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A dialogic approach to Toxic Disasters: Agent Orange in A Luoi Valley

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ABSTRACT

In the 2000s, a scientific research by a Canadian environmental consulting firm triggered a public health campaign in A Luoi Valley of Central Vietnam. It informed its inhabitants — for the first time — about the risks and harms associated with chemical defoliant “Agent Orange” and its toxic contaminant dioxin sprayed during the Second Indochina War (1961-1975). In this article, instead of focusing on the political identity formed by such knowledge (“biosocial” approach), I explore how the risk of toxic substance is experienced by the inhabitants in dialogic encounters vis-à-vis various environmental signs as well as imaginary and real interlocutors.

KEY WORDS

Agent Orange, Vietnam, subjectivity, dialogic relation.

APROXIMACIÓN DIALÓGICA A LOS DESASTRES TÓXICOS. EL AGENTE NARANJA EN EL VALLE A LUOI (VIETNAM)

RESUMEN

En la década de 2000, una consultora medioambiental canadiense llevó a cabo una investigación científica que impulsó una campaña de salud pública en el valle A Luoi de Vietnam central. En ella se informaba a los habitantes —por vez primera— sobre los riesgos y daños asociados al defoliante químico «agente naranja» y su dioxina tóxica y contaminante rociada durante la Segunda Guerra Indochina (1961-1975). En este artículo, en lugar de poner el foco en la identidad política formada a partir de esa información (aproximación «biosocial»), exploro cómo los habitantes experimentan el riesgo ante la sustancia tóxica en encuentros dialógicos con diferentes signos ambientales, así como con interlocutores reales e imaginarios.

PALABRAS CLAVE

Agente naranja, Vietnam, subjetividad, relación dialógica.

Introduction

In 1995, a group of scientists from a Canadian environmental consulting firm, the Hatfield Consultants, arrived in a highland valley of Central Vietnam called A Luoi Valley. Their ostensible aim was to train the Vietnamese scientists in the methods of environmental toxicology; their more personal goal was to find out whether the toxic chemicals sprayed by the United States military during the Vietnam War still remained in the environment two decades after the war ended (Hatfield Consultants, 2000).¹ During the Vietnam War (1961-1975), the US military used various types of chemical herbicides to defoliate Vietnamese jungles, which gave their enemies cover. Agent Orange, which was the most abundantly used chemical herbicide, was composed of two chemicals, 2,4-dichlorophenoxyacetic acid (2,4-D) and 2,4,5-trichlorophenoxyacetic acid (2,4,5-T). The latter chemical (2,4,5-T) was contaminated with a highly toxic chemical, 2,3,7,8-tetrachlorodibenzo-p-dioxin (dioxin), which is now associated with various cancers, nervous system and immunological disorders, and congenital abnormalities (Schechter, Birnbaum, Ryan and Constable, 2006).

A Luoi Valley was one of the regions most heavily sprayed with chemical defoliants during the war due to its strategic location on the supply route used by the North Vietnamese. Hatfield scientists selected this valley as their test site because of this abundant use of chemicals during the war, and the assumed lack of other industrial sources of dioxin to confound their results. Through this study, the scientists discovered that while dioxin contamination in most areas of the valley had been reduced to a tolerable level, some of the areas in which the former US military bases lay were still highly contaminated, and some of the local residents were still being exposed to dioxin through food chain. Especially high contamination was found at the former site of the US A So Airbase, which now lay within Dong Son commune (Dwernychuk, Hoang, Hatfield, Boivin, Tran, Phung and Nguyen, 2002).

This discovery of “dioxin hotspots” brought new life to the poison which had lain hidden in the landscape and bodies of the inhabitants of A Luoi Valley since the war. At the dawn of the new millennium, nationwide campaigns to raise awareness about the problem of Agent Orange also reached A Luoi Valley. The state-led dissemination of the knowledge about Agent Orange was followed closely by various humanitarian projects of the organizations such as the World Vision, USAID, CIDA, and the

1. Personal communications.

Red Cross, as well as the Vietnamese government's compensation plan for the Agent Orange victims. By the time I arrived in A Luoi to conduct my doctoral fieldwork in 2008, Agent Orange and dioxin were known both as a contemporary threat of harm (i.e. risk) and as an explanation for past and present suffering (i.e. cause). For the next two years, I conducted my fieldwork in A Luoi for the total of five months among children and adults with disabilities, and their families, neighbours, friends and relatives, as well as civil servants, midwives, traditional healers and physicians. I interviewed them, cooked and dined with them in order to see the implications of this new knowledge of toxic chemicals in their everyday life.²

The new knowledge about Agent Orange and dioxin must have presented the locals with mixed messages. On the one hand, the Hatfield study demonstrated that dioxin *indeed existed* in A Luoi Valley (i.e. proving that the “problem” of Agent Orange was real), although it *no longer existed* at dangerous level in most of the area (i.e. giving assurance to most people that it is no longer a problem) — *except* for in the identified hotspots (i.e. limiting the problem to a small part of the population) (Uesugi, 2013). How such ambivalent knowledge insinuates itself in the everyday experiences of the locals and affect their subjectivity is the topic of this article.

