered sex ratio” (Birnbaum). Critics point out that this is an extrapolation based on animal studies, and that while humans and other vertebrates share many similarities, there are also species variations in sensitivities. The preponderance of evidence at this point, however, seems to support the EPA position, though once again this would be a fruitful topic for several dissertations (see also the website for the Collaborative on Health and the Environment for further discussion).

In 2002, Wayne Dwernychuk of the Hatfield Group Consultants in Canada published the results of studies begun with Vietnamese partners in the late 1990’s on residual dioxin in the soil around former air bases and other heavily contaminated areas, and the elevated levels of dioxin found in the blood, mother’s milk, and fatty tissues of people and animals who lived on that land. In 2003, Jeanne Stellman and associates published a study that painstakingly mapped spray routes and compared them to census figures, furthering understanding of human exposure to the spray.

What does a scientific frame have to offer the families I spoke with, and what does science ask of them? What do they in turn offer and ask science? A succinct, too neat response will be offered here as a prompt to conversation, and as a marker for further research and reflection. Scientific research asks the families for samples of blood,

breast milk, and fatty tissue, for interviews and for an inspection of their medical records. It holds out the possibility of eventual support or weakening of their claims, although perhaps not in their lifetimes. In some cases it has offered medicine for the duration of a study (and then terminated that help); in other cases it has promised help, or been construed as promising help, that never came. Over the course of half a century, it has accumulated enough evidence about the links of dioxin and diseases that politicians in five countries have been able to use its findings as a basis for arguing successfully for compensation for veterans and their families. Other politicians have used scientific uncertainties to argue against such compensation, and for patience until all the evidence is in.

The families offer to science their blood, breast milk, and fat tissue, along with their stories and their questions that inspire further research. They ask science and biomedicine for cures, or at least mitigation of their suffering, and for explanations that transform culpability into sacrifice.

Politics

The use of chemicals was politically controversial from the beginning, in both military and civilian circles. A full, balanced account of the histories of those controversies, and of the interweaving of science and politics, has yet to be written; here again I can raise only a few points.⁸ When experiments at a joint American-South Vietnamese Combat Development Test Center led, in November or December of 1961 (accounts vary), to requests that chemicals be used for a 'crop warfare program,' the US at first declined, concerned about adverse political affects on the South Vietnamese, and

⁸ See Buckingham, Cecil, Neilands, Westing, and Young for the beginnings of fuller sketches.

about charges of chemical warfare that might be brought by the communists. Arguments within the military and the administration that the use of herbicides and defoliants was banned by the Geneva Protocol and that their use would expose the U.S. to charges of barbarism were countered by arguments that the concept of chemical warfare applied to people and animals, not plants (Buckingham 1982: iii; Cecil 1986: 155). Cecil recalls arguments that killing plants instead of people would blunt guerrilla activity without inflicting direct injury on enemy, ally, or innocent (179). Another argument was that herbicides were “an economical and efficient means of stripping the Việt Cộng of their jungle cover and food” (Buckingham 1982: iii).⁹

In January of 1962, Kennedy authorized the first use of defoliants. The first crop destruction mission followed on November 21st of that year.¹⁰ Once the herbicides and defoliants were in full use, assessments of their effectiveness varied, particularly for the part of the program aimed at crop destruction. In 1967, for example, the Air Force noted success in achieving one of the objectives of the program, “to separate the VC from the people by forcing refugee movements into GVN (Government of Vietnam—a reference

⁹ As noted in the introduction, it was not the use of herbicides and defoliants, however, that first caused public alarm over the use of chemicals in Vietnam. The use of various nauseating and asphyxiating gases, including apparently limited trials of the potentially lethal arsenic-containing DM (Neilands: 30-32; 47), drew a strong outcry at home and abroad in early 1965, before the beginning of the most intensive use of herbicides and defoliants. While President Johnson’s press secretary called the materials used ‘standard-type riot control’ agents, a foreign doctor in Vietnam chronicled the casualties and fatalities he treated as a result of those gases (Neilands 102-113), and the *New York Times* editorialized “...ordinary people everywhere—have a strong psychological revulsion, if not horror, at the idea of any kind of poisonous gas....” (Lewy: 102-113).

¹⁰ Lewy: 257-8. See Cecil (155) for reference to Kennedy’s desire to experiment with the counterinsurgency potential of the chemicals. While Dai speaks of the use of herbicides as a matter of U.S. initiative with South Vietnamese (Ngô Đình Diệm) assistance (12), Lewy says the American Military Assistance Advisory Group (MAAG) brought the proposal for herbicide use to Washington from the South Vietnamese (257), and Buckingham writes that Ngô Đình Diệm asked the U.S. to conduct the spraying.

to the government based in Sài Gòn) controlled areas”.¹¹ A Rand Corporation study that same year concluded that the program was probably counterproductive. Estimating that 325,000 villagers had been affected by spraying operations that destroyed their crops and produced food shortages, the Rand study found 80% of the villagers they interviewed blamed the US/GVN for the destruction of their crops, with 74% expressing ‘outright hatred’ (Lewy 1978: 260).

Scientists in both the US and Vietnam were among the first to publicly question the use of chemicals. A March 1964 statement of the Federation of American Scientists read in part: “...we are concerned with reports of the field use of chemical weapons in Vietnam. Allegations relating to the use of anti-crop agents under American supervision have been officially denied. However, reports that defoliating agents have been used to destroy protective cover have been confirmed by representatives of the Department of Defense. These charges give rise to the broader implication that the U.S. is using the Vietnamese battlefield as a proving ground for chemical and biological warfare. We... feel that such experimentation involving citizens of other countries compounds the moral liability of such actions.” The Pacific Division of the American Association for the Advancement of Science (AAAS) echoed these concerns in a June 1966 resolution, noting that the biological effect of the agents being used was not known, and that scientists had a special responsibility to be fully informed, since the products were the result of scientific research (Neilands 118).

In February 1967, five thousand independent scientists, including 17 Nobel Prize winners and 129 members of the National Academy of Sciences petitioned President

¹¹ US Department of the Air Force, cited by Lewy 1978: 259.

Johnson to order a stop to the use of herbicides and recommended a review of US policy towards chemical and biological weapons. The Pentagon ordered a review of all published and unclassified literature on the ecological effects of long-term use of herbicides, which was carried out by the Midwest Research Institute and reviewed by the National Academy of Sciences, as related in the section on science.

How can we classify these challenges? As science? As politics? As an inextricable interweaving? Are there other categories, other questions that might help us move past these unanswerable questions to see more clearly the interplay of forces that gave birth to “Agent Orange”?

In 1969, the United Nations voted to add herbicides and defoliants to the banned chemical weapons listed in the Geneva Protocol. In 1975, President Gerald Ford signed an executive order renouncing first use of these chemicals. Early post-war discussions of reparations included talk of compensation for the damage caused by Agent Orange. Always politically divisive in the US, talk of reparations was shelved when Vietnam attacked the Khmer Rouge, and China, siding with the Khmer Rouge, attacked Vietnam. The US, solicitous of its renewed ties with China, broke off talks with Vietnam and imposed a trade embargo that lasted until 1994.

In the US meanwhile veterans were beginning to claim to the Veterans Administration that their diseases were the result of exposure to Agent Orange—a claim that in the early years resulted in their being sent for psychological testing. Their claims grew in part out of investigations by Chicago VA claims worker Maude De Victor, who noticed unusual symptoms and similarities in the claims of many veterans returning from Vietnam, and began to ask questions of other veterans, the Surgeon General’s office, and

Air Force plant physiologist Al Young, who told her of health symptoms associated with dioxin exposure. What De Victor found led her to go to WBBM-TV News in Chicago, which then produced an hour long documentary called “Agent Orange, the Deadly Fog,” on March 23, 1978. The VA dismissed the claims, countering that this information was coming from one city, generated by a woman who was a member of the Black Panther Party (Uhl, Wilcox).

