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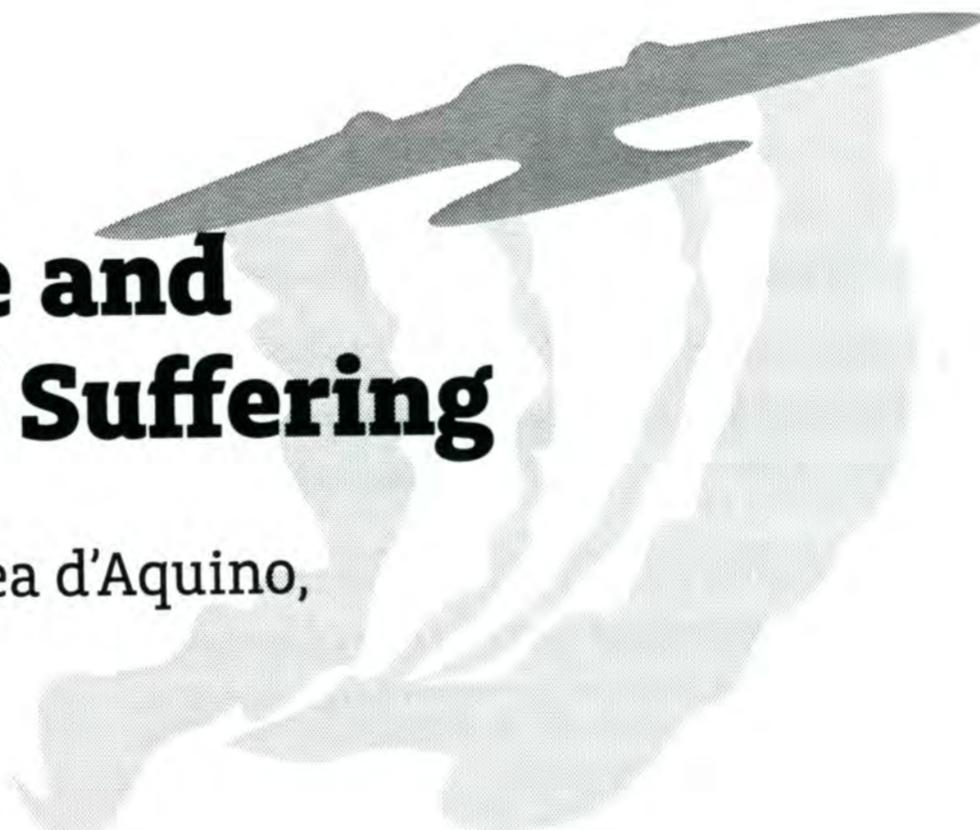
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Agent Orange and Narratives of Suffering



by Anne d'Aquino, Andrea d'Aquino,
and Lauren Sutton

INTRODUCTION

The Vietnam War (1961-1975) ended almost a half-century ago, and both the United States and Vietnam have put most of it behind them. But the legacy of Agent Orange, the dioxin-containing herbicide that the U.S. sprayed over large portions of Vietnam to defoliate it and remove cover for the enemy, continues to be a potent and divisive issue. The toxicity of dioxin has affected Vietnam in a variety of ways, particularly through its effects on the reproductive health of women. Families who lived in the vicinity of "Agent Orange spray zones" or who have become exposed to dioxin because of proximity to or from the use of resources from "Agent Orange hot spots" have experienced severe reproductive complications. From birth defects to miscarriages, this chemical has had an effect through generations of families, and has disproportionately affected women and children due to their biological susceptibilities. Unexpected miscarriages and birth defects have added a greater level of complexity to this public health issue. As the U.S. and the Vietnam progress toward resolving disputes over the responsibility and consequences of this weapon of war, defining "victims" and what should be done for them continues to be an issue today.¹

¹ Charles Bailey. "Tackling the Agent Orange Legacy in Vietnam," *Alliance Magazine*, June 1, 2010. <http://www.alliancemagazine.org/en/content/tackling-agent-orange-legacy-vietnam>. Other sources on Agent Orange and Operation Ranch Hand include Allen Myers. "Vietnam: 30 Years later, war crimes go on and on," *Green Left*, April 27, 2005. Accessed September 28, 2011. <http://www.greenleft.org.au/node/32657>; Steven and Jeanne Stellman. "Exposure Opportunity Models for Agent Orange, Dioxin, and Other Military Herbicides Used in Vietnam, 1961-1971". *Journal of Exposure Analysis & Environmental Epidemiology*, 14 no. 4 (2004): 354-362.

This paper explains the “victims” issue from several perspectives. It will, first of all, look at the different representations and narratives of Agent Orange in Vietnam, particularly as it pertains to those who are identified or represented as “victims” of Agent Orange. Scientists, governments, and activists have told different stories and identified victims in different ways. We examine here how those who have suffered the consequence of dioxin exposure have become identified as “victims” by investigating the problem of exposure as well as the politics that have shaped and defined it. The challenge of defining precisely how Agent Orange “exposure” and toxicity function has opened up a narrative space for different representations of “victims.” We will also examine the fundamental difference of exposure in women compared to men, and try to evaluate the consequences that arise from this differentiation. Finally, this paper will examine the issue of responsibility, the relationship of Agent Orange narratives to responsibility, and how it has both shaped and challenged efforts to define victims and who gets to do so.

The subjects of “Agent Orange as a weapon of war” as well as the history and consequences of dioxin in the Vietnamese environment have now generated a small scholarship. In order to study and research this topic, we used this as well as traditional resources and field research to answer questions about Agent Orange. But we also discovered, through the work of Diane Fox, an anthropologist who has worked with Vietnamese Agent Orange victims, and through our own field work, that “victims” have an important voice, too, and they deserve to be more than characters in other narratives or numbers in a case study. We recognized that the relationship between toxicity, exposure, and responsibility has shifted in recent years for several reasons. Some of these reasons include the development of the capacity to quantify toxin levels in both the environment and in people, and this capacity has in turn shaped who is considered exposed. The people who continue to be affected today by dioxin residues are different than the people who were affected during the war, and this has deepened and made more complex the narratives that explain the consequences of Agent Orange and the responsibility for it. Many factors such as the uncertainty behind the number of victims, the uncertainty about how dioxin causes health problems, the possible end of “exposure” as a result of dioxin clean-up efforts, and the controversy over responsibility, have all added complexity to the larger

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story of Agent Orange and health in Vietnam. These factors have provoked dispute, uncertainty, and misunderstanding at the same time that they have moved the actors in this issue in the direction of a resolution. But they have not erased the fundamental fact that Agent Orange has victimized large numbers of Vietnamese people. Many of these people were not even born when the Vietnam War took place, and what remains very clear is that something more needs to be done about those who have suffered and continue to suffer from this act of war.

WHAT WAS AGENT ORANGE?

