

THE EXPERIENCE OF THE FAMILIES OF AO VICTIMS*

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The dangerous effects of the herbicides spreading almost on the south of Vietnam have been analyzed by the scientists for 3 decades in particular with the biological disciplines and the natural sciences. In this paper, we will pay attention to the experiences of the families whose lives are dramatically devastated by the consequence of the residual herbicides and/or by the toxic effects of the dioxin present in the herbicides.

The paper's title focuses on the herbicide's topic because it is necessary for us to distinguish the seriously contaminated regions and the rest of the lands on the geographical map, and also distinguish the destruction of the vegetations and the effects of the intoxication by dioxin. Devastations by dioxin among the infected people as well as in their children are currently found in families dispersed across the country due to the migrations, and especially due to the contaminated soldier coming from all the regions of the country, including the North. These devastations reach a much higher density where all the people were infected and where the habitants are in the danger of being infected by the residual dioxin in the soil. In addition, the herbicides devastated mainly the forest areas. When that was not the mangrove along the sea shore or the rubber plantations, the objective would be rather the mountains where the target was to destroy the tropical forest – homes of the “ethnic minorities”, the hunter gatherers who generally practice agriculture and husbandry in a rudimentary way. Furthermore, the purpose of defoliation often was to destroy the food crops, to starve the population and the combatants.

The families dispersed in the country

For a long time, the socio-medical departments and assistance associations to the victims often came to see the families to evaluate their needs and to discuss with them. Apart from certain cases, it was also necessary to take an overall view and to define which disorders could be attributed to dioxin. By this method, the discussions with the families must be the commence on the medical level, with an epidemiology of the handicaps, and link them to their origin (by assumption, the exposure of the parents to dioxin) and to their pathological or socio-economic consequences (disabilities, misery, disturbance of the social life, financial burden of the treatments). At the moment, it is impossible to carry out biological examinations proving that dioxin is the cause of the

* French – Vietnamese Friendship Association, 2005, “Agent Orange in Vietnam, yesterday's crime, today's disaster”, Paris: SARL Editions Tiresias

infected cases, and due to the lack of awareness of the real dimensions of the plague, it was necessary to start with an initial family assessments within the concerned population. In spite of the constraint of medico-social demonstration, the published results already make it possible to give us significant data of the private psychical suffering. The social surveys carried out to evaluate the “needs” of the victims also made it possible to recognize the experience they have spent. Finally, the discussion resorting to a method called “non-directive” could be conducted especially to listen to the expression of the suffered person and families, stated freely under the social control. In this domain, the CGFED¹ has played, for several years, a pioneer role through the interviews with the mothers of “children of dioxin” in different areas of Vietnam. The diffusion of this work initiated the on- site research in the field of social sciences.

Dynamic and Cultural Subjective

The psychical suffering

Initially, there is a fear of the future prospect of the affected children. In the short term, it poses the problems of education, of occupation and medical care. Besides, the parents always worried about what will occur after their deaths. This fear is mentioned many times in the presented cases. A worry appears with the sequence of the generations: the child heavily handicapped will not be capable of satisfying the demands of the parents when they are old, nor to perpetuate the “worship of the ancestors”. This worship, a unique element of Vietnamese culture, rests on the basic family value, the inherent sequence debt of the generations through the respect, the love and the solidarity, which connects each one to those which preceded it in the line. It appears through the rituals related to death, the indoor ancestral altar in almost all the houses, the devotion to the parents and grandparents still alive, ect. Traditionally, the solicitude of dead people with regards to their descendant remains conditioned by the way in which the latter honor their debt. Reciprocally, the posthumous destiny of the dead depends on the way in which the living discharge their debt: deaths insufficiently honored become “wandering souls” unhappy and potentially vindictive.