At roughly the same time the VA was dismissing the claim of diseases linked to Agent Orange exposure, Paul Reutershan, a 27 year-old veteran dying of stomach cancer was making his own connections of his disease to Agent Orange, based on lists he had read of diseases some doctors associated then with exposure to dioxin, and on his memories of a chloracne-like rash. “I got killed in Vietnam—and didn’t know it,” as he put it. Reutershan spoke wherever he could, including on the “Today Show,” and formed a group called “Agent Orange Victims International” that continued to speak about Agent Orange after his death in 1978.

The entry of American veterans into discussions about the impact of the chemicals brought the issue a certain legitimacy and political clout among mainstream politicians not eager to offend veterans or their supporters, while at the same time making allies across formerly hostile lines, between veterans and anti-war activists, and eventually with the Vietnamese as well. In particular, the work of Admiral Zumwalt, who ordered spraying of the river banks in the south where his own son was on navy boats, did much to raise the respectability of the issue. A book written by father and son, called *My Father, My Son*, chronicled the son’s terminal battle with two forms of cancer and the birth defects of his son.

However much politics may have served to legitimate Agent Orange as an issue to be taken seriously in the US, politics played a quite different role in discussions of the topic between the US and Vietnam, where the US at first considered mention of Agent Orange as a cover for a claim for reparations. A public affairs officer at the US Embassy in Hanoi, describing the US position on Agent Orange in 2001, noted with some heat that he felt the Vietnamese were asking for reparations, and that such a demand was a non-starter. "It's a non-starter," he repeated with great force, adding: "It was one of the conditions for re-engagement that there be no reparations... that was settled long ago." Earlier he had said that he sensed that Vietnam would not be satisfied "unless help is labeled 'US assistance to Agent Orange victims'."

By 2002, US Ambassador Burkhardt was calling Agent Orange the "one significant ghost" remaining from the war, hindering full normalization of relations between the US and Vietnam. In the spring of 2006, as Vietnam was poised to enter the WTO and the US and Vietnam were recognizing certain shared interests with respect to China and terrorism, his successor, Ambassador Mike Marine, was calling for progress on the issue. Military to military cooperation between the US and Vietnam on the toxic remains at the Da Nang air field was announced in the summer of 2006. By the winter of 2007, when the initial US funding and support from the Ford Foundation was announced, Ambassador Marine was quoted by the Associated Press as remarking: "I want to make clear that the United States government understands the concerns of the government of Vietnam and the Vietnamese people about the impact of dioxin on the environment and human health." At the same time he noted that since 1988, the US had spent more than \$43 million on aid to Vietnamese with disabilities, whatever their cause.

"The United States is committed to supporting the well-being of the people of Vietnam," Marine said (Stocking 2007).

Politicians in many countries have invoked science to argue both for and against compensation to veterans and their families, at times arguing that we must wait until more evidence is gathered, at times arguing that enough evidence is in to support the claim that it is more likely than not that these families deserve compensation. By 2006, Australia, New Zealand, South Korea, the United States and Vietnam all had in place plans to compensate their veterans, and questions were being raised in Canada as well.

With respect to the politics that drive discussion and action on Agent Orange, it is of interest to note at what levels these politics are played out. In both the US and Vietnam, to different extents and in differing ways, the politics of Agent Orange has been a grass roots politics that has pushed at times reluctant governments to take up the issue. The Vietnamese government was held back in part by promises made to the US, and by its fear that unscrupulous competitors would scare off international markets through misrepresenting the effects of Agent Orange, thus undercutting its hopes that agriculture and aquaculture would help lift the country out of poverty. What held back the American government? The arguments most often given are lack of sufficient evidence and fear of liability. It is also possible, however, to see in this reluctance an attempt to save face, or if not face, then the US' own self image: we are not the sort of country that engages in chemical warfare. Recognizing our culpability for Agent Orange challenges our sense of our own goodness, threatens, in Jackson's terms, our sense of who we are. Unable to face the implications of what we have done, we repress it, deny it, creating in the process ghosts--ghosts that return to haunt us in our relations with Vietnam and with the rest of

the world as we search for chemical weapons of mass destruction that turn out to be figments of our imagination—or of what Freud called “the return of the repressed.”

Humanitarian Assistance

While scientists and politicians ask for more time in order to refine our knowledge about the consequences of Agent Orange, humanitarian agencies look for ways to bring assistance to people who indisputably need it. A rough sketch of the history of humanitarian response would have to include both individual initiatives and organizational responses. In the days immediately following the end of the war, it may be safe to say much of the help came from the extended families and communities, although times were very hard for everyone and there was little to spare. Friends in Hà Nội and Huế recounted to me very similar reactions to meeting such families: you just emptied out your purse, emptied out your pockets. Whatever you had, you gave, however small or large. Such help is still vital today, as many of the interviews show. This person-to-person aid has been encouraged by newspaper stories that give the names and addresses of people in need of help. In addition, as some of the interviewees mentioned, there has been a variety of government support, ranging from help in reclaiming the land for agricultural use to subsidies for people with disabilities, and other medical benefits. Given the general post-war poverty and manifold urgent needs, perhaps it is less remarkable that these programs have been inadequate to the task than it is that they have been attempted at all.

In the decade after the end of the fighting, Vietnamese doctors began to wonder about the unusual number of birth defects they saw among the children of veterans. By 1990, such observations had led doctors at the Từ Dũ maternity hospital in Hồ Chí Minh

City to push the Vietnamese government and foreign donors to establish centers to treat these children.¹² By 2000 there were 10 of these centers, known as “Peace Villages”, scattered throughout the country. In some centers the children stay for varying lengths of treatment, and then return home. In others, children and their caretakers (often their mothers) live at the center for a month or so while the children are examined, treated, and taught practical skills appropriate to their ability—sitting up, perhaps, or eating with chopsticks—and their caretakers are taught techniques of massage and rehabilitation exercises to continue with the child and to teach others when they return to their villages

One early initiative that drew together Vietnamese, American veterans, and French, German, and Japanese collaborators was the Friendship Village located just outside Hà Nội. According to the history given on its website, when plans for the facility were formalized in April 1992, it was conceived as a residential facility for orphaned children and elderly or disabled adults. By 1998, when the residents were selected, the website notes: “All of the residents suffer serious health problems attributed to the lingering effects of Agent Orange....” George Mizo, one of the US veterans instrumental in conceiving and realizing the work of the village, himself died of Agent Orange related diseases in 2002.

In 1996, after normalization of relations with the US, attention to the need for humanitarian work on Agent Orange was boosted by the release of two films made by filmmakers at the National Scientific and Documentary Film Center, in Hà Nội. One film,

¹² Similar observations of increased birth defects led others to look for a cause. Phạm Minh Tâm, director of the Committee for the Care and Protection of Children for Thái Bình province, gives one example of this effort. In 1993, following the research model established by the 10-80 Committee, he and colleagues examined the records of the families of 300 children from Thái Bình who had been born with birth defects. What they found in common was that their parents had been in the battlefields of the South, he says.

“Where War Has Passed,” by directors Vũ Lê Mỹ and Lương Đức, was a call to action originally directed to the Vietnamese government. Shocking pictures of disabled children and extreme poverty were punctuated by commentary from veterans from north and south that highlighted the fact that they had never received any form of compensation for these lingering consequences of war. When American NGO’s working in Vietnam translated the film into English it gained wide international circulation, winning prizes at international film festivals in Japan, Canada, and elsewhere. The second film, “Story from the Corner of a Park”, by internationally award-winning film director Trần Văn Thủy, was a gentler meditation on the resilience of one poor family whose two children are disabled. Not made so obviously to shock people, it nonetheless or perhaps therefore has had a galvanizing effect.