Agent Orange was the code name of a specific herbicide used during the war in Vietnam that was named after the identifying stripe of paint around the barrels in which it was shipped. The name has also been used as a generic term for all the chemicals used throughout the war, or more specifically, for the toxic dioxin it contained. It has also become a symbol of the long-lasting consequences of the Vietnam War.² Diane Fox described Agent Orange as something that “has taken on other layers of meaning, at times becoming the name of a disease, or a metaphor for the consequences of war,” and not just an herbicide.³ As a strategy of war, in the herbicide spraying project titled Operation Ranch Hand, the United States military dropped a number of defoliants on ten percent of the rice fields and forested landscapes of Vietnam, to remove cover for the enemy and to destroy food crops that might feed them. The most common of these was Agent Orange.⁴ Agent Orange is a 50/50 mixture of 2,4,5-Trichlorophenoxyacetic acid and 2,4-Dichlorophenoxyacetic acid. When produced at unsafe temperatures and an increased rate of production, this mixture creates an extremely toxic carcinogenic by-product: 2,3,7,8-tetrachlorodibenzo-para-dioxin, commonly

²Diane Fox, in H-Diplo Roundtable Review on David Zierler's *The Invention of Ecocide: Agent Orange, Vietnam, and the Scientists Who Changed the Way We Think about the Environment*. H-Diplo Roundtable Review.8, no 11 (2011) <http://www.h-net.org/~diplo/roundtables/PDF/Roundtable/PDF/Roundtable-XIII-11.pdf>

³ Diane Fox. “Chemical Politics and the Hazards of Modern Warfare: Agent Orange,” unpublished manuscript, (2009).

Additional manuscripts of Diane Fox's that we consulted include: “Speaking with Vietnamese Women on the Consequences of War, Writing against Silence and Forgetting,” Unpublished manuscript, (2009); “Frames,” Unpublished manuscript, (2009); “Agent Orange, Vietnam, and the United States,” unpublished manuscript, (2009). Our thanks to Dr. Fox for sharing these with us.

⁴Mart Stewart, “Agent Orange,” in *Encyclopedia of World Environmental History*, eds. J.R. McNeill and Carolyn Merchants (New York: Routledge, 2004), 22-23.

called TCDD or dioxin.⁵ This toxic chemical constituent entered the environment and the lives of many Vietnamese families by way of Operation Ranch Hand.

Dioxin persists differently in a variety of environments. When exposed to the sun (and as most Agent Orange was sprayed on South Vietnam's jungle canopy, it was therefore exposed), dioxin has a half-life of only one to two days. When dioxin is found in humans, the half-life is between 7-11 years, but when dioxin finds its way into sediment (usually around stagnant water sources such as lakes or ponds) the half-life can be up to 100 years.⁶ In those areas where Agent Orange was stored and often spilled, especially in Operation Ranch Hand staging areas, dioxin levels were extremely high, making dioxin more likely to persist in the environment. It has been over forty years since the final spraying of Agent Orange, and to this day the toxicity of dioxin continues to affect Vietnam in a variety of ways.⁷

The toxicity and persistence of dioxin has unfolded into a long and complicated story due to its physical and chemical properties. Dioxin is a halogenated compound, a compound in which a halogen (e.g., fluorine, chlorine, bromine, or iodine) has been attached to carbons. Halogenated compounds, such as dioxin, have a high affinity for organic materials, low water solubility, and exhibit lipophilic ("lipid loving") properties, making it an exceptionally persistent herbicide.⁸ Dioxin persists in sediment because it resists breakdown by the majority of soil bacteria, and accumulates in the human body because it is fat-soluble. The persistent and toxic effects of chlorinated insecticides and herbicides are so significant, that they have been discontinued for most agricultural uses in

5 E. Sterling, Hurley, M. and Minh, L.D. *Vietnam: A Natural History* (New Haven: Yale University, 2006), 8.

6 Agent Orange Record. "Denying Them Food and Cover." Accessed October 12, 2011. http://www.agentorangerecord.com/impact_on_vietnam/environment/

7 Hatfield Consultants, "Comprehensive Assessment of Dioxin Contamination in Da Nang Airport, Viet Nam: Environmental Levels, Human Exposure and Options for Mitigating Impacts." (Vancouver, B.C.: Hatfield Consultants, 2009): 1-27. <http://www.hatfieldgroup.com/UserFiles/File/AgentOrangeReports/DANDII1450/Da%20Nang%202009%20Report.pdf>.

8 Monica J. Casper, *Synthetic Planet: Chemical Politics and the Hazards of Modern Life* (New York: Routledge, 2003), 73-89.

Lipophilic translates to "Lipid loving". It is a property of compounds and molecules which are not water soluble. They combine with fats, lipids and oils, and do not mix with water. This property often causes them to form a film on water, rather than mix with it. Water therefore cannot "dilute" lipophilic compounds

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the United States.⁹ Dioxin is chemically unreactive and insoluble in water, so although it is non-mobile independently, it can migrate from sources through natural forces such as air, water, and soil.¹⁰ This migration of the chemical pushes it into local bodies of water, often reaching lakes and streams where inhabitants go for food. The residues of dioxin have now accumulated in places in Vietnam's environment, and in an especially distinctive way through the food chain. Its toxic effects are biomagnified up the food chain, where it reaches many Vietnamese families who unknowingly consume contaminated animals for meals. As dioxin percolates into the bodies and tissues of fish and other animals and up trophic levels, its concentration increases. By the time it is consumed by humans, at the top of the food chain, it can be found in toxic concentrations. Through exposure to dioxin, the human body becomes a new and different "environment" for this chemical to interact and persist in, and one in which it has especially deleterious effects.

Exposure in Vietnam works in a way that is significantly different in women than in men. Dioxin is an endocrine-disrupting chemical with a highly toxic effect on the reproductive system.¹¹ The mechanisms by which endocrine-disruptors act are not completely clear, but it is understood that they interfere with the production and function of many different growth factor enzymes, and most importantly, hormones.¹² Hormones coordinate the complex development of the fetus, signaling genes to turn on and off and directing cellular replication. The placenta secretes these hormones to the fetus; they are necessary for proper growth and development. The placenta is a transporter of oxygen,

9 L.G. Wade, *Organic Chemistry; Custom Edition* (New York: Prentice Hall, 2010), 210.

10 Hatfield Consultants, "Comprehensive Assessment of Dioxin Contamination in Da Nang Airport, Viet Nam," (2009):65-98. <http://www.hatfieldgroup.com/UserFiles/File/AgentOrangeReports/DANDI-II1450/Da%20Nang%202009%20Report.pdf>

11 Leslie J. Reagan, "Representations and Reproductive Hazards of Agent Orange," *Journal of Law, Medicine & Ethics*, 39 no. 1 (2011): 54-61.

Other online articles and publications that consider the subject of dioxin toxicity and its effects on the human body include: "Dioxins," Breast Cancer Fund. Accessed November 5, 2011. <http://www.breastcancerfund.org/clear-science/chemicals-glossary/dioxins.html>; Institute of Medicine Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides, *Veterans and Agent Orange Health Effects of Herbicides Used in Vietnam* (Washington, D.C.: The National Academy of Sciences, 1994). Accessed November 4, 2011. http://www.nap.edu/openbook.php?record_id=2141&page=R1.

12 Nancy Langston, *Toxic Bodies: Hormone Disruptors and the Legacy of DES* (New Haven: Yale University Press, 2010), 1-15.

nutrients, waste material, and carbon dioxide between mother and fetus. Endocrine disruptors such as dioxin can cross the placenta to the bloodstream of the fetus, leading ultimately to negative effects at birth. The developing fetus can be particularly sensitive to the tiny chemical-induced differences in hormones, such as those caused by dioxin, leading to possible birth defects and miscarriages. Dioxin's effects and toxicity are much more evident and critical in the early stages of human development than in adults, making its persistence in the human body during reproductive years especially dangerous.¹³ By interfering in the development of the fetus, dioxin increases prenatal mortality and the risk of endometriosis, as well as causes birth defects.