Colloquially, the term subjectivity is related to consciousness, agency, experience and personhood. Beyond this, scholars have approached the question from different perspectives. Many medical anthropologists (e.g. Petryna, 2002; Rose and Novas, 2005; Wehling, 2010) have drawn on the legacy of Michel Foucault, and especially his notion of “the technologies of the self” (Foucault, 1988), and examined how individuals “bind himself [sic] to his own identity and consciousness, and at the same time, to an external power” (Agamben, 1998: 5). The other possibility, which I adopt in this article, is to see subjectivity as “the means of shaping sensibility” (Biehl, Good and Kleinman, 2007: 14), which, in Emmanuel Levinas's (1998a) writing, is associated with responsiveness, passivity, susceptibility and vulnerability to external influence. These two frameworks of subjectivity imply two different approaches to the study of toxic disasters.

The Foucauldian approach would focus on the identity and identifications based on the knowledge of toxic substances and their potential harms. Toxic disasters, if recognised as such, often lead to political mobilization and legal actions (Reich, 1991). In anthropology, Paul Rabinow's (1996) concept of “biosociality” has been used as a framework for analyzing such situations. Biomedical knowledge of risks and illnesses prompt

2. Interviews were recorded using IC recorder, and later reviewed. All interviewee names that appear in this article use pseudonyms to protect their anonymity.

people to “identify themselves as *that sort*” (Hacking, 2006: 84). This identification, in turn, becomes the basis for citizenship claims and collective actions seeking compensation, state support or increased research funding (Gibbon and Novas, 2008; Petryna, 2002; Rose and Novas, 2005). As Elizabeth Roberts (2008) has pointed out, however, such scenario is not applicable to all societies.

A Levinasian approach, on the other hand, would focus on physiological vulnerability to toxic substances (e.g. Larrea-Killinger, Muñoz, Mascaró, Zafra and Porta, 2017), as well as susceptibility to the discourses of poison and ethical entanglements with others: sudden burst of affects erupting in response to individuals’ encounters with environmental signs; memory contaminated with the discourse of poison; responsibility toward the sufferings of fellow human beings such as neighbours, outsiders and in particular, the victims and their families.

In A Luoi Valley, scientific knowledge of dioxin and its risk did not “stick” with individuals, and hardly did it incite citizenship claims. As I describe below, many aspects of the local experiences of Agent Orange and dioxin slipped through biosocial framework. How can we capture these overflows made invisible through the assumed collusion of knowledge and identity in social theories? In this article, I propose a dialogic approach to the experiences of living with poison. By dialogic relations, I do not only mean interlocutions between two individuals. The term “dialogic” is used here in contrast to Hegelian “dialectics”, which aim at eventual synthesis (Levinas, 1998b). Dialogic relations, on the other hand, are contaminative relationships between individuals, discourses, and material objects that nonetheless maintains differences. By focusing on such relationships, I shed light on the everyday experiences of toxic disasters that are not limited to active articulations of fear and anger, or political actions seeking redress, but also includes manifestations of vulnerability and susceptibility to other humans and nonhumans that coexist in A Luoi Valley.

Problem of Biosocial Framework

Located about seventy kilometers west of the old imperial capital of Hue City, A Luoi Valley has been home to four ethnic minority groups: Ta Oi, Pa Co, Ca Tu, and Pa Hy (Hoang, Nguyen, Tran, Ton, Vu, Nguyen, Phan, and Le, 2007; McElwee, 2008). During the Second Indochina War, these ethnic groups sided with the Communists and fought against the United States. Their participation in the war effort was to have great implications for the compensation related to Agent Orange a quarter of a century after

the war ended. In the postwar era, Vietnam's majority ethnic group, Kinh, began to migrate to this valley, and now they constitute about a quarter of the population (Hoang et al., 2007).

Outside Vietnam, the health effects of Agent Orange and dioxin attracted much concerns and controversies throughout the 1970s and the 80s (Allen, 2004; Schuck, 1986; Scott, 2004). Starting with the discovery of teratogenic (birth defect-causing) nature of 2,4,5-T in 1969 (Courtney, Hogan, Falk, Bates and Mitchell, 1970; Nelson, 1969), many laboratory studies were conducted on the chemicals used in Vietnam (e.g. Courtney and Moore, 1971; Poland and Glover, 1973; Van Miller, Lalich and Allen, 1977). Dioxin is now thought to be responsible for the toxicity of 2,4,5-T, including its carcinogenic and teratogenic potential (Poland and Knutson, 1982; Schecter et al., 2006). In the 1980s, political mobilization of Agent Orange victims in the United States coalesced in the class action lawsuit, which culminated in the 180-million-dollar settlement in 1984 (Schuck, 1986). However, such news did not reach A Luoi Valley until the Hatfield studies in the late 1990s.