A key development for a humanitarian approach to the consequences of the chemicals used in war time was the 1998 formation of “The Agent Orange Victims Fund”(Agoravif) of the Vietnamese Red Cross. With its creation, a public silence that had had nearly the force of a taboo was broken. More accurately, an English language silence was broken: Vietnamese press had been writing of the effects of Agent Orange for some years. The Fund became not only a source of humanitarian support for people thought to be victims, but also a source of information for international media and humanitarian agencies and groups that passed through its doors on a frequent basis. Early in its existence the Fund engaged with the International Federation of Red Cross and Red Crescent Societies (IFRC) in conversations on Agent Orange.

In the fall of 1999, the International Federation of the Red Cross (IFRC) launched a special appeal to seek international assistance for a group of people it characterized as

'caught in the middle of a scientific and political debate which had largely discouraged others from helping them', namely, people caught in the controversies over Agent Orange. True to its mandate, the appeal continued, the Red Cross would not engage in the debate, but would 'concentrate on the needs of the individuals and families affected.' The appeal referred to the thousands of poor and vulnerable people that Red Cross volunteers meet in their daily work, people the appeal characterized as "living with great personal dignity, but in conditions which the Red Cross believes must be improved."

The individuals and families targeted by this program were poor people with a variety of disabilities, including those that have some of the characteristics of cerebral palsy, spina bifida, muscular dystrophy, contractions, malformations, leukemia, blindness, deafness, physical and mental retardation, seizures, several disorders of the nervous system, and a variety of reproductive complications and abnormalities.

This appeal was one more step in a slow process of finding assistance for people left in great suffering and need after the war, a process at times hindered but not finally incapacitated by scientific uncertainties and political ambivalence about Agent Orange.

In 1999 the IFRC issued the appeal noted above, which drew initial support from the Swedish, Swiss, and American Red Cross organizations. For the American Red Cross, this was the first step towards establishing an office in Vietnam. The hammering out of a rather awkward phraseology acceptable to all parties allowed the work to go forward: those to be served by the project were called "the disabled poor, including those thought to be affected by Agent Orange." For short, the work was known as "The Disability Program."

The following brief description of the Red Cross pilot project in Đồng Nai province, based on what I learned during the course of my interviews, will help illustrate the perspectives humanitarian agencies bring to this discussion: not questions of causation, but questions of remedy, or more precisely, alleviation and mitigation of suffering, and a concern for human dignity and decency.

In 1999-2000, six provinces had been selected to participate in a pilot project of the Agent Orange Victims Fund. Đồng Nai was one of these provinces. At the time of my visits in 2001, the aims of the program were still being discussed, along with the organizational structure, the choice of words to describe people included in the plan, and many other matters. At the same time, each of the pilot provinces had already selected families to be helped, had developed an assessment of their needs, and had made detailed plans to address those needs.

Following participation in community based assessment training workshops, staff from each of the various levels of the Red Cross in Đồng Nai (provincial, district, and local; *tỉnh, huyện, and xã*) had selected families as possible candidates for the program, then visited those families several times to develop a plan tailored to each family. Several months had passed since the preparations had been completed, but at the time of our visit, the funds had not yet been released by the central government. As noted above, their release came a few days after the conclusion of our visits.

At our first meeting with the Đồng Nai Red Cross, I was given the provincial project plan to read. The plan began with background. There are 24,000 handicapped persons in the province, I learned: 201 in the quarter of Biên Hoà that we would visit, 260 in the village (*xã*) in *Xuân Lộc*, in the northeast. Though my notes do not record the

number for *Nhom Trach*, the village we visited in the southeast, I learned from a later meeting that 86 families there included disabled persons. The causes for these disabilities were given as the war, slow development, traffic and labor accidents, and "other causes."

Đông Nai's strengths as a candidate for the pilot project were presented as the experience of its provincial and district level staff in working with disabled people and Agent Orange victims; its success in running previous projects; and the numerous clinics, vocational training centers, and centers for training and rehabilitation that it is home to. An additional strength listed is that it has the full support of the provincial authorities.

The general goals of the project were described as two-fold: for the beneficiaries, and for the Red Cross. For the beneficiaries, the goals were to improve their life and work, to free up the labor of those who care for them now, to increase their confidence in themselves and society, to increase their independence, and to contribute to their long-term development. For the Red Cross the goals were to increase project management skills, to increase the relationship and trust between the disabled poor and the Red Cross, and to "increase the income, the spirit, and the health of the poor, so they can help others."

The specific goals of the project were listed in the plan as follows: 1) training for 60 surveyors and volunteers; 2) surveying 400 families to assess needs; 3) assistance for health care; 4) mobility aids; 5) job training; 6) capital for house repair to improve safety; 7) capital investment such as equipment to improve production; 8) investment for animal husbandry and other projects. The beneficiaries of these projects were defined as local disabled people and people affected by Agent Orange who have serious illnesses. The most urgent program needs were characterized as staff training for survey taking,

followed by the conducting of those surveys to determine medical needs, and needs for health, for education and training, for direct support, and for housing or VAC repair. (VAC is a widely used acronym for *vườn, ao, chuồng*: garden, pond, and pigsty.)

In its first year, the Fund built 52 homes (*nhà tình thương*: mercy, compassion, or charity homes), provided 1080 eye operations and 13 wheel chairs, made 9 allotments for capital investment, and gave various other treatments to 17 people.

The initial working plan consisted of the training of surveyors, and the assessment of 400 people, 150 from Xuân Hùng village in Xuân Lộc district, 100 from Phú Hưng village in Nhơn Trạch, and 150 from the Trung Dũng quarter of Biên Hoà. From the survey results, the provincial level staff were to select 204 families to participate in the program. A seven-person delegation made up of staff from provincial, district, and ward (*xã* in the countryside; *phường* in the town) levels was to inspect the results of the program every three months; the ward level would inspect monthly, following Red Cross guidelines.

The plan specified the results to be expected by 2003: 60% of the families would move out of poverty;¹³ 30% of the disabled would be able to regain enough health to work or study; 60% of those who get job-training would have work; 60% of the disabled would recover some function.

The remainder of the project plan spelled out human and material resources for the project, the assessment of the stability of the project, and procedures for management, supervision, assessment, and reporting. The plan concluded by naming project risks: storms, floods, and epidemics.

¹³ An echo of an effective nationwide campaign to *xoá đói, giảm nghèo*—eliminate hunger and reduce poverty. In roughly a decade, poverty was reduced from 60% in the 1990's to less than 20%.

My focus on the Red Cross in this section is not meant to obscure the work being done by numerous other organizations and individuals; it is a function of the circumstances of my field work. In more recent years, the Vietnam Association for Victims of Agent Orange/Dioxin (VAVA) has formed and become a strong voice blending politics and humanitarian assistance; any serious discussion of humanitarian assistance these days must include an accounting of VAVA's contribution.

As the work of the Red Cross and other large relief and aid organizations began to raise the profile of Agent Orange internationally, individual and small group efforts continued and expanded, both in Vietnam and abroad. Here I will give but four examples. In Vietnam, Dr. Nguyễn Việt Nhân at the Huế Medical School engaged foreign visitors to his office with his research, pictures, and visits to families, building one person at a time a list of international donors who support medical interventions, small loans, and schools and workshops for people with disabilities. In France, the Franco-Vietnamese Friendship Association organized annual visits to selected villages, bringing supplies and linking donors in France with specific families in Vietnam in long-term but limited term "god-parent" relationships. In Britain, one dedicated man, Len Aldis, has expanded his work from raising donations for wheel chairs and other supplies, to getting motions raised in Parliament, to initiating a web-based petition that by 2006 had gathered nearly 700,000 signatures in support of redress for the victims of Agent Orange. In the US, Kenneth Herrman, professor of social work and veteran of the war in Vietnam, began a project in 1999 that takes students to work with children in the Agent Orange group home in Đà Nẵng, as well as with the elderly in nursing homes, patients in a leper colony and at local

clinics, and families who live in a garbage dump. Since 2001, his work has grown to include a fund, the Quảng Nam Đà Nẵng Fund, that gives direct support to families.