As a developmental toxicant, dioxin can interfere with the normal development of a child. This attribute of dioxin is significant after the birth of the child when the mother must choose whether or not to breast feed. The tendency for dioxins to be stored in fatty tissues results in the chemical accumulation of dioxins in breast tissue and milk during lactation in women.¹⁴ The infant's daily dioxin intake, by way of the mother's breast milk, can then be one to two orders of magnitude higher (ten to twenty times higher) than adults.¹⁵ Once in the body of her child, dioxin acts as a neurotoxin and has the potential to harm the brain and central nervous system. The issue of dioxin accumulation in breast milk poses the question of safety versus necessity for many Vietnamese mothers. Breast milk is extremely important for child development, and many Vietnamese mothers have to ask themselves if the benefits of breast-feeding outweigh the risks. Dr. Nguyen Phuong Tan, Chief of the Rehabilitation Department in Peace Village at the Tu Du Obstetrics Hospital in Ho Chi Minh City, explained to us that most mothers still choose to breast feed their children, because they are convinced that dioxin has likely already entered the body of their children while they were still in their womb. Dioxin's path and its effects on a fetus are

¹³ Nancy Langston, *Toxic Bodies*, 1-15.

¹⁴ Leslie J. Reagan, "Representations and Reproductive Hazards of Agent Orange," *Journal of Law, Medicine & Ethics*, 39 no. 1 (2011): 54-61.

¹⁵ European Commission: Health & Consumer Protection Directorate - General, "Opinion of the Scientific Committee on Food (SCF) on the Risk Assessment of Dioxins and Dioxin-like PCBs in Food," (2000): 27-49. Accessed March 13, 2012. http://ec.europa.eu/food/fs/sc/scf/out78_en.pdf

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unclear, leaving both mothers and scientists uncertain of who is at risk of being exposed, and how to behave to avoid further exposure.¹⁶

Some steps have been taken to determine the exposure of dioxin in-utero, but still fail to provide proof of cause-effect relationships between Agent Orange and birth defects. A lack of “substantial scientific evidence” sustains the ambiguity of whether or not dioxin is the cause of what appears to be health problems connected with dioxin exposure and thus the determination of who is a victim and who is not. Medical scientists have apparently developed a test to determine whether a baby’s blood contains some dioxin, but it costs up to one thousand U.S. dollars to administer it. Allen Myers, who discusses this test in a 2005 article, notes that, “even if the test were done and confirmed the presence of dioxin, it would still not be regarded as proof.”¹⁷ Children with dioxin related malformations may not even have traces of it in their blood because their disorders are caused by dioxin induced damage of their parents’ chromosomes, and not by the presence of dioxin in their own systems.¹⁸

Mothers who have been exposed to Agent Orange face the difficult question of whether they are willing to carry the possible burden of raising a child with disabilities. This is partly due to the uncertainty about what dioxin is and what it does. In a culture where disabilities are not openly discussed, and where healthy families represent prosperous families, exposed mothers must decide whether they are willing to risk exposing their fetus to dioxin. The uncertainty surrounding the possible outcomes of childbirth leaves both families and doctors unsure of the better choice: to conceive a child or potentially end a family legacy from progressing to the next generation. The difficulties which mothers of disabled children endure extend beyond the medical. Vietnamese mothers who give birth to children with birth defects and disorders ask questions about fate and destiny, but find no answers to their questions of “how” or “why.”

¹⁶ Interview with Dr. Nguyen Phuong Tan, Ho Chi Minh City, Vietnam, December 21, 2011. Because of an unusually high number of children begin born with developmental deformities and birth defects likely caused by dioxin exposure, health support stations and special schools, such as Peace Village, a special wing of the Tu Du Obstetrics Hospital in Ho Chi Minh City, have been established to help support Agent Orange victims who are children.

¹⁷ Allen Myers, “Vietnam: 30 Years later, war crimes go on and on,” *Green Left*, April 27, 2005, accessed September 28, 2011, <http://www.greenleft.org.au/node/32657>.

¹⁸ Myers, “Vietnam: 30 Years later.”

Families and friends often conclude that these consequences are “punishment” for “bad lives”. According to Dr. Nguyen Thi Ngoc Phuong, the director of Tu Du Hospital, hospital staff usually does not discuss the real reason for a baby’s death; they simply state that the baby was “too weak.”¹⁹ Dr. Phuong says, “They are afraid that if they tell the truth, husbands will abandon wives who they think are contaminated by dioxin.” The distress of marital rejection cause women to often feel “inferior” for not being able to give birth to normal children or any children at all.²⁰ A mother’s ability to bear a child is extremely important to families, and uncertain outcomes at birth can leave women confused but determined to deliver a “normal” child. In some cases, women may take desperate measures for the sake of their families and futures. According to Diane Fox, mothers have experienced both extremes of this medical atrocity. From delivering several children in order to bear a “normal” one, to undergoing expensive and painful medical procedures, women have made drastic choices in hopes of overcoming the consequences of the effects of dioxin exposure and the complex afflictions this exposure has possibly caused. During an interview with Mrs. Hông, a woman living in Biên Hòa, Fox inquired about the number of children she has. Mrs. Hông replied, “It’s a lot, if you are talking about the pregnancies.” But Mrs. Hông soon revealed that only four survived, all girls.²¹ Another woman Fox interviewed shared the suffering she endured when she chose to undergo sterilization after having miscarriages as well as children with severe disabilities. She explained that she did it for her husband and her family, so that they would not have to endure another regretful birth. The pain was both physical and emotional, as she never properly recovered from the operation. The social stigma associated with infertility (or the inability to bear a child) is even more distressing. The medical concerns connected to this public health issues are serious, but these are amplified by social and familial issues.

¹⁹ Myers, “Vietnam: 30 Years later.”

²⁰ Diane Fox, “Speaking with Vietnamese Women on the Consequences of War,” unpublished manuscript, (2009).

²¹ Diane Fox, “Chemical Politics and the Hazards of Modern Warfare,” unpublished manuscript, (2009).

Women tend to have greater body mass, higher percent fat and more fatty-tissue making accumulation potential much more probable in women contrasted to men. Vietnamese women are exceptionally susceptible to the consequences of this chemical because of work-related exposure, consumption of dioxin accumulated food, and attempts at building a family with exposed husbands.

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During our conversation with Dr. Nguyen Phuong Tan, she explained that over 90% of children that were born with birth defects this year were abandoned. She said this most commonly occurs when the child has very serious defects. When we asked if the mother is shamed or reprimanded by society for choosing to abandon a child or abort a pregnancy, Dr. Tan said that only the mother and her doctor know of the child's defect, and thus the decision to have an abortion is only between them. However, Vietnamese society understands this, and does not question a mother who "loses" her child before pregnancy. She noted that some very religious families choose to keep the child, no matter what its condition. Our conversation illustrated that due to a changing history, the consequences of Agent Orange are being engaged in very different ways by the current generation. However, it is clear that the decisions mothers face now are still just as difficult today as they were over 30 years ago. When mothers do choose to keep a child, the difficulties are often more substantial than families anticipate.

Several social anxieties related to having a child born with a disability beleaguer Vietnamese families. Families must consider who will take care of their disabled children when they get old. Not only is having a child with a birth defect expensive, but it is also time-consuming and arduous work. From pre-chewing food for children who cannot masticate, to continuously carrying a child whose limbs lack the muscle to ambulate or move, households must alter their way of life in order to support and nurture their child.²² Many disabled children are unable to help their own families with physical labor or chores, and are thus sent to places such as Peace Village, a special wing of the Tu Du Obstetrics Hospital for Agent Orange victims, where they can be cared for. This alleviates some pressures on parents, but adds to the social stress of parenting children with disabilities.²³ Families must also modify the custom in which the child takes care of their parents as they grow up. Many Vietnamese parents with disabled children may try to hide their children for fear of being blamed or not being able to marry off their healthy children.²⁴ Families must also think about the custom of having children to carry on their family legacy. Parents may

²² Diane Fox, "Chemical Politics and the Hazards of Modern Warfare," unpublished manuscript, (2009).