In the aftermath of toxic disasters, the recognition of the status of victims in the form of access to compensation from the state or corporations offers one of the few sources of legitimation of victims' suffering (Das, 1997). Adriana Petryna's (2002) ethnography on post-Chernobyl Ukraine offers a stunning account of the administrative rendering of sufferings and the transformation of the subjectivity of the victims. The victims of Chernobyl nuclear accident took their biological existence as a resource for claiming their citizenship rights, such as welfare payments and the access to medical care. In the post-Soviet Ukraine, the compensation for the 3.5 million victims of Chernobyl was taken up as an integral part of the *nation building* in the process of gaining independence from Russia. In this context, compensation scheme based on the "objective" scientific evidence was seen as a *democratic right of the citizens*. The "victims" of radiation poisoning, therefore, made themselves *knowledgeable* about their biological condition and negotiated their Chernobyl "tie" (a legal document confirming the link between their disability and radiation exposure) in relation to the medical, scientific and legal authorities. These institutions functioned as gate-keepers of their victim identity, selectively legitimizing their injury and compensating for it. Petryna (2002) called this kind of differential claim to citizens' rights "biological citizenship". This concept combines the aforementioned concept of "biosociality" with the idea of "citizenship project", understood as "the ways that authorities thought about (some) individuals as potential citizens, and the ways they tried to act upon them" (Rose and Nova, 2005: 439).

The case of Agent Orange victims in Vietnam, however, presents a slightly different story. The examination of the case through the three main themes of Petryna's framework of biological citizenship — the relationship of the victims' identity with 1) nation building, 2) democratic rights, and 3) the accumulation of scientific knowledge — all return unsatisfying results. The government of Vietnam has long shown ambivalence toward the issue of Agent Orange. Because most people thought that if justice be done, the United States government should bear the responsibility to compensate the victims, the movement to recognize the victims of Agent Orange has rarely turned into a demand for democratic rights vis-à-vis the state of Vietnam. In A Luoi, few people enthusiastically accumulated the new knowledge about dioxin, and cultivated their victimhood vis-à-vis the state. This was in part due to partial and arbitrary nature of the government Agent Orange compensation program. Since 2001, the Vietnamese government has been providing compensation to some of the individuals thought to be Agent Orange victims.³ However, this compensation is limited to the families of the veterans who fought on the side of the North Vietnam; the civilians and the veterans of the South Vietnamese military are not eligible for this program.

The Vietnam War is often remembered as a war between the Vietnamese and the Americans; but it was also a civil war that divided the nation. In 2008, the echoes of the civil war were still discernible in various aspects of life. Wartime allegiance continued to create what Heonik Kwon (2006: 6) calls “bipolar body politics”, polarizing the bodies into those who deserved state support and those who did not. Furthermore, the sheer number of individuals in need of financial assistance and the limited financial resources to service all potential victims of Agent Orange also made somewhat arbitrary distribution of aid inevitable in practice.

In February 2009, I was at the People's Committee of Huong Lam commune (adjacent to Dong Son Commune where the hotspot is) for the monthly renewal of my research permit. Huu, who usually processed my paperwork was still not back from lunch, so I decided to have a coffee at a small café by the People's Committee. As I was staring absentmindedly at the drips of coffee from the stainless-steel filter, one of the police officers of the commune walked over and sat in front of me. On the low plastic table between us, there was a sheet of paper with the list of people in Huong Lam commune who were receiving the Agent Orange compensation. Curious to know what he would think about this, I took the list in

3. *Che do doi voi nguoi tham gia khang chien va con de cua ho bi nhiem chat doc hoa hoc do My su dung trong chie tranh Viet Nam* (QD 26/2000/QD-TTg, accessed 2018/3/18, <https://thuvienphapluat.vn/>)

my hand and handed it to him, saying “they gave me this paper at the commune”.

The officer looked at it for some time, and then casually threw it on the table saying, “Who knows? Maybe it’s like this”. He drew three rows in the air with his hand. “When 10/80 committee⁴ came to see the people to determine if they were affected by Agent Orange, they first saw the people from Ca Non village. By the time they got to see the people from Lien Hiep village, they were too tired, or they ran out of quota.” He was clearly upset. “There are Agent Orange victims in our village too, but nobody receives Agent Orange compensation.” Agent Orange compensation was quite generous in comparison to the standard of living in A Luoi; each received something between 300,000 to 680,000 dong (\$20-40 USD) each month. As we went through the list, we realised that the distribution of the compensation was uneven, with Ca Non village receiving the majority of it.