What is written here should be taken as notes to spark ideas for future research: on the growing number of Vietnamese and international humanitarian responses to the consequences of the chemicals used during the war; on the history of the development of humanitarian responses to Agent Orange; on the development of the language used for talking about Agent Orange, on the construction of Agent Orange as a topic, on changing ideas about responsibility and humanitarian response, and on the links between changes in politics and socio-economic priorities, on the one hand, and initiatives taken by individuals and small groups, on the other.

Much remains to be researched. At the same time, as the IFRC appeal mentioned above puts it, “Whilst the issues surrounding the debate remain important, there is little question of the needs of these disabled people in Vietnam.” The questions the humanitarian agencies ask these families are not questions of causation, but of what can best be done to mitigate their suffering. The questions these agencies ask themselves is how best to do this, how best to understand what could be helpful, in a situation where a cure is often not an option. Other questions those who engage in humanitarian work consider include how to discern whether a loan or an outright grant is more appropriate in a given situation; how to support certain families without creating jealousies among others; how to address the legacies of Agent Orange without at the same time creating debilitating fears; and how to lessen the burden Agent Orange puts on the individual, family, and community while not undermining the social cohesion created by the local help given to these families.

A related question is how to represent these issues to the public. In pictures shown around the world of children from families such as these, Agent Orange has become a symbol of innocent suffering, suffering that is intensified and perpetuated by the refusal of those who caused the suffering to take responsibility for their actions. These pictures have taken on a symbolic meaning that exceeds the literal truth claims of these images as representations of the effects of Agent Orange on individual bodies, pointing beyond the physical suffering of individuals to a more general malaise in the body of modern society and to the social forces that caused that suffering and shape responses to it. This is a two-edged sword: while the pictures call to the consciences of viewers, they can also serve to pathologize and objectify the people they depict (for discussion see Kleinman and Kleinman 1997 and see Sontag 2003 for an attempt to find a balance between averting the eyes and voyeurism).

Law

American veterans, Koreans, and Vietnamese have each brought suit against the US companies that made Agent Orange and the other chemicals. It should be noted that the chemical companies have become the target to the suits in part because the US government as a whole cannot be sued, only individuals within it. The first suit was brought in the US. In 1978 and 1979, a class of over 2.4 million U.S. veterans with their wives and offspring brought suit against seven chemical companies for injuries they alleged they suffered as the result of exposure to Agent Orange. The case was settled out of court, with the companies agreeing to pay \$180 million, the largest award ever made to that date (see Young and Reggiani; Cecil; for a detailed history of the case, see Shuck).

Yet the veterans' case is not entirely closed. Although one of the conditions of the settlement was that the companies would be exempt from future suits by veterans who opted out of the original class action suit, this condition was overturned by a higher court in 2006, on the grounds that some of the diseases do not develop until many years later, and so a veteran who opted out because he believed he was healthy but then later became sick still had a right to sue. New arguments are based not only on the delayed development of disease, but also on the development of scientific knowledge since 1984. A lawyer who works with ongoing veterans' claims describes this early suit as "premature," given what was then known about the effects of dioxin (Smoger). It was not understood at the time, for example, how dioxin could affect the workings of the body: the mechanism by which dioxin affects multiple cell functions, its binding to the Ah receptor, was only discovered in 1990.

In 1999, Korean veterans filed suits in Korean courts against Monsanto and Dow, two of the largest manufacturers of Agent Orange, seeking \$5 billion in damages. In 2006, the court ordered the companies to pay \$62 million to compensate 6,800 of the roughly 20,000 people who brought the suit. It remains to be seen whether the damages awarded by the court will be paid.

On January 30, 2004, the Vietnam Association for Victims of Agent Orange/Dioxin (VAVA) filed a class action suit in US Federal District Court in Brooklyn against 37 manufacturers of the chemicals.¹⁴ Filed under the Alien Tort Claims Act, the suit sought "money damages for personal injuries, wrongful death and birth defects and...injunctive relief for environmental contamination and disgorgement of profits" on

¹⁴ The original list had changed over time due to splits and mergers.

the grounds of “violations of international law and war crimes, and under the common law for products liability, negligent and intentional torts, civil conspiracy, public nuisance and unjust enrichment”(Class Action Complaint, January 2004).

Although Judge Weinstein—the same judge who had presided over the US veterans suit 20 years earlier—dismissed the lawsuit, he sustained several major points. He agreed that the defendants had standing in court, determined that the statute of limitations had not passed, and upheld the right to sue under the Alien Tort Act which was at the time coming under attack. In addition, he upheld the applicability of international law in US courts, and challenged a lawyer for the government who claimed that if the President of the United States ordered his troops to use mustard gas, those troops were bound to use mustard gas, despite international law. No, said the judge; were they to use mustard gas, they would be punishable for war crimes under international law, whatever the presidential order.

Though Judge Weinstein determined that the suffering of the Vietnamese should not go unaddressed, he ruled that nothing could be done in his court, in part for technical legal reasons. At the time of the spraying, herbicides and defoliants were not classed as chemical weapons; it was only in 1969 that the UN thus classified them, and only in 1975 that the US concurred. Laws cannot be applied retroactively. Further, companies cannot be sued for negligence under the Alien Tort Act. The judge also ruled that the “government contractor defense” was applicable in this case. Under the government contractor defense, the companies are protected if they can show the government told them to do it and knew at least as much about the dangers as the companies did.

The case is now under appeal. The plaintiffs are basing their appeal in large part on a challenge to the government defense claim. The chemical companies did not comply with government demands, they claim, which specified an herbicide that would not cause harm to people, animals, or the environment. The companies knew that their product contained dioxin as well as other toxic chemicals, and they knew the quantities of dioxin produced were “unnecessary and preventable had the defendants followed then-existing industry standards for their production”(Appeal, p. 24-25). The appeal is due to be heard in the summer of 2007, in conjunction with the veterans’ appeal mentioned above.

As impatience has slowly grown with what appears to some as the inability of the US to render justice in this case, other avenues are being tried. In February of 2006 the International Association of Democratic Lawyers announced its intent to bring the lawsuit against the chemical companies to the UN High Commission on Human Rights, where the focus would be put on the rights of those who were affected, not on debate over who was responsible.

Activism

In the early 2000’s, in part as a result of the attention of the Red Cross, other NGO’s, international conferences in Stockholm, Yale, and Paris, and various Vietnamese-international friendship organizations, and of the cumulative impact of an increasing number of personal encounters between international visitors and people thought to be affected by Agent Orange, a number of activist initiatives flourished.

As noted above, Len Aldis of the British-Vietnamese Friendship Association expanded his work from raising for wheel chairs and other support for victims to include

motions to Parliament and the creation of an on-line petition in support of the VAVA lawsuit.

In France, the long-standing person-to-person, village-to-village exchanges fostered by the Franco-Vietnamese friendship association expanded in 2005 with the development of "*Les Enfants de la Dioxine*"("Dioxin's Children"), a group of mostly Franco-Vietnamese who stage public events in Paris and elsewhere that draw attention and support for affected families in Vietnam. To give but one example of their approach: Against the backdrop of a large orange banner that proclaims "30 Years Later, Dioxin is still Killing," and punctuated by Taiko drummers and dozens of orange balloons, they have staged a die-in near the Eiffel Tower, at the same time passing out information and collecting signatures in support of justice for the victims.