²³ Allen Myers. "Vietnam: 30 Years later, war crimes go on and on," *Green Left*, April 27, 2005. Accessed September 28, 2011. <http://www.greenleft.org.au/node/32657>.

²⁴ Diane Fox, "Speaking with Vietnamese Women on the Consequences of War," unpublished manuscript, (2009).

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Though the gallery of images of Agent Orange victims at the War Remnants Museum in Ho Chi Minh City has been criticized for sensationalism, it is consistent with other exhibits on the Vietnam/American War in the museum and the museum's larger purpose of enhancing peace by 'remembering atrocities.

therefore persist in their attempts to give birth to more babies until they have one "normal" child. This resolution often leads to mothers bearing several more children, some of whom are born with disabilities, which in turn increases the expenses of health care and also pushes these families into difficult financial situations. Dioxin is a women's and family issue that is also closely linked to poverty and economic disparities. Families often live in poverty trying to take care of their children, frequently taking long and expensive trips to distant hospitals to purchase costly medication.

In general, "next generation" victims have become a very complex issue in Vietnam, and of a kind that is open to controversy about cause, and about responsibility and solution. The legacy of Agent Orange continues and is embodied in the disabilities of the children of women who have become exposed to Agent Orange—and exposed sometimes quite indirectly and years after the war was over. At the same time, just how and to what extent Agent Orange is the cause of disabilities is not always clear, given the complexity of the relationship

between exposure, toxicity, and reproductive health. Vietnamese families, but especially women, face economic, political, and social burdens when bearing children with disabilities connected to Agent Orange, forcing them to make controversial decisions for the future of their families

NARRATIVES OF SUFFERING

Who qualifies as an Agent Orange victim and what this label means remains an intense and indefinite subject.²⁵ Each "victim" has his or her own story or narrative, expressing what the title "victim" signifies for them, and these in turn are explained collectively by different groups who have a stake in the process of defining dioxin victims.²⁶ Individuals or groups of individuals create personal narratives of suffering based on their unique experience and ability to reason and make sense of their affliction.²⁷ As we discuss the different general narratives of suffering we will refer to three major stakeholders: the United States government, the Vietnamese government, and victims' associations (usually NGOs) who actively seek support for those they represent. These groups are not necessarily exclusive of each other. Speaking with persons from each of these groups also allowed us to add to our understanding of the narratives of individual Agent Orange victims as well. For each perspective we have sought to understand what has been said indirectly about the issue, as well as what features of the Agent Orange issue each group or individual deems essential.

The way in which individuals or groups of individuals view their illness or affliction reflects the significance of this illness to those involved. Illness and disease are culturally constructed, and so is the physical and emotional treatment

²⁵ Arnold Schechter, and Thomas A. Gasiewicz, *Dioxins and Health* (New York, New York: Macmillan Publishing, 2nd. ed., 2003), 7.

²⁶ Diane Fox, "Chemical Politic and the Hazards of Modern Warfare," unpublished manuscript, (2009).

²⁷ Arthur Kleinman, *The Illness Narratives: Suffering Healing, and the Human Condition* (New York: Basic Books, 1988), 5-233. The scholarship on the social and cultural construction of various diseases is large, but a good place to begin is Susan Sontag's observations on cancer, tuberculosis and AIDs in *Illness as Metaphor and AIDs and its Metaphors* (Picador, 2001). That diseases are also constructed by social conditions is fundamental to Paul Farmer's work, and also to the project by the World Health Organization on the social determinants of health: CSDH, "Closing the gap in a generation: health equity through action on the social determinants of health." Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008.

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that comes to be part of the treatment of each illness.²⁸ Some diseases are culturally accepted and others are stigmatized. For example, the validity of the claims of veterans that they were suffering from Agent Orange related illnesses were not always accepted by the U.S. Veterans Association in the 1970s and 1980s.²⁹ U.S. veterans began to suffer from various diseases in the 1980s that they attributed to Agent Orange exposure, but these were not validated or recognized by the Department of Veterans Affairs until the 1990s; a comprehensive list of “associated diseases” was not compiled until 2001. This list can now be found on the US Department of Veterans Affairs website and is the foundation for benefits given to veterans who suffer from these ailments. Forty years after exposure, Agent Orange diseases among U.S. Vietnam War veterans have acquired recognition and visibility—they have been fully constructed—and veterans can finally receive compensation for their illnesses and diseases. The Agent Orange narrative in both the U.S. and Vietnam has evolved over time. There are many different narratives of Agent Orange suffering, but what we must be most aware of, are where the narratives come from, and who is telling the story.

Our experience at Peace Village in Ho Chi Minh City provided an opportunity to see the consequences of Agent Orange first hand, as well as, introduce us to a performance of suffering that engaged our emotions. As we were led down the halls of Peace Village, the doors to community living quarters were held open for us to view in. Children with missing limbs and malformed body parts greeted us with blank stares, unusual noises, or friendly waves and smiles. One of the children was in the midst of writing in a journal of perfect penmanship, utilizing nothing more than her toes—both of her arms were missing. A room farther down the hall had more children who were awakened from their naps in order to greet the “foreigners.” Two young boys were wriggling aggressively while strapped to their beds in order to prevent them from hurting themselves, while other children were barely moving, merely blinking and staring.

We were ushered into another room, where we began our interview with Dr. Nguyen Phuong Tan, Chief of the Rehabilitation department in Peace Village,

²⁸ A. Kleinman, V. Das, and M. Lock, *Social Suffering* (Berkeley and Los Angeles: University of California Press, 1997), 1-10.

²⁹ David Zierler, *The Invention of Ecocide* (Athens, Georgia: University of Georgia Press, 2011), 6.

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who was accompanied by Duc Nguyen, a surviving conjoined twin who was separated from his brother. Duc's brother died four years ago, but Duc survived, got married, and had children. He has a global reputation as an icon for Agent Orange Victims. Duc is an Agent Orange survivor whose personal saga of survival has become a representation of victory over suffering, at the same time that he has become a poster child for Peace Village and all victims of Agent Orange. Duc did not say anything throughout our interview, but merely sat and listened. Dr. Tan began the interview and her presentation by explaining the history of Agent Orange, and its toxic and deadly effects. She directed our attention to photos around the room of children and adults with severe malformations. The photos were striking, and painful to look at. She explained that many children do not survive, and if they do, they do not live very long.

Dr. Tan then addressed the issue of responsibility and redress. She explained that in order for victims to receive compensation from the U.S. government, the U.S. wants proof that dioxin is the culprit via scientific evidence such as blood tests, but these are difficult and expensive. She told us that their doctors and scientists do not have the money to do these tests, so the debate about compensation remains in a stalemate. The only way they could move forward with their research and their cause was to inspire the support of people like us who were interested in researching and helping those who were victims of Agent Orange.

