LIVING "NORMALLY": A BEHAVIORAL TRAIT OF AGENT ORANGE VICTIMS AND THEIR FAMILIES

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Abstract

Investigation of the Agent Orange victims' families over the past three years reveals that their efforts to live, while embracing the devastating impact of Agent Orange contamination, peacefully in their communities have led them to live, or at least act, as "normally" as possible. As a result, we also found that the AO-affected families who exhibit in their behavior the signs of the devastating impact of the Agent Orange exposure upon their family members *are* the exceptions and not the norm.

Introduction

The most puzzling question is why the Agent Orange victims and their families remain silent in Vietnam. There are a plenty of reasons for them to raise voices for justice or for relief measures. Having a handicapped child deprives the parents, among others, of precious labor force or of the hope for having a secure life after they become elderly.[1] Unpredictable medical cost is an additional burden on the family, deepening their debt. There are prejudices, too, that the victims' families may have been a career of uncontrollable contaminants, which often deprive healthy female siblings of opportunities for their marriages. Over the past three years, we have accumulated a large volume of data on the Agent Orange victims and their families in Phu Cat (Binh Dinh), Thanh Khe (Danang), and Kim Bang (Nam Ha). Cross-examinations of these data offer a hint of an answer to this puzzle.

What follows is a sequel to our paper, "The Agent Orange-Dioxin Contamination: Human and Social Dimensions," presented at Dioxin 2007, Tokyo. It builds on some of the findings that were presented at Dioxin 2007. These include: 1) Having a handicapped child, presumably caused by Agent Orange exposure does not deter the parents from wanting to have more; 2) The victims and their families rarely seek relief from the medical establishment after the initial revelation of the effect of Agent Orange-Dioxin exposure; and 3) There is very little evidence that the victims' families keep contact with each other.

Materials and Methods

The data are qualitative in nature as they were recorded through an average of 40 minute- to one hour-interviews of the victims' parents. We added data for a score of additional families since Dioxin 2007 presentation. In addition, we investigated a role of volunteers for the relief of the Agent Orange victims and their families. These new data and observations help us place the earlier data in a comparative perspective. The observations include the activities of a volunteer group of former veterans of Vietnamese Army, Navy and Air Force, which bring the victims and their families together on a regular basis from different communities using local temples as the venue for the occasions. Using these new data and observations, we have re-examined the earlier data in a new light.

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Results and Discussion

Though new and earlier data, combined with new observations, one point that merits our attention is that there is virtually no behavior among the parents of the Agent Orange victims reflecting their awareness that their plight is the making of the wartime use of chemicals. Tables 1-1 and 1-2 show the number of children the parents had after they had a handicapped child for the first time, and after the second. Obviously, the majority of the parents in all three communities -- Phu Cat 69%, Thanh Khe 80%, and KimBang 83% -- opted to have more children after having a handicapped child.

The reminder of the families, with no children after the first handicapped child, however, was not necessarily responding to the devastating impact of the Agent Orange exposure through their behavior. Of the 18 families in Table 1-1 that fit the "no-child" profile, 9 had had already 4 or more children before the fist handicapped child. The fear of having additional "load" on the household expenditure would have to be considered as *significant* influencing their behavior.

We may reason, on the other hand, the deterring effect of having a handicapped child can be reinforced only after a repetition, i.e., after the second. If so, then, only the 10 families in Table 1-2, among the 92, who did not have a child seem to have embraced the deterrence effect of the Agent Orange impact. A conclusion can be that it is normal for the AO-affected families not to exhibit in their behavior any trace of the devastating impact of Agent Orange-Dioxin contamination.

One more evidence reinforcing the conclusion can be gained from the attention to the Agent Orange-affected families who stopped having more children *after* a healthy child. Of the 45 families for whom the last child was healthy, 28 had had at least 4 or more (or 38 at least 3 or more).(Table 2) What is striking about these findings is that the Agent Orange-affected families who exhibit in their behavior the fear or the anxiety concerning the effect of the exposure *are* the exceptions. The majority lives as "normally", i.e., as if nothing happened.

Several observations can be made from this and other behavior. First, the greatest majority of the Agent Orange-affected families wish to remain as anonymous as possible in their communities. And the communities seem to reciprocate that wish by showing, at least on the surface, no obviously prejudiced attitudes toward them. They are well integrated into the communities.

