

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

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Thank you –

Thanks to Holy Cross and to the Center for Religion Ethics and Culture for creating this chance for us to think together

--about moral responsibility for the consequences of war  
--taking the effects of Agent Orange as an example

Thanks to all of you for coming to join in the conversation, both those of you here tonight and those who may join us via pod cast and on-line forum

Holy Cross seems a particularly appropriate place to be holding such a conversation, this place --dedicated to asking us to engage both our hearts and our minds

--as we consider what our obligations are to one another  
--and work to promote justice in this world where,  
as Fr. Hehir put it gently, “there is more war than is needed.”

“Wars leave moral traces” Fr. Hehir told us. It could be a subtitle for my talk, as I ask you to think about some of the physical traces left by Agent Orange during the war in Viet Nam, and invite you to trace the lines of a moral response. The topic is complex, and there are ambiguities, but there are also such clarities as human life allows.

My talk will approach Agent Orange in two ways: first, as a human experience, and then as a scientific issue entangled in politics. The conclusion will be our conversation on moral responsibility for these consequences of war.

As an often emotionally charged issue that has persisted for nearly 50 years despite various attempts to define and resolve it through science and politics, ‘Agent Orange’ –as a term and a chemical-- links the local to the global and individual lives to nations across divides of class, gender, ethnicity

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

and nationality. Its meanings slip from person to person and from context to context, and its referents range from the technical to the metaphoric.

At times, ‘Agent Orange’ is used as a code name for a chemical, at times, as a synonym for TCDD dioxin, or as a generic for all the chemicals used during the war in Viet Nam, or a marker for all the environmental damage that lingers from that war, or even more globally, for the consequences of war. At other times, it is the name of an illness: “My uncle’s daughter is suffering from Agent Orange”; or, “I know a man who can cure Agent Orange”. In some popular uses it seems to serve as a synonym for ‘birth defect’. The disabilities associated with it are sometimes taken as a sign of the workings of the law of karma, or of the hand of fate [*Vietnam Courier*]. To the extent that illness in Viet Nam can be described as a matter of balance and integration of the personal and the natural worlds [Marr 1987: 167], ‘Agent Orange’ may be read as a metaphor for a world out of balance, dis-integrated.

In America, Agent Orange has been called “a symbol of deceit and betrayal” [*Vietnam: A Television History*]; “... a metaphor for everything that was wrong about the most unpopular war in American history” [MacPherson: 601]; and a marker for “a sea change in the way Americans think,” for the deep embedding in American thought of a “profound suspicion of science, government, and technology” [Burkett: 551]. A Pulitzer Prize-winning journalist who has covered science, medicine, and the environment for some 30 years calls it “technology gone bad, Frankenstein, the best and the brightest, civilization turned dark,” adding: “The opposite side of the coin is romanticism gone paranoid and luddite.” It is also, he continues, “a cover word for damages due, for the reparations no one can give as reparations, ... [a] cover that allows us to proceed without looking too closely at what happened and confronting where we are in history....” [Franklin].

Some have called Agent Orange a diversion. One American physician could barely contain his frustration as he told me: “You have a war that has destroyed the health system, destroyed the infrastructure and created problems of pollution, hunger, malnutrition and their associated diseases—and you are going to sit around arguing over one small part of the total damage, pouring millions of dollars into research rather than helping people—[which you could do] for a fraction of the cost?” An American scientist, who has worked for decades on the effects of dioxin and is well

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

aware both of its long-term health effects and of the possibility for overgeneralization, raises another caution about the potential for Agent Orange to serve as a diversion: “If we assume certain health consequences are from Agent Orange when they are not,” he cautions, “we may not be focusing on causes we can prevent in the future”.

In March 2002, when scientists from 19 countries around the world met in Hanoi for the first conference on the consequences of Agent Orange in Viet Nam to be co-sponsored by the US and Vietnamese governments,<sup>i</sup> the American ambassador called Agent Orange “the one significant ghost” remaining from the war. The Vietnamese Vice-Minister for Science, Technology, and the Environment called it chemical warfare.

‘Agent Orange’ is not only a marker of ghostly silences, silencings, and hauntings<sup>ii</sup> however, but also a vehicle that opens dialogue, expanding the ‘moral community’, as American veterans, seeing the similarities between the illnesses that mark their own lives and those that mark the lives of Vietnamese thought to be affected by Agent Orange, call on the U.S. government and the chemical firms that sold it Agent Orange to fulfill their “moral duty” by compensating Vietnamese as well as Americans. As one veteran put it, “It was like looking in a mirror.”