Dr. Tan told us that she wanted to show us a room where they only allow "researchers" to visit. She ushered us down a hallway, and into a room at the corner of the building that contained shelves of glass jars containing lifeless fetuses with malformations. Every person in the room was speechless. We had read about this room in our preliminary research, but reading about it did not prepare us for what we felt when we actually entered it. We stood at the center of the room, trying not to move too close to the jars, while Dr. Tan watched us. She noted that perhaps because we were "scientists" we were not as emotional as other visitors she had guided through Peace Village. Perhaps our state of shock masked our emotions, but there was no doubt that this room had evoked something very intense within each of us. Dr. Tan's statement about our "apparent lack of emotion" made us wonder if the purpose of this room was in fact to simply provoke the emotions that we were "not physically exhibiting." We thought that it was very interesting that all of the jars in the room were labeled in English, as if this room was not

Perhaps our trip to Peace Village was merely a political presentation that was intended to inflict feelings of guilt, hurt and pain. But at the same time, the evidence was clear to all of us that Agent Orange exposure had caused a great deal of suffering and pain, and that this was an ongoing legacy of the Vietnam War.

necessarily for research by the Vietnamese doctors, but rather a sort of viewing room for foreigners. As we exited the room, it was clear to all of us that no matter the larger purpose of this Agent Orange tour, the images we saw would be ones we would never forget.

In the hallway, Dr. Tan thanked us, and gave us "Peace Village" pins that were apparently standard issue for foreigners who visited Peace Village. She thanked us for researching Agent Orange, and for our intentions to spread our understanding. Dr. Tan explained

that there are not many young people who are as interested in this subject as we were. These final remarks ended our meeting, and we left Peace Village with overflowing emotions, confusion, and a lack of words.

Our meeting with Dr. Tan provoked many questions. Was this meeting merely another planned political presentation? Was the purpose of the fetus room viewing designed more to appeal to emotions rather than to make a scientific case? Perhaps our trip to Peace Village was merely a political presentation that was intended to inflict feelings of guilt, hurt and pain. But at the same time, the evidence was clear to all of us that Agent Orange exposure had caused a great deal of suffering and pain, and that this was an ongoing legacy of the Vietnam War. Dr. Tan's presentation may have been designed as a political performance rather than to make a scientific case, but our contact with the children in the hospital as well as the sight of the fetuses reminded us that this narrative had victims who were more than just figures in a study. No matter what this presentation's purpose was, it was clear to us that there were very real and intense repercussions still occurring from the spraying of Agent Orange and these "victims" who were not even part of the war continue to suffer because of the legacy. This legacy of war has been depicted in a similar way in the narratives of Agent Orange activist groups such as the Vietnam Association for the Victims of Agent Orange/Dioxin (VAVA). VAVA is the most outspoken group in Vietnam for the victims of Agent Orange and

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claims to be “. . . the only organization that represents the millions of victims of Agent Orange in Vietnam.”³⁰ They work in close contact with other NGOs such as the Ford Foundation and the Vietnamese Red Cross. Vietnamese non-governmental organizations always have close ties to government initiatives and structures. Important governmental officials in Vietnam usually chair NGOs such as VAVA, and it is therefore impossible to completely separate a government narrative from a victims' association narrative. Because of this there is considerable overlap, and indeed government and NGO narratives are similar but issued from different sources.

An example of this overlap was seen in an extended meeting and conversation we had with Major General-Journalist Tran Ngoc Tho, the President of VAVA, and Dang Hong Nhut, the Vice President and Secretary of VAVA. Major General Tho and Vice President Nhut were generous with their time and informative. On December 22, 2011, they talked with us at length at the VAVA office in Ho Chi Minh City, and provided us with several informational pamphlets, books, and even gifts that AO victims had hand crafted. The interview began with Vice President Dang Hong Nhut explaining that she had seen many people suffer and die as a result of Agent Orange. She went on to explain that she and the President of VAVA were both victims themselves. She noted that she had several miscarriages, and eventually stopped trying to conceive. The introduction began as a solemn testimony of death, pain and suffering. As the two representatives explained the issue of Agent Orange from their perspectives, they directed our attention to pictures of children with no arms watering flowers, and of a young girl writing with her feet. This long introduction to VAVA's mission and history identified but did not focus on causes, but instead on consequences and on suffering, and provoked in us a genuine sympathy for the women and children both before us and in surrounding representations that was quite beyond anything we were studying. It also inspired a desire to help the cause.

The conversation then turned from suffering to responsibility and the issue of compensation. Vice-president Dang Hong Nhut repeatedly noted that the Vietnamese

³⁰ Nguyen Thi Ngoc Phuong, “Agent Orange In Vietnam,” testimony, July 15, 2010 in Hearing before the Committee on House Foreign Affairs Subcommittee on Asia, the Pacific and the Global Environment. Text from: Statement. Available on: FDCH Congressional Testimony. Accessed October 24, 2011. <http://lifetransition.com/Images/Testimony%20of%20Dr.%20Nguyen%20Thi%20Ngoc%20Phuong.pdf>

wanted to “end this chapter in history and open the door to a new friendship with America.” It was clear to us that the two representatives were passionate about what they were trying to accomplish. However, they repeated many phrases and statements during the interview that were similar to explanations scripted on their website.³¹ When we asked President Tran Ngoc Tho who would have the capacity to end this “chapter,” he explained that when the U.S. government accepted responsibility for their actions and provided adequate compensation for the people whose health had been damaged by Agent Orange, then a new friendship could be forged and the past left behind. We continued to talk about VAVA’s plans regarding compensation and lawsuits, as well as their plans to resolve this issue through continuous court appearances. Whether the U.S. government would ever openly admit responsibility for an act of war appeared to be irrelevant to VAVA’s efforts—here the story they told became more political, designed to procure important resources, and less about suffering and its immediate causes. We did not inquire much further about how realistic this agenda might have been, as the two representatives directed our attention to the back of a pamphlet that described VAVA’s future plans when provided with funding. On the back of the pamphlet, a large “village” was designed meticulously with notes and plans beneath it. The Vice President explained that this would be the “Orange Village,” a place for Agent Orange victims that they were planning on building.

Much like our interview with Dr. Tan at Peace Village, the end of the meeting with VAVA included photos, gifts, inspiring words, and mixed emotions. The President and Vice President shook our hands passionately, thanked us for caring, and asked us to do what we could to assist them, and to simply share our understanding. They then provided us with hand crafted pins and key chains that Agent Orange victims had made the night before, and once again said with friendly smiles that they are ready to begin a new chapter with America, and were prepared to embark on a new friendship.³²

It was a meeting of mixed emotions: we felt grief, an eagerness to help, some skepticism, then hopefulness, and finally, a kinship to the cause. The meeting

³¹ Vietnam Association for Victims of Agent Orange’s website can be found here: www.vava.org.vn. Accessed November 2, 2011.

³² Interview with Vietnam Association for the Victims of Agent Orange/Dioxin (VAVA) in Ho Chi Minh City, Vietnam, December 22, 2012.

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“The authors at the VAVA office in Ho Chi Minh City. From left, VAVA President Dang Vu Hiep, Anne d’Aquino, Andrea d’Aquino, VAVA Vice President Dang Hong Nhut, and Lauren Sutton.”

felt personal and intimate, but at the same time revealed similarly themed presentations as in our other interviews and encounters. This suggested to us that perhaps this meeting was not as personal and individualized as we believed. It was instead perhaps a scripted political presentation designed and structured specifically for foreigners, researchers, and persons interested in Agent Orange activism—at the same time that the emotional content and the suffering at the heart of the narrative had an inescapable effect.

Our experience talking with the activists at VAVA and Peace Village reinforced and provided us with an understanding of the narrative that is most important to them—one that mixes genuine depictions of suffering with a clear political agenda. While the U.S. government has explained that attempting to decipher who is a victim and who is not is an impossible task, VAVA has stated

the importance of pinpointing victims worldwide. The performances at Peace Village and by VAVA were difficult to separate from each other, and both presented, in the end, narratives that were quite similar, though presented in different ways. Most importantly and beyond the overlap, these narratives had a common core, one that in fact the official position of the U.S. government also shares: whether or not these individuals can be identified as proven Agent Orange “victims,” the people who were presented to us at Peace Village and VAVA had experienced real pain and suffering regardless of the cause.