Dr. Sinh, who participated in diagnosing people for Agent Orange compensation in A Luoi, was quite frank about the arbitrariness of the process. “It wasn’t exactly to test if they are Agent Orange victims”, he said. “For that we didn’t have the equipment. We didn’t have enough training or instruction from the Ministry of Health. We tried to be impartial. But we couldn’t spend a lot of time on each patient either. Each doctor had to see almost a hundred patients a day. So, Agent Orange benefit is not very accurate, medically speaking. It was a way to give out aid. We all wanted to see many people getting the support, because they are all poor.”⁵

According to one statistics collected by a Vietnam Red Cross in Hue City, there were about five thousand victims of Agent Orange (out of about forty thousand inhabitants) in A Luoi Valley in 1998.⁶ However, in 2008, the government Agent Orange compensation program supported only about six hundred individuals.⁷ Many individuals, who displayed symptoms and disabilities similar to those who were receiving the Agent Orange compensation, received no recognition of the government. Yet very few protested. Most of them I talked to accept this uncertainty of the

4. *National Committee for Investigation of the Consequences of the Chemicals Used During the Viet Nam War* (10/80 Committee) is a government organization responsible for bringing together scientists and physicians involved in Agent Orange related research.

5. The diseases covered in Agent Orange compensation were specified in legislation in 2008 (*Ban hành Danh mục bệnh, tật, dị dạng, dị tật có liên quan đến phơi nhiễm với chất độc hóa học/dioxin*. Ministry of Health Decision 09/2008/QĐ-BYT, accessed 3/18/2018, <http://vanban.chinhphu.vn/>)

6. Unofficial document obtained at the Vietnamese Red Cross in Hue City.

7. Unofficial statistics obtained at the Central Hospital of A Luoi Valley.

cause of their health conditions and contented themselves with the sporadic aid given by the humanitarian organizations, which did not insist on scientific evidence.

For instance, Da Nang branch of Vietnamese Association for the Victims of Agent Orange/Dioxin (VAVA) has two centres named “Centre for Agent Orange victims and *unfortunate children*”. This naming has led some of the foreign visitors to wonder about what “unfortunate children” referred to. When I asked Ms. Diu, the president of the association, she explained:

Our first priority is toward the victims of Agent Orange, to be sure. But when you are building something like this centre in a community, you have to realize that in a long run there will be children who are not Agent Orange victims necessarily but are still in comparable circumstances — children who have no parents, children who are disabled and so on. So, we decided to add this term “*tre em bat banb*” (children, unfortunate). This would include the children suspected to be the victims of Agent Orange, and those who are in such a hardship even though they may not be the victims of Agent Orange.

There was also a practical problem of identifying the victims. The staff members of VAVA often assumed that in order to identify the victims scientifically, they needed to take the measurement of dioxin in the blood sample. Currently, the standard measure of dioxin congeners (types) is conducted by the use of high-resolution gas chromatography and high-resolution mass spectrometry (HRGC/HRMS) developed by Robert Baughman and Matthew Meselson (1973). This technology allows the measurement of dioxins in wet sample to the order of 1 part per trillion, but the downside of this technology is that it is expensive. In 2008, there were only a handful of dioxin laboratories certified by the WHO around the world, and each measurement cost anywhere between \$1,000 dollars and \$1,500 dollars. A cheaper technology called CALUX (Chemically Activated Luciferase Expression), which utilises bioassay, is also available, but its drawback is that it cannot distinguish different congeners of dioxins, and the accuracy of the measurement at low dosage is still questionable. Whether GC/MS should be considered a “gold standard” for dioxin measurement is still under debate (United States Institute of Medicine, 2008: 54). Yet in places like VAVA, dioxin measurement was often cited as the only means of ascertaining the status of Agent Orange victims. And this assumption led staff members to remark: “In Vietnam, if you have \$1,000 it is better to use that money to provide support for the families”. Scientific evidence was certainly important; but in a country as “impoverished as Vietnam”, they claimed, it made little sense to spend so much

money on medical tests when that money can be used to help the poor in daily life. In this context, the “cost of dioxin measurement” can be seen as a convenient decoy for other reasons why Agent Orange victims cannot be identified.

In Petryna’s (2002) ethnography on Ukraine, her conceptual threads of nationalism, democratic rights and the accumulation of biological knowledge coalesced, rendering the concept of biological citizenship compelling. However, the reality of Vietnam, and A Luoi Valley in particular, did not fit neatly within this framework. The responses to the problem of Agent Orange were provisional: since it is unlikely that the United States would compensate for the victims in Vietnam, *in the meantime*, the Vietnamese government and humanitarian organizations have offered their aids to some of the victims in dire need of material and psychological support; *given current* scientific uncertainty, who should be compensated as Agent Orange victims is put on hold. And yet, the people of A Luoi were still deeply affected by dioxin and the discourse surrounding it. How? And how do we analyze such situations?

Knowing the Poison

“We didn’t know anything!”, said Dr. Phuong, an ethnic Ca Tu physician who lived in Dong Son Commune where dioxin hotspot was located. “We didn’t eat those fish that were sick, but we saw many of them, and thought nothing of it. Some older people may have suspected something, especially in terms of deformed babies. Lots of people complained of pain. They probably suspected the land they were on. There were lots of unexploded bombs around here.” But the toxic effects of dioxins, “people cannot know”, she insisted. “People didn’t know anything about the chemicals [left by the United States military during the war] until the [research] project of the Canadians began.”