For some people in both Viet Nam and the United States, ‘Agent Orange’ has become a possible way of understanding the complex of forces that have shaped their experience of life and suffering, a way that links personal lives to national narratives.

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Tonight I am focusing on Agent Orange as a chemical. I will use the term interchangeably with TCDD, the form of dioxin that was a highly toxic by-product of the manufacturing process of 2,4,5 T, one of the components of Agent Orange. TCDD is now linked to a variety of health problems in both the United States and Viet Nam.

Briefly, Agent Orange was one of six chemicals that were used during the war in Vietnam, Laos, and Cambodia to defoliate the forests in order to reveal the hiding places of people against whom we

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

were fighting at that time, and to destroy their food crops. Taken together, the chemicals defoliated an area about the size of Massachusetts.

The Air Force places the defoliation at 10% of the overall land mass, with 24% of the upland forests and 36 to 50% of the salt-water mangroves destroyed. In some provinces, 50 % of the land was denuded. At last report, roughly 2 million acres—out of an original total of some 5 million--had yet to recover from the herbicides.

Several million people were exposed to the spray, and it is estimated by the Vietnamese Association for the Victims of Agent Orange that a million people still suffer health effects from the chemicals, not counting those who have died.

(Again, you will find in your handout more information on both the environmental and the human health effects of the spraying.)

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Before turning to look at the development of Agent Orange as a scientific, political, and legal issue, I want to give these experiences a human face, to share a story, to invite into our conversation people half way around the world whose lives have been deeply affected by the legacies of war. The story is based on an interview with a Vietnamese family described by the Red Cross as being among “the disabled poor, including those thought to be affected by Agent Orange.” The setting is a rice farming village in Thai Binh province, about a 3 ½ hours drive southeast of Hanoi. I went to the village with my friend Lang, a native of Thai Binh, under the auspices of the Committee for the Care and Protection of Children.

Before I begin the story, let me share these pictures with you, to build something of a bridge between this room where we are talking, and the places we are talking about. On the screen you see the picture of the family in Thai Binh, with their relatives and neighbors. This is Mrs. Ha, this is her husband Mr. Binh, this is their daughter, and this is Mrs. Ha’s brother.

## AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE

Diane Fox, Visiting Professor of History and Anthropology

Here is the story:

When we arrived at Mrs. Ha's home,<sup>iii</sup> she was cooking lunch over an open fire in the detached kitchen. They had expected us earlier, but we were late, so the family had gone back to work, thinking our plans had changed. Mrs. Ha's husband, Mr. Binh, had gone to the communal warehouse to get wine to sell in the village, and Mrs. Ha wanted to wait for his return to begin the interview. As we hesitated a moment in the courtyard, family and neighbors began to gather. An old man, giving me a sideways glance, tested my Vietnamese. "What is this in Vietnamese?" he asked. "*Mot ngoi nha*--a house," I answered. He nodded vigorously, and walked up the steps into the new cement house.

It turned out 'house' was indeed a significant word, symbolizing the care given by the extended family. Mrs. Ha's older brother pointed to a mud-walled, thatched-roofed house on a low-lying piece of land across the way. "You see, that house over there was their house. The relatives got together to loan them money to buy this house." It is a loan the relatives know cannot be repaid.<sup>iv</sup>

"My sister and her husband are far too miserable," the brother continues. "I mean, in a year—in roughly 12 months—they had to go to the hospital 30 times, and each time there is only us to count on." I think of what it would take to get a sick person to the hospital from there: down the village lanes to the dike; a kilometer or so along the top of the dike to the small country road; through neighboring villages to the main provincial road, and then an hour or so by car to the provincial capital. But they would not go by car. Would they go by motorbike? I have only seen bicycles in the village. I think of the children left behind, the house to look after, and the crops to tend.

We went into the house and sat on plastic stools around a low table, where Mrs. Ha's brother poured us cups of tea. While we were waiting, Mrs. Ha spoke of her husband's many illnesses, recalling: "There was a time when the doctors at the hospital in town said 'That's all we can do; let him go home and wait for death. If he craves anything, let him have it.' His stomach was swollen like this, and his skin was completely swollen, and he couldn't go to the bathroom. Neighbors, and then other women, and then organizations gave a bit of rice, a few potatoes, and some kernels of corn, and then I had to beg for each nickel and dime.