In the United States, the Agent Orange Campaign has brought three victims for a twelve city speaking tour of the country, and the Fund for Reconciliation and Development has organized talks, video screenings, exhibits and fundraisers at a number of college campuses and community venues, as well as Capitol Hill briefings; in 2006 a new group, the War Legacies Project, was formed to continue and expand this work. Students in high schools and colleges have created numerous projects to raise funds for victims. One high school visitor to Vietnam from Rhode Island arranged to bring "Suffering and Smiles," an exhibit on Agent Orange by Vietnamese photographer Doan Duc Minh,, from Vietnam to the US. Folk singer Peter Yarrow of the group Peter, Paul, and Mary has given several benefit performances to raise contributions and awareness.

The issue has been brought to the Swiss Parlement, and activists have taken to the streets in Italy and Belgium as well. The grass roots activities in Vietnam are perhaps beyond accounting for.

The Social Sciences: Framing Agent Orange in terms of Economics, Demography, Psychology, and Anthropology

Public engagement of the social sciences with the issues of Agent Orange is quite recent, encouraged by international conferences in Stockholm and at Yale in 2002, and brought to the fore by conferences in Paris in March of 2005, and in Hà nội in March of 2006. What follows is a brief summary of these first works of scholarship, along with initial reflections on the contributions of each to discussions of Agent Orange, and to the families.

Economics

Attempts to look at the economic impacts of Agent Orange are fraught with questions of how to define the effects of Agent Orange, of how to separate those effects from the effects of other aspects of warfare and post-war malnutrition, of sampling and sample size, as well as time frame and many other methodological questions—many of the same questions that attend studies in the physical and medical sciences. Nonetheless, the questions posed may provoke insight and help open the discussion to a reflection on the larger costs of the spraying for individual households, for the community, and for the nation. Costs, but also costs and benefits, as one graduating economics major at Hamilton College suggested, urging that studies include the impact of the spraying not only with respect to damages in Vietnam, but also with respect to profits for American chemical companies.

In one recent attempt to approach Agent Orange through economics, a socio-economic impact assessment compared 30 affected and 30 unaffected households in Quảng Trị province. Researchers found that the affected families had 37% less income, and 12% greater medical expenses than unaffected households. When asked their priorities for spending any increased income, 96% of the affected families said they would use more money for health care. The researchers pointed out that the focus of the study on loss of income and increased medical cost did not account for social damages such as diminished prospects of marriage, employment opportunities, and community involvement. They recommended establishment of an international donor fund to be made up of the former colonial power, France, and the allies troops US, Australia, South Korea, the Philippines, New Zealand, and Thailand, as well as the manufacturers of AO. (Palmer 2006). Recalling the Japanese citizens group I met in Ha Nam that had come to Vietnam to learn the effects of Japanese occupation during World War II and had spoken of the responsibility Japan bears for collaborating with the US during the war in Vietnam, I would suggest Japan as another potential donor.

Earlier studies tried to assess the impact of the chemical devastation on the rubber, paper, and timber industries, as well as on the fishing industries—some of the largest sectors of the Vietnamese economy (Boi 2007). Future studies might look at the costs not only to individual households or large scale industries, but to the village, district, provincial, and national social support systems as well.

When the consequences of Agent Orange are seen through the framework of economics, the debates over human health appear as only one corner of a larger picture that includes the destruction of the productive capacity of households, villages and vast

eco-regions, and the absorption of resources for reconstruction. And Agent Orange itself is but one corner of the destructive power that left Vietnam pocked with 15 to 29 million bomb craters, with thousands of villages, bridges, schools and hospitals destroyed, along with factories, hydraulic works, power station, dikes, lake embankments, churches and pagodas in ruins. What a “dismal science” indeed to count the cost. Dismal, but important.

Demography

In his paper, the “Demographic and Economic Consequences of Agent Orange Spraying,” demographer Francis Gendreau laments the “tragic absence of documented and checked data.” As a result, he offers his paper as an attempt to raise some important questions and make a “contribution to the collective reflection.”

He first notes the difficulty of defining who is or who is not an Agent Orange victim, noting in particular the lack of accurate data on handicaps, the passage of time, and the difficulty of sorting out Agent Orange as a single cause given the combined effects of the chemicals, and of other weapons of war. He notes further that while these difficulties are scientifically and politically important, they are secondary, as a person is above all a person who needs help, whatever the origin of his handicap (Gendreau 2005: 54).

Gendreau offers three possible approaches to clarifying this question: comparison studies between similar groups, one exposed and one not; chemical analysis of fat or milk; and genealogical research. He suggests “at least” four categories of populations: potential victims (those present in sprayed areas); immediate victims (people who were

directly exposed and affected); the children and grandchildren of those directly exposed; and immigrants to defoliated areas who were exposed after the end of the spraying.

Drawing on the work of Jeanne Stellman, Gendreau estimates that from 3 to 7 million people were directly exposed, that is, from 8 to 18% of the population of the South. This is a minimal estimate, as he observes, because it is based solely on census figures for areas sprayed by plane, and does not take into account those places sprayed by truck, boat, or hand.

Blending demography and economics, the paper speaks of direct and indirect human and environmental costs:

These costs are both direct (deaths linked to exposure, destruction of the flora and fauna, health spending and expenditure involved in cleaning contaminated areas) and indirect (costs entailed by the analyses necessary to producing evidence of the connection between exposure to Agent Orange and the pathologies developed, to know the dioxin content in the soil and animal products, as well as the cost of administering the aid offered to victims by the Vietnamese government and by households), and the cost of opportunity (loss of income for families and the country, connected to handicaps and pathologies caused by Agent Orange and by defoliation that has made thousands of hectares unsuitable for farming and potentially threatens the export of Vietnamese processed foodstuffs).

In addition, the paper brings up the problems of financing assistance, financing soil analyses, and decontaminating the soils, on the state level, reiterating the fear that unscrupulous competitors would spread false rumors about the contamination of Vietnam's food exports, which in 2005 amounted to 13% of the GDP. Here it is important to note, as Gendreau does, that research carried out in 2001 by the University of Texas School of Public Health at Dallas on twenty-two food specimens (mainly fish) "revealed minimal dioxin rates" (61). Other costs include attempts to regenerate sterilized

soils, to replant denuded areas and to re-grow the forests, a process estimated to take 30 years for mixed forests, 70 years to stabilize secondary species, and 150 years for species found in primary forests. For the economic life of families, the paper points out the loss of their means of production (land, labor), the increased medical expenditures, and the loss of the creation of wealth (Gendreau 2005).

Psychology and Anthropology

In 2000, the Centre for Gender, Family and Environment in Development, along with the Asian Centre for Women's Human Rights, published a book of 30 case studies "on the effects of chemical weapons utilized in [the] Vietnam war on reproductive health and reproductive rights," through the collaborative work of Prof. Le Thi Nham Tuyet, Indai Sajor, and Annika Johansson. *Agent Orange: Impact of Chemical Warfare on the Reproductive Rights of Women and Men in Vietnam* compares the reproductive histories of 30 women exposed to dioxin to the histories of their mothers, sisters, and husbands' relatives, focused on four provinces: Quang Ngai, Hoa Binh, Ha Nam, and Ha Noi.

An important new study is underway in the A Luoi Valley, conducted by anthropologists Jacques Maitre and Nguyen Hac Dam Thu and a psychologist specialized in the effects of trauma, Bernard Doray. While fuller justice to the issues they engage must wait the publication of their work, one sample may suggest some of the questions and dimensions being raised. In discussing with an older inhabitant of the valley the gods of the forest to whom villagers would pray when there was a drought or other disturbance of the natural cycles, Maitre was told that these days such prayers were no longer efficacious, because the gods had moved away. Agent Orange here appears not only as a destroyer of forests but of the gods, and thus of the belief system of a community.