But what does it mean to *know* about Agent Orange? Quynh Loc, one of the elders of Dong Son commune, offered an interesting insight: “If people knew [about dioxin], they wouldn’t have kept on eating fish fat and duck livers, and so on, would they?”, he said. For him, “to know” about the poison meant not only to know its nature in abstract; it also meant to know about its toxic effects and to act in accordance with that knowledge. Few moments later, however, Quynh Loc’s wife entered the room bearing a bottle of rice wine and some snacks to go with it.

“Ah, now here is something you don’t want to eat”, Quynh Loc giggled humorously pointing at one of the dishes that contained something brown and green. “They’re fish innards cooked with herbs from the hills.

Great snack to go with drinks. But maybe you shouldn't eat it since you aren't here for very long. We are used to it." Fish innards were some of the food items they were advised not to eat because of the risk of dioxin contamination. Dioxins often accumulated in fatty tissues like liver and fat of duck and fish. But the local people ate these foods anyway, saying "they are too good to let them go to waste". According to Quynh Loc's own definition, then, they did not "know" about dioxin even now.

After their research in the late 1990s, the Hatfield Consultants' partner organization, the 10/80 Committee, organized a public health education campaign throughout A Luoi Valley, informing the nature of dioxin and Agent Orange. People I talked to claimed to already know this information: "Don't eat duck fat, liver, or fish innards. Cook food thoroughly and boil water". Mixed in with other public health campaigns, most locals could recite how to avoid dioxin exposure like a piece of a gospel or a chant of a religious ritual. Whether people in A Luoi truly believed in these warnings or followed these advices, or how much these advices made sense to them was altogether different matter. People like my landlord Tien in the district center had known that Hatfield scientists found that dioxin level in most parts of the valley was safe enough and lived virtually unaffected by the discourse of dioxin. Others, especially those who lived near the hotspot, altered some of their habits, but remained unchanged in other aspects.

Dr. Phuong explained this local "noncompliance" to public health advice this way:

We tried to tell people not to eat duck innards, fish fat, and so on. But people still eat them. And the water, water from the streams is better than the water from the wells, a little bit. People know a bit more than before. But we all had been drinking well-water for a long time. There was no running water before. We didn't know about how well-water had more chemicals. So, we've been drinking it for a long time. Now it's in our body already. We already have the chemicals in our body.

Anne Kavanagh and Dorothy Broom (1998: 422) have argued that "embodied risks are different [from environmental risk and lifestyle risk] because they impose their threat from within". However, as Dr. Phuong claimed, for the ethnic minorities of A Luoi, embodied risks and the environmental risks were often inseparable. The environment and the bodies blurred into each other through consumption and excretion, inhalation and exhalation: the poison outside was already inside their body.

In her study on Mexican migrant farm workers in California, Barbara Harthorn (2003) found that the workers with greater chemical exposure

tended to downplay the risk of chemicals in their discourse. Excessive fear of ubiquitous risk can paralyze them in leading their everyday life. Faced with unavoidable risk of chemicals, the workers chose “self-protective denial” of risk to their health, while expressing concerns about non-specific risks to the community at large, or to their children.

“Ethnic [minority] people here don’t worry about it unless it kills you tomorrow”, as several villagers had told me, faced with an imminent threat they now knew they lived with, people of A Luoi also seemed to remain impassable — in fact, deceptively jovial. Youths often made jokes about Agent Orange. They liked to share their knowledge about this toxic chemical like a novelty they also found fascinating. Like one of the lessons learnt at school, people spoke with apparent detachment. Such knowledge did not necessarily “stick” with them, but nonetheless coexisted with them.

There was always a danger of taking the informants’ words at face value. Sarcasm lost in translation; nervousness expressed in laughter; or cultural proclivity that dissuades some people from complaining: all these factors may mask grief, remorse and anxiety that swirled behind their smiling faces. But, of course, I could not tell for sure. At least on the surface, the reason why they led their life oblivious to the risk of dioxin appeared to be a mixture of a bit of fatalism, a bit of disdain, and a bit of realism about this poison, which they had lived with unbeknown to them for many decades. There was little use in worrying about the poison, which had already contaminated them. So, people forgot about it, until sudden bursts of affects and inkling thoughts erupt in response to others’ presence or material signs they come across in everyday life.