Second, the families do have their own and convincing explanation for their plight: *so phan* or fate, or some errors committed by their ancestors.[2] There are *innocent* accomplices in this wayof dealing with the plight. One group of accomplices may be, ironically, the clinic workers in the communities, who may be better informed of the medical implications of the Agent Orange contaminations but opt for providing comfort to the families *by sharing* the explanation with them. The most powerful ally lies, however, in the families themselves who believe that the same *so phan* could well bring about the much desired result – a healthy child. The evidence abounds all around them: there are a plenty more neighbors with only healthy children, even though they may have been exposed to Agent Orange or it's leftover in much the same way as they did. In other words, their belief in, or use of, *so phan* is the powerful force which keeps the great majority of the families to lead life as "normally" as possible.

Finally, there is a simple question: what is the role for the families of all sorts of scientific evidence which warns of risks, dangers, and devastating consequences involving Agent Orange or Dioxin generally; or what do all the accumulated scientific knowledge concerning Dioxin do for the families of the victims? The families simply do

not seem to heed the scientifically-grounded warnings. One reason probably is the lack of ability to grasp the warnings. However, this problem is further compounded simply by the presence of *counter*evidence: the families with the victims are the absolute minority among those who may have had similar exposure to Agent Orange or Dioxin. Another problem for the warnings in reaching the victims' families lies not with the evidence itself but with time consumed for establishing the evidence, with time consumed for discussing how the evidence should be made public or should be used. We all know that even the efforts to establish a reasonable cause-effect relationship between the exposure and certain ailments have consumed far more than a decade and massive amount of fund even in the United States. [3]No conclusion as to what measures should be taken for relief can be allowed in the interim. Whereas there is no interim in the life of the families of the victims, leaving them to rely on what *so phan* may have prepared for them. Living "normally," given the limited resources available to them, may well be the most rational behavior for the families of the victims.

Tables

Table 1-1. Deterrence of the AO Damage
No of Children after the First Handicapped Child

No of Families

	I	II	III	na	total
	0	1 child	more than 2		
Kim Bang (29)	4	5	19	1	29
Thanh Khe (15)	3	7	5		15
Phu Cat (48)	11	14	19	4	48
Total	18	25	43	5	

Table 1-2, Deterrent Effect of the AO Damage
No. of Children after the Second Handicapped Child

No of Families

	I	II	III	na	total
	0	1 child	more than 2		
Kim Bang (29)	2	7	8		17
Thanh Khe (15)	3	1	1		5
Phu Cat (48)	5	4	1		10
Total (92)	10	12	10		32

Table 2-1 Non-AO Deterrence
No of the AO Families with the healthy last child

No of Families

Kim Bang (29)	11
Thanh Khe (15)	8
Phu Cat (48)	26
total	45

Table 2-2 Non-AO Deterrence

No and the Size of the AO Families with the healthy last child

No of Families

	Kim Bang (29)	Thanh Khe (15)	Phu Cat (48)	
2 children	0	2	5	7
3 children	1	3	6	10
4 children	0	0	6	6
5 or more children	10	3	9	22
Total	11	8	26	45

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References

[1] Harvey Leibenstein, (1974) "An Interpretation of the Economic Theory of Fertility: Promising Path or Blind Alley?" *Journal of Economic Literature*, 12(2): 457-79, for the discussion of motivation for seeking children.

[2]See for example, Jacques Maitre June and Bernard Doray (2006) "The Experience of the Families of AO victims," presented at the International Scientific Conference on "Victims of Agent Orange/Dioxin in Vietnam – The Expectations", Hanoi, 16-17 March, 2006.

[3]See the following to get a glimpse of time and fund consumed for the efforts to establish scientific evidence where the Agent Orange issue is concerned. Institute of Medicine, (2003), *Characterizing Exposure of Veterans to Agent Orange and Other Herbicides Used in Vietnam,* Washington D.C., National Academies Press; Elmo,Zumwalt, II, (1990) *Report to Secretary of the Department of Veterans Affairs on the Association between Adverse Effects and Exposure to Agent Orange,* http://www.gulfwarvets.com/ ao.html; and Jeanne M. Stellman,. Steven D Stellman, Richard Christian, Tracy Weber and Carrie Tomasallo, (2003) "The Extent and patterns of usage of Agent Orange and other herbicides in Vietnam", *Nature*, 422, pp.681-7.