WHO COUNTS AS A VICTIM?

Again, though all parties agree on the fact of suffering, just who has suffered because of Agent Orange and who has not continues to be one of the main differences between the narratives of different stakeholders in the Agent Orange controversy. The term “victim” itself is so meaningful and yet all at once, so meaningless. How do we reckon victims? Who are they, and how many are there? “Victim” is a loaded term, one that imparts a sense of responsibility as well as blame.³³ The Vietnamese government estimates that three million Vietnamese people were exposed to Agent Orange and its toxic dioxin, but the origin of the three million figure is unclear. Different official sources have presented different numbers over the last fifteen years as well. The lack of certainty or clarity in the reporting of numbers of victims makes one thing very apparent, that it’s difficult, or maybe even impossible, to reckon victims in standard epidemiological terms. Some argue that millions continue to live with the devastating effects of Agent Orange, while others argue that Agent Orange’s effects are not enough to constitute a health issue. Are there three million, five million, or ten thousand victims who have been affected by dioxin laden Agent Orange? Who is being counted: the directly exposed, the indirectly exposed? And how do we decide who continues to be affected? Can we make this discernment?

Epidemiology quantifies the prevalence and distribution of diseases, effectively assessing determinants of diseases. Although the epidemiology surrounding Agent

³³ According to the Merriam Webster dictionary, a “victim” is one that is acted on and usually adversely affected by a force or agent.

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Orange is obscure, it does make one clear conclusion: dioxin, even in tiny amounts such as parts per trillion, is associated with severe health damage that can shorten the lives of people exposed to it, and potentially that of offspring and future generations. The World Health Organization has recommended that human ingestion of dioxin in adults should stay within the limits of 1-4 picograms per kilogram of body weight per day (pg/kg of body weight/day), or 70 picograms per kilogram of body weight per month which is equal to about 0.07 parts per trillion in the blood.³⁴ The general environmental limit in most countries is 1,000 ppt TEQ (toxic equivalent) in soils and 100 ppt in the sediment. The critical effects used to define this tolerable daily intake (TDI) were effects on the reproductive, developmental and endocrine systems.

Between 1968 and 2002, Arnold Schecter along with several other scientists, collaborated to publish their research on Agent Orange and dioxin levels within Vietnam. They addressed the question of toxicity directly and precisely. The purpose of their research was to establish the levels of dioxin within multiple Vietnamese human and environmental samples, and compare these levels with "normal," acceptable levels. Their findings included measured levels within fish and human breast milk from fish-eating Vietnamese women living in an area sprayed during 1970. Schecter concluded that clearly elevated levels of dioxin from Agent Orange were present in many southern Vietnam residents. He found that although levels of TCDD and of other dioxins varied, breast milk TCDD levels of up to 1,850 parts per trillion (ppt) were found in fish-eating southern residents living in sprayed villages. This is an alarmingly high amount of dioxin, in comparison to people in industrial nations such as the United States who have a baseline of 3-7 ppt of dioxin in their blood. Levels of TCDD in northern Vietnam residents were also found to be much lower, with typical levels at 1-2 ppt.³⁵ Fish in highly contaminated areas were found to have quite high TCDD levels as were some food, wildlife, soil and sediment samples collected from 1970 to 2001 in

³⁴ M. Kogevinas, "Human Health Effects of Dioxins: Cancer, Reproductive and Endocrine System Effects," *Human Reproduction Update* 7(3) (2001): 331-337, accessed November 2, 2011, <http://humupd.oxfordjournals.org/content/7/3/331.full.pdf>.

³⁵ Arnold Schecter, et al. "Collaborative USA-Vietnamese Agent Orange Research From 1968 to 2002: Also Including German, Canadian, Dutch, Japanese and Finnish Scientific Collaboration," 2-12. Last modified March 2002. Accessed November 12, 2011. http://www.aafv.org/IMG/pdf/16-Arnold_Schecter2.pdf.

sprayed areas of Vietnam. Most recently, elevated TCDD levels were found in blood and environmental samples from Bien Hoa City, a city 35 kilometers north of Ho Chi Minh City, where an airbase used for Agent Orange spraying was located. Most people sampled had elevated blood TCDD; some sediment had elevated TCDD levels; and several samples of soil were highly contaminated with TCDD. Fish-eaters, children born after Agent Orange spraying ended, and newcomers to the city, had elevated TCDD levels, documenting exposure after cessation of spraying in 1971.³⁶ The finding of high levels of TCDD in humans and in food during and shortly after Agent Orange spraying was not unexpected. However, the finding of elevated levels from exposure three decades after spraying ended was unexpected. This indicates that TCDD can remain in the environment and work its way through the food chain for substantial periods of time following initial contamination.

But what have epidemiological studies concluded about Agent Orange? How has epidemiology helped define who is a victim of Agent Orange? Who counts? The U.S. Institute of Medicine's July 2009 report cited sufficient evidence of an association between exposure to Agent Orange's dioxin and five illnesses: soft-tissue sarcoma, non-Hodgkin's lymphoma, chronic lymphocytic leukemia, Hodgkin's disease, and chloracne. The report also found evidence suggesting an association with cancer, Parkinson's disease, type 2 diabetes and a handful of other illnesses and diseases in exposed persons' offspring.³⁷ In Vietnam, the Vietnamese Red Cross also associates the following with exposure to dioxin: cancer, reproductive abnormalities and congenital deformities such as cleft lip, cleft palate, club foot, muscle malformations, paralysis and many others along with some developmental disabilities. With so many potential illnesses that could potentially be contracted from dioxin exposure, it's easy to see how the issue of the health effects of Agent Orange has become a grey area.

Our own research in Vietnam revealed an extensive history of how "victims" have been defined. The range of victims include women who were breathing,

³⁶ Arnold Schechter, "Collaborative USA-Vietnamese Agent Orange Research From": 1-12.

³⁷ Arnold Schechter, and John D. Constable, "Commentary: Agent Orange and Birth Defects in Vietnam," *International Journal of Epidemiology*, 35, no. 5 (2006): 1230-1232, <http://ije.oxfordjournals.org/content/35/5/1230.full>. Accessed November 23, 2011.

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walking, and eating without needed assistance, but still asserting that they were affected by Agent Orange in their reproductive systems, to children missing limbs or other body parts. As we spoke at length with several victims of Agent Orange, it became clear that each narrative, whether from doctors, victims at Peace Village, or activists at VAVA, shared a similar point of reference—numbers of victims. The narratives all worked in tandem with the numbers. In effect, whether or not the narratives begin with numbers or dismiss them altogether, each narrative is ultimately shaped by these figures. The problem of coming up with accurate numbers and the caveats to the data that is used is never fully explained in any of the narratives.

The question still remains, then, who counts as a victim? The lack of an answer leads us to believe that perhaps this is not the right question to be asking. Perhaps, there is a larger, more important question to be examined if key differences between conflicting narratives are to be resolved in the interest of those who have indeed suffered because of Agent Orange. Perhaps what we should really be focusing on does not pertain to numbers, but rather the actions necessary to mitigate this issue. Questions of responsibility and just how many—thousands or millions—victims of Agent Orange has created aside, what exactly needs to be done?

WHO BEARS RESPONSIBILITY?