Dialogic Perception of Poison

One summer evening in 2009, I was at a café with a public servant from Ha Noi, whom I call Van. Somehow, our conversation turned to the discussion about Dong Son commune. Van began an emphatic speech on how he has “seen many rivers here with no fish at all” and attributed this to the presence of dioxin. Later, when I recounted this story to my research assistant Duc, he had an entirely different explanation for this apparent lifelessness of rivers and creeks around Dong Son commune. Rivers were full of fish before the 1990s in Dong Son, he claimed. Then there was a migration at the beginning of the 90s. New people came from another commune at the northeast corner of A Luoi district. They used drugs in the river to fish, catching a great deal of them; and under that sudden increase of population and need for food, fish stock was exhausted, just as the wild-hogs in the mountains had disappeared. The river also changed

drastically when people started to draw water from it for their rice paddies. There were certain kind of tree that gave shade for the fish to lay eggs and for the fries to grow in, he said, but once the people of Dong Son came and began to cultivate paddy rice all around it, the creek became less stable: when it rained, it would flood; when it did not rain it would go almost dry. But all this happened in the 1990s as a result of migration, rather than of the chemicals, according to Duc.

The environmental signs sent contradictory messages to different people. For urbanites such as Van, morsels of scientific knowledge they acquired in passing were augmented with the perceptual signs encountered throughout their journey in A Luoi Valley, which were interpreted as the evidence of toxic contamination. But for the people who lived there longer and witnessed the changes, there were alternative explanations they could draw on in making sense of the changes in the environment: bare soil on the hillsides were due to the slush-and-burn agriculture of the locals, rather than the remaining effects of the defoliation (c.f. Hatfield Consultants, 2000); the disappearance of fish from the river was due to population pressure, rather than to dioxin.

Did Duc truly believe in this explanation? To me, it seemed he offered this explanation as a counterargument to Van's theory — in *response* to his story — rather than as a *claim* to more authentic knowledge about the poison in their environment? Van and his colleagues brought boxes of bottled water from the cities. There was a rumour that they even used this bottled water to wash themselves. My landlord Tien and his family spoke about it with amused annoyance, insisting that dioxin problem only belonged to areas around Dong Son commune. Scientific knowledge did not necessarily “stick” with these inhabitants but were experienced in fleeting moments as a counterargument to other people's perception of risk.

According to Robert Desjarlais (1997: 13), “experience” in Western tradition is “the result of specific cultural articulation of selfhood”. The term “experience”, sharing its etymological root with “experiment”, was originally related to the idea of gaining knowledge through observation. Gradually this exterior emphasis gave in to interiorising processes through which the subject is affected by the events. This subjectification was followed by two consequences. On the one hand, experience became something “to have”: something inseparable from the subject's identity. On the other, experiences became more intersubjective: something that can be shared by talking about them. Because what became salient was that the experience is not an episodic succession of events but a kind of inscription on memory, experience became something which “we can only grasp [...] through narratives” (Desjarlais, 1997: 17). The sense of surprise and dis-

coveries in the former use of the word “experience” has largely given way to the latter sense of the word where experience became an act of assimilation of encounters into knowable reality (Peperzak, 1993: 39). Levinas (1998a: 41) attempts to retrieve the former sense of experience: “the foreignness and alterity essential to surprise element of all genuine experience”.

Such susceptibility to external influence is also central to Mikhail Bakhtin’s theory of speech act. Bakhtin (1986: 92) wrote that one’s speech is inhabited by the reverberations of the others’ speeches:

[O]ur thought itself... is born and shaped in the process of interaction and struggle with other’s thought. [...] However monological utterance may be [...] it cannot but be, in some measure, a response to what has already been said about the given topic, on the given issue, even though this responsiveness may not have assumed a clear cut external expression [...] our thoughts itself is born and shaped in the process of interaction and struggle with other’s thought.

Reality-claims made may be supported or rejected; we perpetually reckon with our (real or virtual) interlocutors, who inhabit the space in which articulations about risk is construed. In this sense, past is also contaminated with discourses individuals encounter in the present such as the discourse of dioxin:

“After carrying for nine months and ten days, [it still had] no legs, no arms. Couldn’t tell if it was a boy or a girl either. Just a lump of flesh”, Duc’s sister Kim said recalling the child she lost decades ago. “I realised much later when I saw the same thing on television that it was what they call *quái thai*. But I didn’t know what it was at the time. I found out about this after I worked with the World Vision project here. That was [around] the year 2000.”

Quái thai is a term that refers to severe cases of birth defects. Literally meaning “monster birth”, in contemporary Vietnam it is used almost synonymously with “Agent Orange victim”.

“Over here you never had something like that before the war”, she continued. “After the war, there were probably many cases like that. But I don’t know for sure. It is our custom. We don’t talk about these kinds of thing because we are ashamed. If you had kids like that, and if you told the others, they’d laugh. So, you don’t talk.”

Medical anthropologists have called such discourse that allows individuals to experience and express sufferings in culturally appropriate manner, “idioms of distress” (Nichter, 1981). The discourse of dioxin enabled individuals like Kim to speak about the experiences of sufferings that were previously unspeakable, connecting past, present and future sufferings of the people of A Luoi into a shared experience.

“People talked about the chemicals when somebody got paralysis. They said that it was because of the chemicals”, Kim said, and then corrected herself. “But that is what people say now. How could people know that back then?”, she reasoned. “They thought that it was malaria or something like that. Now they know. Sure. During the war, I saw airplanes spraying something. But I didn’t know what it was, and nobody bothered to tell me either.”