What is the point of this long, disjointed, and at times rather meandering first draft of a catalogue of approaches, both musing, active, and disciplined, to Agent Orange? It is to underscore the inadequacy of dealing with Agent Orange solely as a scientific problem to be solved, or as a political bargaining chip to be negotiated. This chapter has attempted to open a space for a more adequate understanding of the topic by adding to these two approaches, which have thus far dominated thought and action on the consequences of Agent Orange, sketches of what must also be taken into account: the long-term economic, demographic, psychological and socio-cultural impacts of the use of chemicals in war, as well as the humanitarian, legal, personal and public responses to that use. As this chapter clearly demonstrates, there is much work to be done. This is a beginning, not an end.

Conclusion:
Boundaries, Mirrors, and Stories

To the discussion of Agent Orange as a scientific problem to be solved, as a political bargaining chip to be negotiated, as a humanitarian issue to be addressed, as a symbol for the workings of imperialism and the dark side of modernity, and as an economic disaster for some and a windfall for others, this dissertation has added the retelling of stories of people from the south, center, and north of Vietnam for whom Agent Orange serves as an enigmatic explanation of the post-war suffering they have had to endure. So many stories and fragments of stories: stories of physical disabilities and conditions, stories of searching for medical help, of economic hardship, of social support, of cobbling together a way to survive, of a search for meaning, of exposure to toxic chemicals, of an appeal to the people and government of the United States, of anger and tears and silences and laughter and overcoming.

What can these stories tell us, beyond the experiences of everyday life¹ they describe? I will focus in this conclusion on three points: a blurring of boundaries, a mirror to modernity, and a role for dialogue and storytelling in divisive times. The thoughts that follow are offered as starting points as well as conclusions, as prompts to further scholarship and reflection that may help open up ways out of present categories that have

¹ This is not meant to minimize the importance of the ordinary for an understanding of the complexities of Agent Orange in both its chemical and metaphorical senses, as the major thrust of this dissertation should make clear. On the contrary, my argument is that it is with the ordinary, the everyday, that understanding must begin and end. For a thoughtful treatise on the “mutual absorption of the violent and the ordinary,” on the way the “boundaries between the ordinary and the eventful are drawn in terms of the failure of the grammar of the ordinary,” and on picking up the pieces and living in a place of devastation, see Veena Das’ *Life and Words: Violence and the Descent into the Ordinary*.

been forged by past trauma, categories that serve as repositories of that past, perpetuating its hostilities.

Blurring the Boundaries

The story of Agent Orange is full of sad, bitter ironies that transgress what have generally been thought of in the West as boundaries between such binaries as generative and destructive, human and natural, benign and malevolent, ally and enemy, combatant and non-combatant, self and other, actor and subject. Chemicals that were developed to promote plant growth as an aid to American soybean farmers became agents of death for the upland and mangrove forests and rice plants of Vietnam, for example. Chemicals that targeted hormone growth in plants turned out to have related effects on humans. And chemicals that some decision-makers had argued would provide a more humane form of warfare by causing only short-term destruction of foliage while sparing human beings turned out to have long-lasting devastating effects for both the environment and human health.

Those who sprayed the chemicals became victims of their own actions, blurring the line between ally and enemy, self and other, actor and subject. Some Ranch-handers themselves suffer (to an extent that is still debated) from the effects of dioxin poisoning, along with their American, Australian, New Zealander, and South Korean compatriots and allies who fought on the ground in the regions they had sprayed. In addition, the military efforts by Americans and South Vietnamese (the parts of the south represented by ARVN) to deprive northern and other southern (the parts of the south represented by the National Liberation Front) troops of food and protective camouflage exposed perhaps five million or more *southern civilians* to the poison at the time (and unknown numbers

in the years following), laid waste to ten to fifteen percent of the productive forests and cropland of the *south*, destroyed the means of subsistence and assaulted the social fabrics and cultures of another uncountable number of *southerners*, in particular but by no means exclusively of those southerners who lived in and on the forests. Foreign troops, southern troops and southern civilians all suffered, and both, indeed all, parts of the south suffered—all of the complex, splintered political sides, that is. Geographically and demographically there were distinctions as some regions of the south were sprayed more than others, and as more women, of special importance more pregnant and lactating women, were affected in the south than in the north. It should be noted that shared suffering has not until recently meant shared compensation, however. Until recently southerners in Vietnam who fought with the ARVN were eligible for support from the Vietnamese Red Cross and other NGO's, but not from the Vietnamese government. Today that policy is changing. But those ARVN troops and families who left Vietnam for the US and other places find themselves in this as in much else in a no-man's land, with no where to turn for compensation.

Lines are blurred not only by the effect of the chemicals, but also by a leap of recognition when people see themselves in each other's stories across hostile boundaries they once thought to be definitive. "It was like looking in a mirror," as one US veteran put it, speaking of meeting a Vietnamese family whose child suffered disabilities similar to those of his own child. The stories told in this dissertation are similar in rough outline, though different in material detail, to stories told by veterans from the United States, Australia, New Zealand and South Korea, and resonate with concerns raised by Canadians, Puerto Ricans, civilian Americans and others in places where the chemicals

were manufactured, tested, or stored. These veterans and civilians not only recognize themselves in each other's stories, but many have worked together to demand accountability and redress, expanding what Morris has called the "moral community" of those who get acknowledged as being human, "like us," and therefore deserving to be treated like us (Morris 1997). American veterans were among the first people in the US to raise the issue of compensation for Vietnamese, for instance, and among the first to return to Vietnam to help create rehabilitation centers for Vietnamese veterans and children thought to be affected by Agent Orange. A particularly moving example of this connection is the story of one American veteran who, as a dying wish, asked that the \$35,000 that the US had allocated him in compensation for his Agent Orange linked diseases be given to poor families in Vietnam affected by Agent Orange who got no such compensation.

In addition to blurring national boundaries, these stories told by people who associate their suffering in part with Agent Orange point to forces that blur other distinctions as well. Class affiliation, ideology, wealth, education, ethnic or religious identity, and military might are of little avail against chemical weapons. We are threatened not as this nation or that, or as this local group or that, but as members of the human species with shared physical vulnerabilities that link us both literally and metaphorically as "biological citizens" (to adapt Adriana Petryna's phrase). Against these forces shaped by sciences and deployed by a mix of fear, fascination, rational efficiency, a lust for power or adventure, and an incomplete calculation of cost, conventional defenses are of little use. We are in this together, to succeed or fail as we succeed or fail in developing ethical controls that are both widely shared and effective. "We must love

one another or die,” as WH Auden once wrote. To that sentiment this dissertation might add: we must re-conceive one another and ourselves so that a new form of engagement—call it love, call it a deeper recognition of mutual self-interest, call it a more finely honed instinct for survival—is possible.

A Mirror to Modernity

“The Holocaust was born and executed in our modern rational society, at the high stage of our civilization and at the peak of human cultural achievement, and for this reason it is a problem of that society, civilization, and culture,” writes Zygmunt Baumann in *Modernity and the Holocaust*. While it is not the Holocaust but its Asian-American contemporary, the bombing of Hiroshima and Nagasaki, that is most often evoked by Vietnamese as a parallel to the use of Agent Orange, the insight is still applicable. Both the atomic bomb and the widespread use of herbicides in Vietnam were technical innovations made possible by the cutting edge science of their times. Both were experimental. Both had multiple effects that continued to future generations, effects that were either unforeseen or ignored by advocates of the use of these weapons. Both were carried out by the United States, a leader in the technological innovation associated with modernity. In the aftermath of both the US was willing—although in the case of Agent Orange only after more than 30 years had elapsed—to conduct scientific research on the consequences of these experiments, but refused to give medical help to the victims. It could be argued that both events also contributed to future disastrous foreign and domestic policies that at times seemed haunted and propelled by fears of what in psychological terms might be called “the return of the repressed.” After becoming (and remaining today) the only state to use nuclear weapons, the US spent the following

decades warning of the dangers of “irresponsible” countries getting “the bomb,” while building and bombing model cities in the Nevada desert and developing elaborate procedures for an impossible civil defense. Thirty years after its unprecedented use of chemicals in warfare—on a scale vast enough to give rise to a new term, “ecocide”—the US went searching for phantom chemical weapons of mass destruction in the deserts of Iraq, squandering international good will, billions of dollars, and an as yet unknown number of lives. It is not for the sake of Vietnamese-American relations alone that Ambassador Burkhardt’s “significant ghost” must be laid to rest.