An ongoing point of concern in the evolving relations between the U.S. and Vietnam is this last “ghost of war”: what have been the health effects of Agent Orange on the Vietnamese people and what should the U.S. government be doing about it? What the United States has done for the victims of Agent Orange in Vietnam is very different than what the U.S. government has done for its own veterans of the Vietnam War. As stated previously, the United States now has a clearly defined policy when treating U.S. veterans that were exposed to Agent Orange that acknowledges the health effects of Agent Orange and dioxin exposure.

Cain and Kulantzick, journalists with the *Washington Monthly*, briefly address this question in their article, “Agent of Influence.” They suggest the United States cannot openly accept responsibility for the consequences of this seemingly obvious chemical warfare for two reasons: the United States implemented

Operation Ranch Hand in a time of war, and if the U.S. admits responsibility, this would open the floodgates for other post-war claims of compensation from other countries where U.S. war has occurred.³⁸ It is important to realize that the United States will not budge in their denial of full responsibility, and the Vietnamese people and government should not count on a change of policy on this point from the United States. In a phone interview, Arnold Schechter, a dioxin expert who has studied dioxin for over twenty years and published more than one hundred articles on the subject, suggested that in this context perhaps “how many victims,” is not the right question to ask. He explained that studies on dioxin conducted in Vietnam may never establish certainty of causation of birth-defects said to be dioxin-related.³⁹ Poorly constructed studies with too little funding as well as high government involvement are just two reasons dioxin studies in Vietnam conducted by the Vietnamese have been unsuccessful.⁴⁰

At a Congressional hearing on the matter in 2010, U.S. State Department policy confirmed this position. Spokesperson Dr. John Wilson explained: “A comprehensive study of who is a ‘victim’ in Vietnam would be impossible to conduct.”⁴¹ Energy and funds used to identify “victims” are not the most efficient or sensible way for the United States government to spend money to help alleviate this issue. It makes more sense, Schechter says, for the United States to do exactly what they are doing; taking a humanitarian approach to improve healthcare for those in need and clean up “hot spots” in the environment.⁴² Charles Bailey, the director of Special Initiative on Agent Orange/Dioxin at the Ford Foundation agreed, “We identified early on that the clean-up and containment of the dioxin ‘hot spots’ was the most feasible starting point for the US and Vietnam to work together. The more difficult issues, and where the challenges lie now, have to do with resources

³⁸ Cain and Kulantzick, “Agent of Influence,” A3-A6.

³⁹ Arnold Schechter, phone interview by Andrea d’Aquino. November 10, 2011. We would like to thank Dr. Schechter for taking the time to speak with us.

⁴⁰ Mark A. Brown. 2011. “Science Versus Policy in Establishing Equitable Agent Orange Disability Compensation Policy.” *Military Medicine*: 176 (36): 35-40. Accessed November 2, 2011.

⁴¹ John Wilson. “Agent Orange In Vietnam,” testimony, July 15, 2010. Hearing before the Committee on House Foreign Affairs Subcommittee on Asia, the Pacific and the Global Environment. Text from: Statement. Available on: FDCH Congressional Testimony. Accessed October 24, 2011. <http://lifetransition.com/Images/Testimony%20of%20Dr.%20Nguyen%20Thi%20Ngoc%20Phuong.pdf>

⁴² Arnold Schechter, phone interview, November 10, 2011.

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for human health, increasing opportunities for people with disabilities and encouraging long-term institutional development.”⁴² In a briefing at the U.S. Consulate in Ho Chi Minh City, Political Officer Sarah Takats spoke to us about her opinions on how the U.S. Government addresses the issue of Agent Orange today. She noted that one of the biggest ways that the United States is tackling the issue in a “concrete way” is through funding allocated to the clean up of a dioxin hotspot near Da Nang. She said that the United States is firmly committed to helping those in Vietnam, no matter what the cost. Near the end of our conversation, we presented Ms. Takats with the question of whether she thinks the United States is doing “enough” to help the Vietnamese people who have been affected by the ongoing consequences of Agent Orange. She paused to contemplate the question, and then explained that in her own personal opinion something else could be done, but concluded that the United States should simply do what they can to help the people of Vietnam.⁴⁴

While the United States has been able to side step what some would say is its responsibility to address, the policy of the United States government also makes sense as policy. The U.S. has responded to claims against its actions, even if not as directly as Vietnamese activists would like. Though they have not been willing to admit responsibility, they have acknowledged that dioxin hotspots need to be cleaned up and are willing to support this, and have also acknowledged that Vietnamese with disabilities have experienced real suffering. Again, on the question of suffering, all of the narratives share common ground. The Agent Orange narrative of suffering has been dynamic in its creation and may very well continue to evolve. Changes in this narrative will be substantial when environmental dioxin contamination cleanup is concluded and will continue to be molded and shaped by those who have experienced and will continue to experience the health consequences of exposure. Our conversation with VAVA made it clear, however, that what will not change in this narrative is the Vietnamese efforts to continue fighting for their goal—to compel the U.S. government to take responsibility for an ongoing legacy of toxicity and injury to the health of the Vietnamese people.

⁴³ Charles Bailey, “Tackling the Agent Orange Legacy in Vietnam.”

⁴⁴ “Vietnam and America study abroad course briefing at U.S. Consulate,” Ho Chi Minh City, Vietnam, December 15, 2011.

WHAT NEEDS TO BE DONE?

Recent events have proved to help publicize the issue of Agent Orange as well as inspire global assistance. Some of these events include published reports that have provided specific evidence not available even ten years ago regarding dioxin contamination; plans for dioxin clean-up of Agent Orange “hotspots” that would end exposure in those places; and highly publicized lawsuits against the U.S. government and against Agent Orange manufacturers by litigants representing Agent Orange victims in Vietnam.

In order to begin to identify what might be done specifically to clean up environments contaminated with dioxin, the Hatfield Associates, an independent Canadian environmental service agency, has since 1994 engaged in a series of carefully conducted studies to determine Agent Orange dioxin levels in several locales in Vietnam. The Hatfield Consultants conducted an investigation of residual dioxin contamination around former military sites, such as the Da Nang airport, while developing proposals at the same time for mitigation measures to help prevent the local population from future exposure.⁴⁵

The Hatfield Consultants have now published reports based on their research on dioxin contamination, and these have yielded quantitative evidence that dissolves controversy on contamination of the “hotspots” they have studied. The evidence is incontrovertible—study sites at Da Nang, Bien Hoa, and several other locations are contaminated with dioxin, as a direct consequence of Agent Orange use and spillage during the Vietnam War. They have also studied carefully the potential paths of exposure (see above section on exposure) in and around these sites, and this research has reinforced the claims that dioxin has moved through the physical environment and into the bodies of inhabitants near dioxin hotspots. These reports by the Hatfield Consultants not only emphasize the need for action to clean up these sites, but have stirred the United States to take even more initiative in clean-up efforts. This initiative and proposals by this independent research agency was eventually followed by the United State government’s assistance in mitigating this environmental and public health issue. In 2003 the

⁴⁵ Hatfield Consultants, “Comprehensive Assessment of Dioxin Contamination in Da Nang Airport, Viet Nam: Environmental Levels, Human Exposure and Options for Mitigating Impacts.” (Vancouver, B.C.: Hatfield Consultants, 2009).