Michael Lambek (1996) suggests that unlike what is popularly believed, memory is not a raw or original experience that can be lost or regained. Memory is “a culturally mediated expression of the temporal dimension of experience, in particular social commitments and identification” (Lambek, 1996: 248). Implicit in remembrance is the mutual affirmation of the past interactions with other people. The particularity of one’s own experience becomes jumbled up with others’ tales and memories, and the generality of the knowledge of the community at large. As Kim reflected upon illnesses and deaths she had witnessed in the past, her new understanding of dioxin contaminated her memory (though she often caught her own slippage and corrected herself). Even for Dr. Phuong, who was trained in western medicine, the past environment now “spoke” with different language. Manioc *tasted* bitter in the past. Old bomb craters exuded *foul smells* in times of sunshower, which made the air hard to breathe. What people witnessed in the past came to be explained by dioxin, which sometimes even “contaminated” the memory of sensory perception quite unaware and unintended by the subjects.

According to Maurice Merleau-Ponty (1958), perception is not just a sensation, nor is it just an interpretation. Perceptions are informed by the past, culture and body one inhabits, but rather than made up of sensation and memory, perception is the original text which memory can be compared to within consciousness (Matthews, 2002). Likewise, the affective response to food items or places potentially contaminated with toxic substance cannot be severed from the discourse of poison as if one has a primordial raw sensation first, which is interpreted through the lens of a risk postulate. Nor, I argue, can such affective sensibility be severed from the concern for others, in particular the victims whose ghostly presence continues to haunt the experience of risk in contemporary A Luoi?

Proximity and Vulnerability

One of the characteristics of toxic disasters is that they create association between already-harmed “victims” and those who embody the poison and may be harmed in the future. For every victim, there are a far greater

number of individuals with yet manifested symptoms, who are entangled due to their cohabitation and assumed exposure. This temporal difference and the spatial proximity turn a toxic disaster into an arena of complex ethical conundrum, involving stigma, fear, and the sense of vulnerability and responsibility. How sensibility emerging from such situation comes bound up with the others whom he or she may be facing (even in imagination and memory) is the topic discussed below.

It was during one of my first visits to Dong Son Commune. I was with my research assistant from Hue City, and we were taken by the vice chairman of the commune to meet a woman whom I call Kan Kim. We visited her because she was receiving Agent Orange compensation for her neuropathy in legs (her son Duc later became my local research assistant), but when we arrived, she was absent. We waited for her in her living room as her granddaughter was sent to fetch her.

After some time, Kan Kim came crawling into the room, dragging her numbed legs, and immediately began to complain about the pain. “Oh, it hurts”, she whined in Vietnamese immediately as she saw the vice chairman, and continued mumbling in their ethnic language, presumably Pa Co.

There was a moment of silence. “Go on, do your business. Ask your questions”, the vice chairman prodded us. Somehow, I felt a hint of hostility. *As if you can do this ‘research’ thing without our help*, he seemed to say. I was at a loss. How would we talk to her when she can not speak Vietnamese? I looked toward Giang, my research assistant from Hue City, for help, but he returned a blank look since he could not speak a word of their languages (Pa Co and Ca Tu) either. *Fine. I’ll give it a shot then*, I told myself.

“You been living here, long time?”, I ask in my broken Vietnamese.

“Ba, have you lived here for a long time?”, Giang restated my Vietnamese into cleaner Vietnamese.

Kan Kim started in her vibrato voice, “I was off over in the forest over there, and I could walk no more...” Abruptly, the vice chairman interrupted her and said that she married into this village. She was an ethnic Pa Co woman from Bac Son (another region of A Luoi), and she was married to a Ca Tu man from A So village. She was part of the youth brigade; so, she was receiving multiple payments from the government for her neuropathy.

The vice chairman would sometimes translate for us; sometimes not.

“*Ba*⁸, you can speak Vietnamese. Go on. Speak in Vietnamese”, he said, and pretended to go on with his own business. The vice chairman

8. ‘Ba’ is an honorific term for older women.

was restless. He paced around the room, played with Kan Kim's granddaughters. Once he even stood up to shoo away the monkey which was making its way into the house. He was watching our miserable effort at communicating.

Toward the end of the interview, the vice chairman walked up to the water tank, and he poured himself a glass of water. Then he turned around and asked us, "Do you want some water?"

"No, we are okay. We just had some water", Giang answered.

"Are you afraid?", the vice chairman laughed.

"No. We are just full", Giang muttered apologetically.