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

“Then I had a dream about going into the forest to get medicine for my husband, so I ‘dove through the mud’ to get to the forest—all the way to Sa Pa—and there was the medicine to give my husband, folk medicine, and he took it and got better, and did not die.”

Lang turned the conversation to strains these illnesses have put on the marriage. “Do you ever get angry or think of leaving?” she asks. “Sometimes I refrain from speaking,” Mrs. Ha replies, “and sometimes I argue a sentence or two. Then I reflect, and pity him, and cry, not knowing what to do. He is so thin, his skin is so dark. He is now reaching the time of old age and weakness. His life is like the wind.”

She turns to speak to the family and neighbors who fill the house, listening to our interview. “When you are happy, do you think you can stay that way forever? We can’t be miserable forever, uncles and aunts, grandfathers—can we? That’s right—I have to encourage my husband.”

When Mr. Binh comes in, he tells us that in 1972, before the Paris Agreements, he was a special forces soldier in reconnaissance in Tay Ninh, a heavily sprayed region in the south. Where he was stationed the trees were denuded of leaves; he lived in tunnels, “bare-headed, bare-footed, bare-chested”—“camouflaged by spreading mud on his body”, interjects another man. “We saw 200 liter barrels with yellow stripes,” Mr. Binh tells me, “they had three yellow stripes. We had only been through high school, so we could only read the word ‘Dio xin’, or ‘zio xin’, or something like that. At that time, we thought whoever died, died at once, and whoever lived, lived whole”.<sup>v</sup> Mr. Binh came home with many diseases: diseases of the skin, of the nervous system, of the circulatory system, of the digestive system.

“The very regrettable after-effects of that war you see in the first fetus my wife gave birth to,” he tells us. “My wife, right here. It was like a monster, a monster in a fairy tale. You know, it didn’t have a human shape. And a few minutes after it was born, it died. Very, very hard. And my very own wife has many illnesses, most of them women’s illnesses. Women also bear the consequences of this war.”

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

The couple's second child was slow witted. He "doesn't know anything", they explain; he just turns from side to side. Their third child, a daughter, was born epileptic and blind, with no pupils. Their fourth child was 16 at the time of the interview, and enrolled in school.

After her daughter was born, Mrs. Ha said to herself, "Enough!" She didn't know if it was because of the war or because of fate, she says, but she went to be sterilized. The procedure, which involved inserting medicine into the fallopian tubes, led to many complications, much loss of blood, and repeated operations. As we spoke she was in pain, with one half of her stomach swollen.

"I only believe in science," she explains. "As for the traditional village healer, I don't dare believe, because my child's brain and eye are very very important. Therefore, I totally and completely only believe in science. Science says she can't be cured. Then we must bear it, helplessly. What can we do? We can't do a thing."

"This all started from giving birth to children like this, and voluntarily going to be sterilized. Then I was unlucky and the consequence of sterilization was much illness. That made us spend a lot of money, money that a poor family doesn't have... very hard, very desperate. But it's all for my husband, all for my children, so I try to overcome the difficulties. Such a hard situation, but I still have to look after my husband, after my children. I know that my life is deeply entwined with his. I link my whole life with my husband and with my children, to 'carry the rivers and the mountains' to my last breath, and only because of war."

Mrs. Ha's brother says he wants to ask me just one more question. "In your country," he begins, "are there children like this?" He gestures around the room. I do not understand his implication, and cannot answer. "Children this strong, this tall, this big—or smaller?" One of the women sitting on the bed laughs and says "I've seen on T.V.—they are big. Vietnamese are the smallest." Mrs. Ha's brother continues: "Our life here should be like that of our international friends. But because the war lasted far too long—all our lives—we lost the chance to study, because at 18 we left school and took up the gun. When the enemy was gone, we came back... back to feed our children, but there was not enough, so they are sickly and puny like this. You see?"

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

“These are the consequences of war,” Mr. Binh explains. “What he is saying is that the consequences of war are very great....”

Earlier Mrs. Ha has thanked me, and the American government, for paying attention to them and trying to help. When Mr. Binh again thanks me as a representative of the American government, I explain that I do not represent the government, that I do not know if the government will help, but that I believe ordinary people will. Mrs. Ha’s brother replies, “Because everything comes from the people, doesn’t it?” When he sees I am again not fully following his meaning, he explains: “Because if the people have sincere hearts and make demands on their government, most governments must execute those policies, because the government is for the people, isn’t it?”

