THE AGENT ORANGE-DIOXIN CONTAMINATION: HUMAN AND SOCIAL DIMENSIONS

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Abstract

The key question we posed for our research is how the lessons of the devastating impact on human bodies of the Agent Orange contamination be understood among, and shared with, the population lager than the victims and their families. Our research, conducted over 2 years and half in three locations in central Vietnam and in the north, uncovered several important points: 1) the victims of the Agent Orange contamination and their families are in relative seclusion that their life cannot be taken as a warning for a more prevalent and contemporary threat of a similar contamination, Dioxin emanating from the use of chemicals in the agricultural sector in rural Vietnam; 2) the unmistakable signs of the Agent Orange contamination, ex. the birth defects, tend to be taken as exceptional and unique phenomena even within the families embracing those signs; 3) the local practices in the use of medical services prevents the experiences of the Agent Orange victims from becoming a warning for the larger population of the threat that the abuse of the chemicals in agriculture poses.

Introduction

The in-depth interviews of the 80 families in Phu Cat (Binh Dinh Province), Thanh Khe (City of Da Nang) and Kim Bang (Nam Ha Province) reveal the relative neglect of the families with one or more handicapped (mentally and/or physically) children *as* the victims of Agent Orange, even if their presence may have been assimilated by the community residents. This revelation suggests that the crucial message – the devastating effect of Agent Orange (thereby Dioxin in general which the wide use of chemicals in agriculture produces) – cannot be understood, widely distributed, shared among the population much larger than the victims and their families.[1] Additional data such as the local practices of underutilizing the medical services by the residents also contribute to containing the crucial message within the confines of the victims' families and, at the most, the confines of the victims' relatives.

Materials and Methods

The data we have obtained are survey and descriptive text data and the visual data such as over 600 still photos and over 15-hour video footage. We have employed a participant-observation, in-depth interviews of the

victims and their families, of those who are in the position of providing care for them, and of those who are unaffected by the Agent Orange-Dioxin contaminations for the purpose of comparison.

Results and Discussion

The three areas we have conducted our research exhibit somewhat different characteristics. Phu Cat in Binh Dinhn is a predominantly agricultural community, distant from any metropolis, with only a limited social mobility among its population. Thanh Khe in Da Nang is in the middle of a vibrant city with a relatively high mobility among the population. Though close to Hanoi, the last of the three, Kim Bang is similar to Phu Cat: predominantly agricultural, and a limited mobility among the residents. One distinct feature of the victims' parents in Kim Bang is that almost all were former members of the regular army (of the north) and thus are relatively older.

These differences generate only limited variations in several important patterns in their behavior among the families in the three areas. First, having a handicapped child did not necessarily deter the parents from seeking more children. Tables 2-1 and 2-2 below show this pattern. The stronger tendency among the Kim Bang families – the veterans of the war -- to seek more children may confirm Madame Nguyen Thi Binh's famous observation: "All of our returning veterans had a burning desire for children to repopulate our devastated country. When the fist child was born with a birth defect, they tried again and again. So many families now have four or five disabled children, raising them without any hope." Of these tables, one point of note is the 13 families, to whom the prohibitive impact of Agent Orange contamination *seems* to have worked. However, 8 of the 13 families have 4 or more children including the victims, suggesting that the financial and other burdens of having additional child may have been the more potent deterrent.

Table 1-1: Effect of Birth Defects

(The number of children after the *first* handicapped child)

	0	1	2 or more
Phu Cat	7	11	15
Thanh Khe	3	7	5
Kim Bang	3	6	19
	13	24	42

Table 1-2: Effect of Birth Defects

(The number of children after the *second* handicapped child)

	0	1	2 or more
Phu Cat	3	2	0
Thanh Khe	4	1	0
Kim Bang	6	5	7
	13	8	7

Second, very little efforts are exhibited by the greatest majority of the families of the victims in seeking regular medical consultations or help. Third, only a limited number of the victims' families maintain communications *among* themselves even within the same community. Each family may sustain a close contact with local (commune) clinic staffs, but rarely with the other families. Fourth, the victims' families are part of the larger group in rural Vietnam who tend to seek medical services for reasons of convenience such as physical proximity as supported by another survey research done around the time.[2] What these points suggest is that the victims and their families are distant from each other even within the same community, and the lessons of the Agent Orange contaminations imprinted in their lives do not reach beyond the confines of the families and their relatives. Table 2 is a numeric representation of the three areas, suggesting the reinforced "distance" – especially the case of Phu Cat-- of the victims and their families from the others and from the points – such as provincial and district medical facilities -- where their "lessons" can be disseminated throughout the areas.

Table2: "Distancing" Themselves[3]

	Pop.	Size (km2)	Communes (Wards)
Phu Cat (Binh Dinh)	194,000	679	18
Thanh Khe (Da Nang)	160,582	9.3	8
Kim Bang (Nam Ha)	129,541	184.7	19

Given these findings, one important observation can be made. The knowledge of the devastating impact of Agent Orange-Dioxin contamination on human health tends to be contained narrowly within each of the victims'

families and a small number of clinic workers who maintain close contact with them. Consequently, an effective warning cannot be drawn from the cases of the Agent Orange victims for a much larger population against a similar impact on health emanating from another, increasingly prevalent, source of Dioxin, the chemicals for agricultural use.

This places the issue of the Agent Orange-Dioxin in the middle of conflicting needs: 1) the national and local need for raising agricultural productivity leading to the abuse of chemicals in the agricultural sector; 2) the need for the effective warning against the use of toxic chemicals in the agricultural sector; and 3) the victims' families' need, or wish, to protect themselves from social stigma that they are the carrier of the contaminants.

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References

1 Findings in, for example, L. Wayne Dwernychuk, Hoang Dinh Cau, Christopher Hatfield, Thomas G. Boivin, Tran Manh Hung, Phung Tri Dung, and Nguyen Dinh Thai, "Dioxin Reservoirs in Southern Viet Nam—A Legacy of Agent Orange," *Chemosphere*, 47, 2002, pp.117-37. , a report on the 1996-1999 research in the Aluoi Valley west of Hue, which confirms food chain transfer of Dioxin, suggest that the living environment can be the carrier of the contaminants.

2 Truong Quang Dat, "Health Service Utilization by Phu Cat District People," presented at the 4th International Workshop on Human Security in East Asia, February 25-27, 2007, Shonan-Fujisawa Campus, Keio University.

3 *Socio-Economic Statistical Data of 671 Districts, Towns and Cities under the Authority of Provinces in Vietnam*, Hanoi, Statistical Publishing House, 2006)