But what is generally expressed in the parents of a handicapped child by dioxin is the pain of knowing that the child will not have nobody to rely on once he becomes orphan. The desire to have a normal child can result in requiring an artificial insemination, if medical and cultural conditions allow. While waiting, the scandal-bearers sometimes assign illegitimacy to the in-handicapped children in the family. In some cases, the fear to have another abnormal child led to a voluntary termination of pregnancy.

Another fault in the dignity of the family is the shame generated by the infirmities of the children, in particular within a cultural tradition where misfortune indicates the weight of the ancestors’ faults. The shame is prolonged with the failures of the matrimonial

¹ Research Centre for Gender, Family and Environment in Development, located at Hanoi and managed by Le Thi Nham Tuyet

projects when the presence of a “child of dioxin” is considered as the sign of passing malformation to the descendant of the family. Even an unharmed young person will be possibly regarded as carrier of the genetic disorder, therefore suspected to be able to transmit the fault to his offspring.

The cultural sphere

Considering the relationship between the social, the biological and the subjective factors, it requires a significant reference to the culture sphere, in Vietnamese culture in general and the differences of the various areas and family traditions in particular.

One thinks of the characteristics of the cultural references when concerning the “ethnic minorities” (15%) or religion: Catholicism (8 to 10%), Protestantism, without taking into account other religions in Vietnam like the Cao Dai or Hoa Hao. To tell the truth, even the majority traditions combine different religions (Confucianism, Taoism, and Buddhism) and popular religiosities (in particular female) whose impact is particularly life, the explanation of misfortune, conspiracy of disease, death. For example, the worship of Quan Am, Goddess of Mercy, is particularly widespread among women and we met woman who entrusted to a priestess of Quan Am her daughter suffering from a handicap related to dioxin.

The culture plays an important role in the ideological plan in the representation of the causes of the handicap, as well in connection with the material causes as in reference to spirituality. The “destiny” is often evoked in the discussions with the families. It is necessary to know how this “destiny” is concretized: karma, bad spirits, will (punishment or redemption) of a supernatural being, evil spell? It is also necessary to disentangle the traditions which impregnated religious or irreligious socializations of the interlocutors in a country where the influence of Buddhism is largely spread, but where one also finds Catholicism. “sects”, “new religions” and the specific traditions to each ethnic minority, without considering the diffusion of Marxism by the political regime. On a more subjective level, it is clear that we should listen to the way in which the religious diagram is invested affectively compared to the handicaps of the children: culpability, persecution, etc.

Medical Dynamics

Dioxin is recognized as the cause of handicap

We know that it is still very difficult to prove, medically, the part of dioxin in many cases of malformations or mental wounds. Moreover, for the families, the scientific explanations of the handicaps are not very clear and satisfied, as the stories of the mothers:

Everyone says that my son is victim of the orange agent. I do not know why. I do not know either which area is infected by the Agent Orange. But we have been living here since we were young. We are now very sad, but we must suffer it.

Said another:

My elder brother has five sons. They are now married and have no problem. Nobody has the case as me. People who come here often say that I am unlucky women.

Indeed, the administrative classification of handicap cases caused by dioxin comprises economic consequences because the material aids depend on it; even small compared to the rich countries like ours, these aids are vital for the families.

Birth control

Even in very remote regions, we met quite often the contraception methods using the morning-after pill provided by the local dispensary; this social activity goes with the policy to restrain the population growth. Male or female sterilization also makes it possible to interrupt the succession of misfortunes on several generations, while meeting the policy. On the other hand, the antenatal diagnosis has not been conducted yet for the people we met.

The cost of the care

The cost of medical care is very high for the Vietnamese families. On this point, the advantaged granted to the children recognized as victims of dioxin remain insufficient. In case of surgery, the poor family must alienate their assets (to sell the buffalo, to be involved in debt, etc.) or to wait for the donations from kind-hearted people or associations. The difficulty of access is even added to the obstacle of distance for people who live far from the well-equipped hospitals, or in badly traffic served regions.