Mr. Binh has a request: “I want to ask you to say this to the American people. An unavoidable war broke out between our two countries. In reality, nobody wanted it. Now both sides understand each other, and the two countries are friends, and trade business. Close the past and open the future. The two countries circulate goods. They’ve exchanged ambassadors already. But what happened before—that is, the consequences of the bombs and bullets, and of the chemicals, outrages the Vietnamese people. Yes, because the result is not to kill a person at once, but the result waits for the children, and for the grandchildren.

“So I really hope the American people, together with the Vietnamese people, will demand that the American government not produce those chemicals any longer. Don’t take them to make war with any other country. What is banned by international law should not be used. So stop using them. Yes... not just I myself in particular, or just the Vietnamese people in particular, but the whole world in general opposes these chemicals.”

We are silent a while, and then pack up to go. When Mr. Binh thanks me for trying to bring help, I say that it is a bit late. Yes, he says, if help had come earlier, his suffering would have been less. “But I am still here,” he says, “and my wife is still here.”

Other people told other stories. There are thousands of these stories, each significant in itself, each a part of a mosaic.



## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

There are stories from the families of men and women in the north who fought in the south and returned home with illnesses of their own, and whose children were born with birth defects.

--There are epidemiological studies that show that the children of northern soldiers who went south have more birth defects than do the children of soldiers who stayed in the north—and that the longer they stayed in the south, the more birth defects they have.

There are stories from the combatants in the south, whether they fought on the side of the Saigon regime, or on the side of the National Liberation Front.

There are stories of the civilians in the south, millions of whom were exposed (please see your handout for an accounting)

--including the especially vulnerable groups of pregnant and lactating women and their embryos, fetuses, and infants.

--There are many laboratory studies that show the varying effects of TCDD at varying developmental stages of life (again, please see your handout)

And the stories of Vietnamese Americans are beginning to be shared.

As a Red Cross worker in another province put it, “each family, its own set of circumstances.”

What can these stories tell us? Why start here, with stories and their ambiguities? Who can say for certain if these particular people’s illnesses are due to Agent Orange or to some other confounding conditions? I have chosen to insert a human story because I think that is where we start... and where the larger story of Agent Orange and responsibility begins, with human experience, a human search for meaning, and a longing for justice. If telling the human story risks simplification, leaving the story of Agent Orange to science and politics risks missing the lived experience.

And I start with a story for another reason as well: because it is a mix of these very human stories and science that has advanced our understanding of Agent Orange.

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The growth of our scientific understanding about Agent Orange has been based on evidence drawn from industrial accidents, laboratory experiments, epidemiological observations, longitudinal studies, and measurements of traces of TCDD found in the soil and the body tissues of people who are

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

living today on what are still highly contaminated “hot spots”—places where dioxin levels still measure several hundred, up to a thousand, times higher than the level of TCDD deemed acceptable by WHO standards.

Fifty years ago there were no such WHO standards. For the next few minutes I want to sketch a brief outline of the development of our scientific understanding of Agent Orange, from a world in which it was possible to believe the slogan “Better living through chemistry”—indeed, there was abundant evidence all around of this truth. Thirty some years ago it was a world in which US veterans who made claims about having their health affected by exposure to Agent Orange were sent to talk to psychologists. How have we moved from that world to our world today, in which six governments (Australia, Canada, New Zealand, South Korea, the United States and Vietnam) now compensate their veterans for diseases scientifically established as linked to that exposure?

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There has been a slow accumulation of knowledge.

In the 1940’s and ‘50’s – the time of “Better Living Through Chemistry”

- Industrial accidents in the handling of TCDD result in chloracne and some reports of neural and liver damage
- (--US plans to use herbicides against Japan, in 1946
- Britain uses herbicides in guerrilla warfare in Malay)

In the late 1950’s and early 1960’s—

- debates within the US military and administration over whether herbicides were a gentler form of warfare, or could be called chemical warfare.
- herbicide use begins in Vietnam (Aug 10, 1961; 1962)

1962 – Rachel Carson’s *Silent Spring* challenges the excesses of our enthusiasm for chemicals

Mid-1960’s --US scientists, in official meetings, raise the alarm. To give one early example, here is an excerpt from the March 1964 statement from the Federation of American Scientists.

## AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE

Diane Fox, Visiting Professor of History and Anthropology

noting official denial of anti-crop agents, confirmation of defoliants giving rise to “the broader implication that the US is using the Vietnamese battlefield as a proving ground for chemical and biological warfare. We... feel that such experimentation involving citizens of other nations compounds the moral liability...”