The families I spoke with ask questions about morality, questions of meaning, and questions of ultimate significance—questions that politics and science cannot answer. Taken together with critiques raised by various environmental sciences, by medical anthropology, and by science and technology studies, these questions draw attention to the ways, as Keyes puts it, “modern societies organized around secular institutions, science, and rationalized action have not only failed to provide people with adequate means to address...suffering, but...have also generated new forms of social suffering.”² Looking at the effects of “Agent Orange” as both an artifact of the chemical age and as a metaphor for social suffering brings together questions that have been “sealed off into incommensurable problems,” to return to Latour’s phrasing “...questions that cannot be solved separately but rather must be tackled all at once” (Latour 1999: 310). These questions entail a careful look not only at the relationships between knowledge, politics, economics, and ethics, but also at where we have come as a nation, at whether we intend

² Keyes, Charles F. Abstract for “Abortions, Agent Orange, and AIDS: Social Suffering in Vietnam and Thailand.” Panel presentation at annual conference for the Association of Asian Studies, Washington, DC, 2002.

to be here, and at how we might redirect our energies towards creating a world that is safer and healthier for us all.

A Role for Storytelling in Difficult Times

Careful attention to the stories told by people suffering the long-term consequences of war has much to offer scholarship: a way towards rethinking binary constructions of reality, input for reexamining some of the master narratives of our times, and an example of how past divisions may be reworked in order to better address present shared challenges. What can scholarship offer these families in return? A chance to participate in conversations going on beyond their local communities, a chance to demand that the lives of people like them, people like most of us, be more fully taken into account in any decision to go to war.

This dissertation built on stories ends, then, with a final story, this one from an interview conducted with a family in yet another northern province of Vietnam, Thái Bình, a province where rice fields stretch as far as the eye can see across the broad expanse of flat delta land formed as the Red River empties into the Eastern Sea. In the spring of 2000 I participated in eight interviews there under the auspices of the provincial Committee for the Care and Protection of Children (CCPC), introduced by a friend and native of the province who for many years had worked on malnutrition and maternal health issues in that province and elsewhere. Her sympathy for those who suffered the consequences of Agent Orange had been aroused both through her personal experience and through a collection of vignettes entitled *Di Hoạ Chiến Tranh* (*The Disastrous Consequences of War*), written by Thái Bình journalist Minh Chuyên. My friend and I stayed at an official guest house in the provincial capital, situated on the banks of a river

where sand and gravel were being dredged by hand, basketful by basketful. One morning we went with an official from the CCPC on a long drive into the countryside to meet the family whose story is retold below.³

"Close the past and open the future."

--villager in Thái Bình province; phrase often heard throughout Vietnam

When we arrive at Mrs. Hà's⁴ home, she is cooking lunch over an open fire in the detached kitchen. They had expected us earlier, but we were late, so the family had gone back to work, thinking our plans had changed. Mrs. Hà's husband, Mr. Binh, has gone to the communal warehouse to get rice wine to sell in the village, and Mrs. Hà wanted to wait for his return to begin the interview. As we hesitated a moment in the courtyard, family and neighbors began to gather. An old man, giving me a sideways glance, tested my Vietnamese. "What is this in Vietnamese?" he asks. "*Một ngôi nhà*--a house," I answer. He nodded vigorously, and walked up the steps into the new cement house.

It turned out 'house' was indeed a significant word, symbolizing the care given by the extended family. Mrs. Hà's older brother points to a mud-walled, thatched-roofed house on a low-lying piece of land across the way. "You see, that house over there was their house. The relatives got together to loan them money to buy this house." It is a loan the relatives know cannot be repaid.

"My sister and her husband are far too miserable," the brother continues. "I mean, in a year—in roughly 12 months—they had to go to the hospital 30 times, and each time

³ The story retold here has been published in "Chemical Politics and the Hazards of Modern Warfare: Agent Orange," in Monica J. Casper, ed. 2003. *Synthetic Planet: Chemical Politics and the Hazards of Modern Life*. New York and London: Routledge.

⁴ For that morning, 'we' were my friend, a representative of the CPCC, a man I took to be from public security, and myself. The names used are pseudonyms, following American academic convention. However, a writer friend in Vietnam tells me it is more honest, and more respectful, to use the real name, especially since the stories were being told in a setting where many others observed and participated in the interviews, and since the families I have quoted asked that their words be conveyed.

there is only us to count on.” I think of what it would take to get a sick person to the hospital from there: down the village lanes to the dike; a kilometer or so along the top of the dike to the small country road; through neighboring villages to the main provincial road, and then an hour or so by car to the provincial capital. But they would not go by car. Would they go by motorbike? I have only seen bicycles in the village. I think of the children left behind, the house to look after, and the crops to tend.

We went into the house and sat on plastic stools around a low table, where Mrs. Hà's brother poured us cups of tea. While we were waiting, Mrs. Hà spoke of her husband's many illnesses, recalling: “There was a time when the doctors at the hospital in town said ‘That's all we can do; let him go home and wait for death. If he craves anything, let him have it.’ His stomach was swollen like this, and his skin was completely swollen, and he couldn't go to the bathroom. Neighbors, and then other women, and then organizations gave a bit of rice, a few potatoes, and some kernels of corn, and then I had to beg for each nickel and dime.

“Then I had a dream about going into the forest to get medicine for my husband, so I ‘dove through the mud’ to get to the forest—all the way to Sa Pa—and there was the medicine to give my husband, folk medicine, and he took it and got better, and did not die.”

My friend turned the conversation to strains these illnesses have put on the marriage. “Do you ever get angry or think of leaving?” she asks. “Sometimes I refrain from speaking,” Mrs. Hà replies, “and sometimes I argue a sentence or two. Then I reflect, and pity him, and cry, not knowing what to do. He is so thin, his skin is so dark. He is now reaching the time of old age and weakness. His life is like the wind.”

She turns to speak to the family and neighbors who fill the house, listening to our interview. “When you are happy, do you think you can stay that way forever? We can’t be miserable forever, uncles and aunts, grandfathers—can we? That’s right—I have to encourage my husband.”

When Mr. Binh comes in, he tells us that in 1972, before the Paris Agreements, he was a special forces soldier in reconnaissance in Tây Ninh, a heavily sprayed region in the south. Where he was stationed the trees were denuded of leaves; he lived in tunnels, “bare-headed, bare-footed, bare-chested....”

“...camouflaged by spreading mud on his body”, interjects another man.

“We saw 200 liter barrels with yellow stripes,” Mr. Binh tells me, “they had three yellow stripes. We had only been through high school, so we could only read the word ‘Dio xin’, or ‘zio xin’, or something like that. At that time, we thought whoever died, died at once, and whoever lived, lived whole”.⁵ Mr. Binh came home with many diseases: diseases of the skin, of the nervous system, of the circulatory system, of the digestive system.

“The very regrettable after-effects of that war you see in the first fetus my wife gave birth to,” he tells us. “My wife, right here. It was like a monster, a monster in a fairy tale. You know, it didn’t have a human shape. And a few minutes after it was born, it died. Very, very hard. And my very own wife has many illnesses, most of them women’s illnesses. Women also bear the consequences of this war.”