The resource to traditional medicine raises the question of therapeutic effectiveness, and also the ideological problem, particularly for the representations of etiology or acceptance of scientific medicine. Inexpensive and more geographically easy to access, the traditional medicine today still plays a central role in the treatment of the defoliants' spreading consequences.

Economic dynamics

Today, dioxin can have bad economic effects on the flora, fauna and water. Thus we must take into account the biological processes in the analysis of economic dynamics. However, what we propose here is to emphasize the social and psychic factors. Furthermore, the sequel of the defoliation and the intoxication by dioxin strongly influence the factors of poverty, even including the marginalization.

Culture comprises an impact on the economy, for example the specific production method of one ethnic minority group is also plays an important role in the extended family, even with the neighbors.

The effects of dioxin on health of the parents and the handicaps of the children pose an essential factor: the budget-time of the members of the family. The available working time depends obviously on disabilities and schooling; for example, the father usually suffers from the consequences of his intoxication by dioxin, the war wounds and/or diseases like paludism. Besides, the time is partly taken by domestic chores and the care for handicapped people.

At last, the future of the children and that of all the family depend directly on schooling. The disadvantaged children need schooling more than others, whether it is about the general education or special schools for the handicaps; however, it is usually very difficult for them to move. School tuition is another burden for these very poor people.

Minority ethnic groups the High – Lands

Our work with the CGFED was focused on the relation between the social one and the subjective one, starting from the way in which the victims of dioxin (mother, father, child, family) express their psychic sufferings in a situation in which the objective data (medical, economic, school, social, etc.) are systematically collated. The method through the short stories of lives collected in a very little directive way provided us an adequate document. As for the location, we did decide to go to the High-Lands of the Centre, about sixty kilometers from Hue, into the district of A Luoi (at the borders with R.O.P Lao), where more than three quarters of the population belong to ethnic groups: Pa Co, Ta Oi and Ca Tu. As predicted, the interviewed families situate in one of most stripped regions which are isolated by poverty, geography and cultural uniqueness. They do not speak even the national language. This in – field work will be used to emphasize the special situation of a district where the inhabitants are the most vulnerable to the disaster. It is noted that the majority of our observations could not be the same for the whole country.

Problem adjusted to the religions

Until the 1950s, these people made up groups living at an altitude within the primitive virgin forest. Completely immersed in the ecosystem of the natural environment, these hunters-gatherers carried out a rudimentary agriculture: slash-and-burnt farming. Their vision of the world was set up around the pre-Buddhist beliefs; the personified “deities” represent the natural forces on which depended the human groups such as the god of the forest, that of water, of rice, ect. During the French war, the troops engaged in the re-conquest of the country started to patrol on the high lands and built an air base there. Such an occupation was accompanied by the usual exactions in the colonial conquests.

The people had to defend themselves and took part in the armed struggle of the Vietnamese for their independence. The Pa Co, The Ta Oi and the Ca Tu found their recognition in the history and for the first time, their dignity was recognized on the national level. During the American war, their role became essential because the Ho Chi Minh trail passed precisely by A Luoi, and that United States has created three military airports on the high-lands. Several big battles took place in the area. However, the United States Air Force conducted in an intensive way the defoliation of the surrounding mountains and high-lands, which caused the disappearance of the forest and saturated the inhabitants with dioxin. Today, people grow plants on the high-lands, practice agriculture and husbandry following the long-term development plans. The God of the forest disappeared with the ecosystem of which he constituted the vital element. Such a change of the production method requires a very concrete integration of local authorities in their cooperation with the Vietnamese Government, including the participation of local officials in the process of development. But economic dynamics does not improve the quality of life of the poor peasants who make the majority and still live in a very precarious economic situation. For the handicapped children, the medical care access remains extremely limited by the distance, the cost and cultural inequalities. Their schooling is itself dependent on these difficulties. In addition, there exist endemic diseases, lack of drinking water and the effects of poverty (malnutrition, financial limits in the access to care). In contact with the families struck by dioxin who live in the remote areas, where the differences between city and countryside are growing, our cooperation with the CGFED allowed us to share the stories with the families which are most effected by the war, and which are most affected by the war, and which have most difficulties in the development process.