--Bionetics Lab report shows one of the chemicals in Agent Orange causes birth defects in mice (1965 report not released until 1969—made public by Nader’s raiders)

--Dow calls herbicide producers together to share a method to produce a cleaner product, cautioning about potential issues of liability (slower process – 4 hours compared to 45 min, but much cleaner product)

Last half of 1960’s

--5000 scientists, including 17 Nobel laureates, sign petition

--UN, in nearly unanimous vote, includes herbicides under the 1925 Geneva Protocol that bans chemical weapons

--Catholic newspaper in Saigon is censored for reporting increased birth defects in heavily sprayed areas

1970—AAAS committee on herbicides travels to Vietnam, documented reports on still births and birth defects, said environmental destruction much worse than imagined

Dec 26, 1970 – order to bring a rapid but orderly halt to the use of herbicides (removed to Johnston Island in the Pacific, incinerated at sea (1977))

1970—EPA founded

1970’s – US veterans build information, association – sent to psychiatric ward; start class action lawsuit against 7 manufacturers of the herbicides

--President Ford renounces first use of herbicides and defoliants in war

1980 – annual International Dioxin Conferences are initiated

In Vietnam, the 10-80 Committee, a division of the Ministry of Health, is formed

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

to study the “effects of chemical warfare in Vietnam”

1980’s – US veteran’s class action lawsuit

--ten major epidemiological studies of US veterans / much controversy

—President Reagan establishes Agent Orange Working Group in White House

Early 1990’s – increased understanding of the Ah Receptor, through which TCDD affects cellular function [development of instruments to measure minute amounts

of dioxin – parts per billion]

1991—Clinton orders the Institutes of Medicine to do a thorough review of science on links between Agent Orange and diseases; updated every two years, these studies

have led to the list of diseases you have in your hands, diseases for which US veterans are now compensated by the VA

1995—normalization of relations between VN and the US

Mid to late 1990’s, Canadian researchers with Hatfield Group discover “hot spots”—

specific, limited sites in Vietnam (for example, on and around former bases)

where TCDD levels are extraordinarily high – as much as 1000 times the acceptable level set by WHO

Other researchers find high TCDD levels in tissue samples, as much as 365 times greater than the acceptable limit

1997--The International Association for Research on Cancer names TCDD as a known human carcinogen

1998—Vietnamese Red Cross sets up the “Agent Orange Victims Fund”, with support from the IFRC

2000—long-awaited EPA study links TCDD to

--“cardiovascular disease, diabetes, cancer, porphyria, endometriosis, decreased testosterone, and chloracne in adults;

--in fetuses and young children, the report found developmental effects on the thyroid status, immune status, neurobehavior, cognition, dentition; [and an] altered sex ratio”. (Birnbaum 2002)

Early 2000’s—half dozen international conferences at Yale, in Stockholm, Paris, and Hanoi

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

2002—first US/VN co-sponsored international scientific conference on Agent Orange, in Hanoi  
very halting, tentative, not surprisingly difficult steps toward scientific cooperation

2003--VAVA

2004—lawsuit

Slowly, military to military cooperation has been established between the former enemies, as the US Dept of Defense works with Vietnam on dioxin remediation plans for hot spots, starting with the former base at Da Nang.

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Where do we find traces of moral responses to this point? Ever so briefly:

- first, in the actions of families, neighbors, and fellow citizens in Vietnam
- then in the responses of US veterans
- later, the Red Cross, the Vietnamese government compensation of its own veterans,
- and a variety of individuals and non-governmental and international agencies:

The Ford Foundation, the Aspen Institute, UNESCO, the UNDP

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What about moral responses from the US government? Or the chemical companies?

--There has been a welcome move from silence and a refusal to discuss, to pounding the table, to some cooperation on dioxin remediation of hotspots, to affirming that “this is the year to make progress”

--in May 2007 Congress earmarked \$3 million for an initial small project

to clean up dioxin and provide some medical care for residents near former military bases

At the same time, the official US response to date is “to deny any legal liability and to contest that the medical conditions are related to exposure to Agent Orange and dioxin.”

On the face of it, this seems to strain logic. Why bother to clean up dioxin if medical conditions are not entailed?

## **AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE**

Diane Fox, Visiting Professor of History and Anthropology

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There are policy makers who argue that an American show of responsibility for Agent Orange would enhance its stature, enhance its “soft power” in Viet Nam, SEA and the world. There are ethicists who argue that we should accept moral responsibility both because it is right, and because it is good for our soul.