"As for us, even if we are afraid, we still have to live here", the vice chairman said conclusively.⁹

The next morning, Giang and I were at a café in the A Luoi district centre with some of Giang's friends from Hue City. "You shouldn't drink water when you are in Dong Son", one of them told us. Suddenly that gesture of hospitality the day before came to bear a sinister meaning. Various questions went through my mind then and settled into this one: *Did the local people resent the outsiders who can avoid the poison when they had to endure without a choice?*

This experience reminded me of an article by Lindsay French (1994: 88) on Cambodian amputees. After leaving the field, French received a letter from one of the amputees:

He wrote, "Should compassion appear in action or just words and feeling?" He encountered with his own experience in a training school for the handicapped in which more than half of his teachers were able-bodied and somewhat less than half were amputees. Perhaps the able-bodied teachers just *felt* compassion toward their students [...], he wrote, because individually they all left to take higher-paying jobs when these became available, "while the amputee teachers, who are incapable of feeling compassion for each other, kept working to help their disabled friends, even [though] their living wages [were just] as limited".

In her study on chronic illness, Jean Jackson (1994) also wrote that people with chronic disability lament that others cannot understand their suffering, while the fellow sufferers can do so even without speech. *Is it possible that they are in fact commenting on how people like us go in and out of the space of their suffering, while the fellow sufferers must remain, despite themselves? Is it possible that in fact, this proximity is more significant than knowledge of suffering?*

9. He eventually became a good friend and one of the most insightful informants.

The vice chairman's remark hit the bull's-eye: we were those who could come and go.

The encounters with the uncontaminated bodies of the outsiders like ours reminded them of the poison with which they had lived — as an experience of contrast — giving rise to the experience of solidarity of those who shared this poison. Such collectivity, however, dissolved in the face of victims and their families.

One day, I was visiting a Pa Co man named Quynh Thi, who was heading the initiative to establish a branch of VAVA in A Luoi. There were several men gathered at the house, drinking beer. Realizing my presence, one of the visitors remarked, “There were many kids like that in the past”, referring to Quynh Thi's daughter Huy, who was severely disabled since her birth. Clearly, I was the singularity that triggered their memory. Suddenly others joined the conversation, which turned into a chorus of stories of babies with deformities.

The following day, Yen, Quynh Thi's wife commented on this event:

There used to be lots of kids like this around here, but they all died because their parents didn't take care of them well. Many of them died by ten or twelve. They used to gather us at the hospital or at the temple to give the disabled children like this one gifts. There were many. But year by year the number decreased. All died. There was a child like mine at the hospital once. There was one in the district centre like this one too. They came to film and photograph the child, but he died. If you don't care for them well, they would die. So many children died because they weren't cared for well enough. I gave Huy whatever she wanted, using the little money we had. If she likes *banh trung*,¹⁰ I buy it for her. Milk, bananas for desert: she eats a lot. She can finish one big bowl of rice.

Claiming that Agent Orange victims were ubiquitous in the past may be motivated by the concern for the families of Agent Orange victims, who tended to bear a greater stigma associated with the poison. Such identification with the victims' families, however, can also lead to the question of who still suffers now and why, and who deserves the support of the state and the humanitarian organizations.

In this light, the way Tuan, the fiancé of Yen's another daughter, Lan, spoke about risk was particularly insightful. While Lan was “normal” in most part (she had a sixth digit on her feet when she was born), aside from Huy, Quynh Thi also had another son who died soon after birth. Around the time I was in A Luoi, media often screened the stories of third generation Agent Orange victims born to parents who were born after the war. In this context, Quynh Thi's family was marked off as a “high risk” fam-

10. Glutinous rice wrapped in banana leaf.

ily. To deny that Agent Orange *can* cause intergenerational effects (i.e. etiology), was to deny the legitimacy of the family's suffering. But to acknowledge it, for someone like Tuan, was also to acknowledge the risk of marrying Lan. Tuan's solution was to share this risk. He claimed that everybody, including him, embodied the same risk, for everybody was already contaminated. By doing so, he ameliorated the stigma faced by the victims' family while reckoning with the sufferings of the victims' families and their uniqueness.

Conclusion

In face of the victims' family's suffering, the risk of dioxin was a fear one could not deny in contemporary A Luoi, even though, perhaps, it was a fear that should not be allowed to affect the present — let alone the future. In A Luoi Valley, claims to compensation based on “victim identity” endorsed by scientific evidence of poisoning — i.e. the biosocial scenario — was not the only nor the most characteristic response to the discourse of Agent Orange and dioxin. In this article, instead of focusing on the identity formed by such discourse, I focused on Levinasian approach to subjectivity as sensibility, vulnerability or passivity. I explored how the perception of risk of dioxin erupted in dialogical encounters, triggered in response to concrete events, objects, and individuals (including outsiders and victims). Without necessarily binding to the individual identity, the discourse on dioxin insinuated itself and contaminated the inhabitants' memory of the past and their relationship to others.

The knowledge about toxic contamination did create a sort of collective experience by assembling previously unrelated symptoms and sufferings of unassociated individuals; but this collectivity was premised upon unassimilable differences between those who are living with disease and disabilities and those who embody the poison without showing any symptoms. The complex relationship between at-risk individuals with the already-harmed “victims” raised many ethical conundrums, which constitutes the underlying current of how people experience the risk of dioxin in A Luoi Valley today.

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