The relation of social and subjective factors

The destruction of the forest and the disturbance of the transmission of the human life constitute major attacks on the biosphere. They involve not only the terrible material consequences but also ruin the social bonds by breaking the available symbol which used to represent the human relation to nature. It is possible to restore the social relations and to replace the damaged visions of the world mechanically by regrouping the villages, re-dividing the regional territories, schooling and information campaigning, etc. An essential part of the rebuilding of the social relations is played on the level of the subjective life of each one and at inter-subjective level in the family. In Vietnamese culture, it is not a tradition to claim or to complain. We come, without holding any economic or administrative power on the interlocutors, to rouse and listen, in a indirective way, to the histories of life. We have found this method suitable to produce an innovation in exchange, while privileging lives as it is felt. Even the possibilities of a microeconomic family initiative (for example, the State offers a loan to those who agree

to buy oxen to promote the rise of husbandry in the district) also depend on the psychic resources to carry out such an activity.

If one concentrates on building a new vision of the world, it is necessary to take into account the degree of obsolescence of the traditional representations and expression processes, then to seize the innovations in progress. Thus, in the families we visited, we did not see the ancestors altar (popular among the Kinh, the minority ethnic group in Vietnam), but the photographs of “the Uncle Ho”, surrounded by the frames where the military distinctions obtained by members of the family are presented. In the same way, many Pa Co gave up their patronymic names for “the Ho” name, to the point that the taboo of traditional food related to such patronymic names become no longer important. To know how such a reference to the uncle Ho has any impact in the way of thinking and of exchanging in the family, it is necessary to give oneself the pleasure of listening. In particular, how they feel about the crucial questions related to the handicapped children: “Why that happens to me?”. “Why that happens to us?”, “If the man power cannot cure our children, to which superhuman force will we return?” Or there exists no force?”. In the same way of feeling in the, even in the mind of each one, what is the real impact of the official speech (political, medical, humanity, etc.) about dioxin?

Conclusion

The devastation consequences of the sprayed defoliants have been dramatically amplified by one century of colonization, finished by thirty years of war. The fast economic development in the current period is still far from to have already ensured for the Vietnamese people the means needed in an industrialized country for environmental restoration, for looking after the victims with modern medical treatment and for ensuring the families of the children with Social Security protection, in comparison with the standards of countries like France, Germany or the Scandinavian countries.

In addition, an anthropological analysis of the situation emphasizes the particular cultural conditions of Vietnamese struck by the long-term defoliation and/or effects of dioxin. Thus, the religious practice and beliefs, the family structures and the recourse to traditional medicine hold a considerable place in the personal and collective impact of the catastrophe. These factors act differently in certain ethnic group (for example, if the worship of ancestors results in wanting a descent), the explanation of the evil, etc. The particular attention paid here is to the Western Highland’s minorities who represent well this type of social processes found in various manners in all the areas.

Lastly, the contribution that we can bring to lightening misfortune registers today is within the framework of the Vietnamese economic development; new possibilities take shape, including bandaging the wounds of the war. The alteration of the Ho Chi Minh trail into a “highway of unity” from the Chinese border to the Southern end of the

country embodies the will to disenclose the Western Highland throughout the “Indochinese” mountain range, and this new way crosses throughout the district of A Luoi.

However, currently the big gap between the standard of living of Vietnamese peasants and that of urban citizens has particularly revealed the problems mentioned here. Moreover, the population of which the natural environment was most heavily devastated and the families underwent the intoxication by dioxin are the ones to take the least share of benefits from development. Therefore, they have the right to a moral and material support redoubled, from our side.

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