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I would like to leave you with three quotes, one from Vaclav Havel, one from Martin Luther King, and the last from a pharmacist in Thai Binh:

“We still don’t know,” Havel writes, “how to put morality ahead of politics, science and economics. We are still incapable of understanding that the only genuine backbone of all our actions—if they are to be moral—is responsibility. Responsibility to something higher than my family, my company, my country, my success. Responsibility to the order of Being, where all our actions are indelibly recorded, and where, and only where, they will be properly judged.”

Martin Luther King, in his address on the Vietnam war given at Riverside Church, declared “If America’s soul becomes totally poisoned, part of the autopsy must read Vietnam.”

Let me suggest that the figurative poisoning of America’s soul and the literal poisoning of Vietnam’s earth and health may both have the same antidote: the responsibility Havel speaks of.

The last word goes to a pharmacist in Thai Binh, a man whose two older sons were near death from a crippling, wasting disease, and whose third son was born with a heart defect. When I apologized for coming with only small gifts to share—a few small cakes, some sugar, a can of condensed milk—he replied, “Your attention, the attention of the American people—is a precious spiritual gift.”

I treasured his words for a long while, and relay them to you here tonight, in thanks for your consideration of this issue.

But later, in looking over my interviews, I found another strong theme as well, expressed by another man whose own two sons were crippled: “We don’t need your respect. We need help.”

And so I leave you with both voices.

## AGENT ORANGE: CONSCIOUSNESS AND CONSCIENCE

Diane Fox, Visiting Professor of History and Anthropology

Last week, after his talk, Fr. Hehir gave some thoughts on how to address questions of the unjust means – including Agent Orange – so common in war today. Grassroots action was what he suggested.

Perhaps, by engaging the reflections of the American people—your reflections, our reflections together—we can help move this conversation along. What seems right to you? What would you like to have done in your name? What seems to you morally responsible action, in the case of Agent Orange?

(These are my questions for you. I know this is a complex issue, and you may have many questions of your own for me. At this time I'd like to welcome your questions, your responses, and any other comments you would like to make.)

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ii The conference drew 280 scientists from Viet Nam, and 120 from the U.S., Australia, Canada, the U.K., France, Germany, Italy, Japan, the Republic of Korea, Laos, New Zealand, the Netherlands, Norway, Russia, Singapore, Switzerland, Sweden, and Taiwan. Roughly 100 studies were presented. The conference was jointly coordinated by the U.S. National Institute of Environmental Health Studies and the Vietnamese Ministry of Science, Technology, and the Environment. The first officially recognized joint research between the U.S. and Vietnam, soil sampling near Da Nang, was begun.

iii See Gordon, who speaks of the need to “follow the ghosts and spells of power” in order to understand social life, “in order to tame [the] sorcerer and conjure otherwise” [7, 28].

xxvi For that morning, ‘we’ were my friend, a representative of the CPCC, a man I took to be from public security, and myself. The names used are pseudonyms, following American academic convention.

However, a writer friend in Viet Nam tells me it is more honest, and more respectful, to use the real name, especially since the stories were being told in a setting where many others observed and participated in the interviews, and since the families I have quoted asked that their words be conveyed.

xxvii The communities which have supported these families for decades are themselves struggling with the consequences of war, whether that be residual chemicals, bomb craters, unexploded ordnance and mines, or several of these at once, and more—to speak only of damage to the land. In Ha Nam, the provincial capital had been completely razed by bombing except for the skeleton of a church, a Red Cross doctor told me. In Thua Thien Hue, the village I visited had been a no man’s land for four or five years; returning villagers were charged with filling in the bomb craters on their own land. How did they even know what land was theirs, I asked. The river was still there, I was told, and the stubble of clumps of bamboo, or sometimes the roots of trees. A grandfather spoke of returning from a ‘strategic hamlet’ to find his shelter full of the bones of people he did not know. Large parts of Dong Nai were laid waste by defoliants, or contaminated by chemical runoff from the base; villagers moved from place to place “in circles”, as a doctor from the Red Cross put it, looking for shelter from the bombs.

<sup>v</sup>While this is not an exact description of a barrel of the dioxin-contaminated mix of 2,4,-D and 2,4,5-T that was, strictly speaking, code named Agent Orange, barrels of a variety of chemicals are still being uncovered today, and causing deaths. It is unlikely, however, that the barrel mentioned dioxin. Could it be a mis-reading of the English “Do not....”, or perhaps “Danger”?