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Ford Foundation began funding the Hatfield Consultants' research through substantial grants until August of 2009.⁴⁶ And since 2007, the U.S. government has appropriated nearly 42 million US dollars for environmental remediation, health, and disabilities activities in Da Nang and for related programs throughout Vietnam. Their clean-up efforts have been a part of a larger goal to improve bilateral relations with Vietnam. The U.S. government has not formally accepted responsibility for Agent Orange contamination, but they have begun to do something. In May of 2011, the U.S. Agency for International Development (USAID) and Vietnam's Ministry of National Defense (MND) signed an agreement to support collaboration between the U.S. and Vietnamese governments and set out a road map for implementation of dioxin clean-up efforts at the Da Nang Airport. Major General Do Minh Tuan, Deputy Commander of the Vietnamese Air Defense Command stated, "The successful implementation of this project [will] mark the development of the good relationship between the two governments and people of Vietnam and the United States."⁴⁷

Although the clearly documented environmental and health repercussions of Agent Orange have encouraged the United States to help with clean-up efforts of the Da Nang airport, their position legally has not and will not change. A number of lawsuits for Agent Orange compensation against Dow and Monsanto have been settled out of court over the last thirty years, but VAVA has consistently tried to sue the U.S. government for compensation for victims in judicial courts, federal courts, and were recently denied a trial by the U.S. Supreme Court.⁴⁸ At the hearing about Agent Orange and Vietnam before the Congressional Subcommittee on Asia, the Pacific, and the Global Environment on July 15, 2010, the U.S. government stated a two-step program to deal with this issue. This included assistance and support for removal of dioxin from the environment at specific "hot spots" and aid to all disabled Vietnamese people, without regard to cause. About the second part of their program, Mathew Palmer, the

⁴⁶ Hatfield Consultants, "Comprehensive Assessment of Dioxin" (2009).

⁴⁷ Embassy of the United States, "Vietnam Begins UXO Clearance to Prepare Dioxin Clean-up Effort in Danang." Last modified June 17, 2011. Accessed November 22, 2011. <http://vietnam.usembassy.gov/pro61711.html>.

⁴⁹ De Tran, Vietnam Reporting Project. "Agent Orange – Vietnam's Last Battle." Accessed November 1st, 2010. www.vn-agentorange.org

Acting Deputy Assistant Secretary of State, Bureau of East Asian and Pacific Affairs, addressed the reasoning behind this plan. He explained, "Since it is our position that there is no accepted scientific link—scientific method—by which you can identify whether a particular individual is suffering from a birth defect as a consequence or result of dioxin exposure of Agent Orange, our policy is to provide assistance to those with disabilities without regard to cause."⁴⁹

The United States government accepts responsibility for the American veterans who are considered victims of Agent Orange while they will not, and cannot accept responsibility for the Vietnamese victims of Agent Orange.⁵⁰

CONCLUSION:

So, in the interest of doing something for Agent Orange victims, do we need to focus on exposure and on doing something to end it? Or on epidemiological numbers, and just what might be the magnitude of this public health problem and not some other? Or should we simply look at the victims themselves? Our research brought us to a unanimous agreement that victims have a voice, and deserve to be more than characters in other narratives or numbers in a case study. It is no longer relevant who a victim is, or how many victims there are, rather, it is the people that are important, and the stories they tell about their plight. After all, the children we saw and the victims we talked to are all human beings. Their suffering is very real, no matter the cause. The question of "how this happened," to them or "who should be helped," should no longer be the forefront of the argument anymore. The issue today is how to assist these people.

But who will step forward and assist them? If the Vietnamese ask the United States to take responsibility, as they often have, they are likely going to be kept waiting.⁵¹ However, assistance through clean-up efforts and compensation for

⁴⁵ Mathew Palmer. "Agent Orange In Vietnam," testimony, July 15, 2010. Hearing before the Committee on House Foreign Affairs Subcommittee on Asia, the Pacific and the Global Environment. Text from: Statement. Available on: FDCH Congressional Testimony. Accessed October 24, 2011. <http://lifetransition.com/Images/Testimony%20of%20Dr.%20Nguyen%20Thi%20Ngoc%20Phuong.pdf>

⁵⁰ Richard Stone. "Agent Orange's Bitter Harvest," *Science* 315, (2007): 176-179.

⁵¹ See, for example, the request by Prime Minister Dung in 2010 during a visit to Vietnam from the Veterans for Peace (VFP), in Michael Uhl, "Confronting the Legacy of Ecocide: VFP Agent Orange Delegation in Vietnam." *Against Current*, November/December (2010): 4.

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disabilities is certainly achievable, and even being practiced. The United States currently provides significant funding for dioxin-remediation and for disabled Vietnamese, and their plan is to continue to this support as part of a larger effort to improve relations with Vietnam.

Though Agent Orange is still an issue in Vietnam, the discourse about it has shifted in several ways. The issue is no longer the medium for intense accusations toward the United States; rather, it has become a more subdued political tug-of-war over what must be done, and who must take responsibility. The U.S. government has indirectly yet overtly recognized that dioxin has had adverse health effects on the Vietnamese as well as Americans, but will not take full responsibility. Instead, it has provided general assistance to those who need it. Agent Orange is a generational topic that has evolved with time.

Agent Orange expert Dr. Arnold Schechter, explained to us in an interview that the Agent Orange situation has changed, and that there is no longer any reason to worry about the numbers, nor should we worry about the precision of defining causes. Schechter explained that we are never going to have a solid epidemiological data about victims, at the least because dioxin does not last forever in the body. He went on to say that with finite money, it makes sense to do less worrying about numbers and do more to remediate or clean up Agent Orange. He explained that as of now, about 40-60 million dollars from the US is used for this "remediation," but a very small percentage (from what he understands) is used for general health care in the area. He suggests we allocate more money into health prevention in order to mitigate this issue. Dr. Schechter made it clear at the end of our conversation that the numbers simply do not matter anymore. There are greater issues to be resolved. He stated, "there are at least two sides to every story, and that the truth is often somewhere in between. How we bring all of this information together to actually determine, and not estimate, the true risks to populations exposed to these chemicals continues to remain a challenge." Schechter was emphatic that if we continue to scrutinize "victims" of Agent Orange, we will find no resolution to the issue.⁵²

⁵² Arnold Schechter, phone interview, November 10, 2011.

Dr. Tan of Peace Village in Ho Chi Minh City also expressed, and in more direct terms, the need for more medical assistance from the U.S. She began by telling us that the United States' responsibility does not change just because they are cleaning up hotspots. In fact, she noted that this clean-up effort is simply "surface work," designed to appear as if they are helping significantly. She continued to explain that it is very expensive to clean up Agent Orange hotspots, but it is America's decision. However, she believes that for those who are already suffering the health consequences of exposure, clean-up comes too late, and that it would be better to send the "remediation" money to hospitals to help victims.⁵³ This overlap of agreement between both highly-experienced scientists (like Dr. Schecter) and activists (like Dr. Tan of Peace Village and VAVA) highlights the direction that future policy to assist those suffering from Agent Orange might take.

It is clear that what was explained about Agent Orange just a decade ago is not the same story that we have reconstructed in the last year. The circumstances have shifted, and so have the narratives of suffering. Perhaps the issue of Agent Orange is being used as a political performance or a perpetual argument now; but there is no doubt that we were still moved by all of these presentations. And that we are moved because they are more than just political performances, but are about the very real suffering of human beings. From walking into a room of pain and suffering to talking to victim activists, the stories we heard and the contact we made have changed many of our questions and thoughts on Agent Orange. The face to face contact with victims of Agent Orange has done more than just answer our questions. It has left us asking more questions, it has allowed us to understand the different perspectives on the war, and most of all, it has reminded us that Agent Orange is still a lasting issue and one with a history as well as a future. It is, most importantly, an abiding political controversy with real suffering at its heart.

⁵³ Dr. Nguyen Phuong Tan, interview, Ho Chi Minh City, December 21, 2011.

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