⁵ Although barrels of a variety of chemicals are still being uncovered today and causing deaths, this is not an accurate description of a barrel of the dioxin-contaminated mix of 2,4, D and 2,4,5 T code named Agent Orange, since it is highly unlikely that the barrel mentioned dioxin. Could it be a mis-reading of the unfamiliar English “Do not...” or “Danger”?

The couple's second child was slow witted. He "doesn't know anything", they explain; he just turns from side to side. Their third child, a daughter, was born epileptic and blind, with no pupils. Their fourth child was 16 at the time of the interview, and enrolled in school.

After her daughter was born, Mrs. Hà said to herself, "Enough!" She didn't know if it was because of the war or because of fate, she explains, but she went to be sterilized. The procedure, which involved inserting medicine into the fallopian tubes, led to many complications, much loss of blood, and repeated operations. As we spoke she was in pain, with one half of her stomach swollen.

"I only believe in science," she explains. "As for the traditional village healer, I don't dare believe, because my child's brain and eye are very, very important. Therefore, I totally and completely only believe in science. Science says she can't be cured. Then we must bear it, helplessly. What can we do? We can't do a thing."

"This all started from giving birth to children like this, and voluntarily going to be sterilized. Then I was unlucky and the consequence of sterilization was much illness. That made us spend a lot of money, money that a poor family doesn't have... very hard, very desperate. But it's all for my husband, all for my children, so I try to overcome the difficulties. Such a hard situation, but I still have to look after my husband, after my children. I know that my life is deeply entwined with his. I link my whole life with my husband and with my children, to 'carry the rivers and the mountains' to my last breath, and only because of war."

Mrs. Hà's brother says he wants to ask me just one more question. "In your country," he begins, "are there children like this?" He gestures around the room. I do not

understand his implication, and cannot answer. “Children this strong, this tall, this big—or smaller?” One of the women sitting on the bed laughs and says “I’ve seen on T.V.—they are big. Vietnamese are the smallest.” Mrs. Hà’s brother continues: “Our life here should be like that of our international friends. But because the war lasted far too long—all our lives—we lost the chance to study, because at 18 we left school and took up the gun. When the enemy was gone, we came back... back to feed our children, but there was not enough, so they are sickly and puny like this. You see?”

“These are the consequences of war,” Mr. Bình explains. “What he is saying is that the consequences of war are very great....”

Earlier Mrs. Hà has thanked me, and the American government, for paying attention to them and trying to help. When Mr. Bình again thanks me as a representative of the American government, I explain that I do not represent the government, that I do not know if the government will help, but that I believe ordinary people will. Mrs. Hà’s brother replies, “Because everything comes from the people, doesn’t it?” When he sees I am again not fully following his meaning, he explains: “Because if the people have sincere hearts and make demands on their government, most governments must execute those policies, because the government is for the people, isn’t it?”⁶

Mr. Bình has a request: “I want to ask you to say this to the American people. An unavoidable war broke out between our two countries. In reality, nobody wanted it. Now both sides understand each other, and the two countries are friends, and trade business. Close the past and open the future. The two countries circulate goods. They’ve exchanged ambassadors already. But what happened before—that is, the consequences of

⁶ Some time after my return from Thái Bình I learned that farmers there had rounded up government officials they believed to be corrupt and held them until they were replaced by Hà Nội.

the bombs and bullets, and of the chemicals, outrages the Vietnamese people. Yes, because the result is not to kill a person at once, but the result waits for the children, and for the grandchildren.

“So I really hope the American people, together with the Vietnamese people, will demand that the American government not produce those chemicals any longer. Don’t take them to make war with any other country. What is banned by international law should not be used. So stop using them. Yes... not just I myself in particular, or just the Vietnamese people in particular, but the whole world in general opposes these chemicals.”

We are silent for a while and then it is time to leave. I observe that help is coming very late.

“That’s right,” Mr. Binh responds. “You see, if this humanitarian work between the people and governments of both countries had happened sooner, our suffering would have been less. Very many years have passed already. It’s late, but still better than nothing. I myself still exist. And you see, my family is still here.”

Still here. Still asking to be heard. Not forgotten. Conveyed, told, related. Put into the pages, as Mrs. Hồng puts it, “of the history of our country, of our generation, of the world.” These scraps of stories, which I have quilted together here into narratives, are fragments of yet another larger narrative as well: fragments of the collective human trauma, the collective human memory of war and its disastrous consequences that persist for generations, in all parts of the globe. These stories serve not as a conclusion, then, but as an introduction. To quote Mrs. Hồng again: “You will never be able to bear witness to

all the pain and loss that the Vietnamese people have borne through so many wars.”

The Vietnamese people, the Cambodians, the Lao, the Congolese, the Algerians, the Irish, the Jews, the Palestinians, the Bosnians, the Serbs, the Columbians, the Afghans, the Iraqis: even this very short, very incomplete list is far too long.

The stories re-presented in this dissertation may be taken as a step in reworking a traumatic past to make it bearable, to return to Jackson’s formulation: to make it bearable, but also to transform our understanding of it in order to loosen its deadly grip on our future. That reworking here occurs through a focus on the concrete materiality⁷ of a present, torn and traumatized by wars, that shuttles between repression of memory and hyper-memorialization. Veena Das (2006), attempting to tell about such lives, uses the tools of dialogue, or resistance to premature explanation, and of a “descent into the everyday,” into the cracks of everyday life that take us to places where we do not know what to say, places “beyond all possibility of culture to contain, give meaning, or symbolize,”⁸ places that provoke radical doubt about the grounds of existence, places that Kleinman, drawing on Wittgenstein, has characterized as “what the spade hits,” “what resists social construction,” “something in the world that stops us,” “the lived experience.”⁹

In Vietnam that experience includes fifteen to twenty-nine million bombs and the craters they left, ten to fifteen percent of the vegetation denuded by chemicals; thousands of villages razed and rebuilt; millions of people dislocated and resettled within the country; major towns and much medical, educational, transportation and other

⁷ Nancy Hunt. Working seminar on “Scarred Landscapes/Imperial Debris.” The New School for Social Research. 2006

⁸ Achille Mbembe. Discussant, American Anthropology Association annual conference. 2006.

⁹ Arthur Kleinman. Discussant, American Anthropology Association annual conference. 2006.

infrastructure obliterated and reconstructed; nearly universal experiences of the injuries and deaths of loved ones; disease and debilitation that lingers long after the fighting stops; the complexities and ambiguities of creating life after war, whether it is at home or across the oceans. How do we tell these stories, how do we do justice to them? How do we respond to such human suffering, reworking the past to open out, not foreclose, the future?

Mrs. Hồng's words come back to me: "I tell you, you will never be able to bear witness to all the pain and loss the Vietnamese people have borne through so many wars. There is still much, much more." Bearing witness is one part of the work of breaking silence, of tearing down Pablo Richard's wall between rich and poor, a wall that obliges the poor "to die in the silence of history."¹⁰ Another part of the work is to recognize that human agency, particular human beings making decisions that could have been made otherwise, initiated the use of chemicals in Vietnam, and to call for human responsibility for the consequences of those decisions. Despite ambiguity and all that is yet unknown and may never be known, there is also much that is known. How then shall we respond to this human suffering? Acknowledging and taking responsibility for the past may not only be a matter of honor and decency and justice and compassion, it may also go some way towards helping to dispel the ghosts of Vietnam more effectively, and in a manner less devastating and costly of life and materiel, than the ever-escalating deployment of ever-deadlier force in ever-multiplying parts of the world.¹¹

¹⁰ Cited in Farmer 1997: 280.

¹¹ Portions of this paragraph first appeared in "Speaking with Women in Vietnam on the Consequences of War: Writing Against Silence and Forgetting," Gisele Bousquet and Nora Taylor, eds. With thanks to Charles F. Keyes for challenging me to rethink parts of the earlier work.

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