

RISKY COMMONS OF TRAGEDY: UBIQUITY AND EXCEPTIONALITY OF DIOXIN RISK IN CENTRAL VIETNAM

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INTRODUCTION

The Peace Park at the district center of A Luoi valley of Thua Thien Hue province in Vietnam was in a state of dilapidation. It was only eight years ago that they had laid cement over the old ground of the US A Luoi Special Force base, and turned it into a park to commemorate the war. Now weeds grew on every crack of the pavement. Broken tiles littered the floor of the gazebo at the center of the park.

“Kids throw stones at it, just for fun”, Hanh, who taught literature at a local high school told me. Even a monument for peace, it appeared, was prone to random acts of vandalism.

Memorialization of certain places for commemorating the past tragedy takes certain spaces out of everyday life. Until it was turned into a peace park, the old airstrip of the former US military base served as a soccer field for the local children. From the standpoint of toxic risk management, it was probably a good idea to cover up the ground, which was found in the late 1990s to be ‘moderately’ contaminated with dioxins, which was the toxic contaminant of one of the chemical herbicides used by the US military during the Vietnam War (Hatfield 1998). But the present state of the park indicated that not everyone appreciated this decision.

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When we were invited to apply for this panel for the International Commons Conference, we were given the task by our panel organizers to think about the implications of looking at places like battlefields, military bases and toxic disaster sites as the “commons of tragedy.” Sites of previous tragedy can be preserved, for example, in the form of peace park or through the erection of monuments, and turned into a symbolic resource for commemoration and for tourism. The access to the meanings and the actual remuneration from these historical heritage sites can be exclusive. Who has the right to bear witness to the tragic past? Who should benefit from its contemporary usage?

Such ironic benefits associated with commons of tragedy, however, also come with a cost. The boundary of excluded spaces such as military bases, Demilitarized Zones, and toxic disaster sites are often porous. Toxic chemicals leak through the

boundaries of designated exclusionary ‘hotspots’, just as noise, pollution and the culture of violence ‘leak’ out of military bases and expose the surrounding communities to dangers. And because risk, or a ‘potential harm,’ has its own psychological, economic and sociological side-effects, the discursive management of the extent of such leakages is also an important element of the commons of tragedy. In this presentation, I explore how exceptionality and ubiquity of risk of dioxin are invoked in A Luoi in a tacit negotiation of stigma and privileges associated with victimhood it signified.

DIOXIN HOTSPOT & COMMONS OF TRAGEDY

Nestled within Truong Son Mountains bordering Laos and Central Vietnam, A Luoi is a highland valley originally inhabited by the ethnic minorities of Pa Co, Ca Tu, Ta Oi and Pa Hy people (McElwee 2008). During the American war (as it is called in Vietnam) in the 1960s and the 70s, A Luoi was a fiercely fought battlefield due to its strategic location at the bottleneck of Ho Chi Minh trails. It was also one of the places that were most heavily sprayed with chemical herbicides by the US military. The chemicals, which came to be known as ‘Agent Orange’ in the course of the war, altered the landscape of the valley irrevocably and continued to secretly poison the land and its people for decades to come.

Three decades later, scientists from a Canadian environmental consulting firm, Hatfield Consultants, arrived in this valley and discovered dioxin, which was the toxic contaminant of Agent Orange (composed of 2,4-D and 2,4,5-T), still remaining in the environment (Hatfield 2000). Especially high contamination was found at the former site of the US A So airbase at the south-western corner of the valley. Through this study, A So airbase and Dong Son Commune, in which the airbase now lay, became both a stigmatized, as well as a *privileged* site of historical heritage.

Environmental pollution, such as dioxin, enters Garrett Hardin’s (1968) *The Tragedy of the Commons* as a question of “putting something” into the environment (rather than being extracted from it like other natural resources), thereby ruining the available resources such as air and water. Pollution is *negative* in a sense that what is truly at stake is the resource (such as air, water) that is ruined by its presence (Olmsted 2008). (It also fits Peter Drahos’ (2006) classification of *negative commons* as entities that have no self-claimed owner.) The *designation* of certain spaces as toxic hotspots also takes certain resources out of our living environment. In this presentation, however, I also want to look at the symbolic aspect of pollution and its risk as a resource on its

own—something for which the question of exclusion and inclusion of access applies.

The idea of considering risk as a resource is nothing new in anthropology. Mary Douglas (1993), who introduced the cultural theory of risk, saw risk as a “forensic resource.” For Douglas, risk discourse is a modern version of sin and taboo that can be mobilized to maintain the moral order of a community. Governmentality scholars have also argued that risk discourse, such as that of Bovine Spongiform Encephalitis (BSE) (Murphy-Lawless 2003), has been used as a symbolic resource for protecting the national market and promoting a particular kind of politics under the guise of apolitical science. Meanwhile, the awareness of risk can also create transnational solidarity and fuel political movements to protect global commons (Beck 1992).

Perhaps, the most literal form of risk-as-resource is in its association with compensation and humanitarian aid. The knowledge of risk as a resource for claiming and accessing medical care and financial compensation is particularly salient in the literatures on biosociality (Rabinow 1999) and biological citizenship (Petryna 2002), which look at how individuals take up the knowledge about their embodied risk (such as genetic risk, radiation dosage and toxic chemicals) and mobilize it for claiming certain citizenship rights (Kavanagh 1998, Gibbon and Novas 2008). Risk discourse separates out particular dangers and particular sufferings from ordinary sufferings and dangers, imbuing them with particular ethical claims (cf. Rose and Novas 2005).

Meanwhile risk discourse also creates a collective experience that assembles previously unrelated symptoms, anxieties and sufferings through a theory of causation. In A Luoi valley, the introduction of the scientific knowledge of dioxin risk offered the local residents with a vocabulary for communally sharing previously unspeakable sufferings. This particular ‘idiom of distress’ (Kleinman 1988) connects present and past symptoms to future illnesses, as well as to a particular transnational memory of the war. The poisoned bodies and the poisoned environment mobilize transnational ‘moral community’ (Morris 1998), which can be entreated to bring humanitarian aid. Within this moral economy, the perception of contemporary environmental risk of dioxin became entangled with the claim for material resources.

TOPOGRAPHY OF RISK

The visitors to Vietnam may imagine that the legacy of Agent Orange is a fairly ubiquitous problem in Vietnam. After all, in one estimate, approximately 75 million liters of chemical herbicides were sprayed over almost one tenth of the landmass of

South Vietnam during the war (Stellman and Stellman 2003, Ngo 1970). But once I began my fieldwork in Vietnam in 2008, I soon realized that the ‘problem’ of Agent Orange (which includes both the future risks and the past and present illnesses, as well as the environmental destruction it caused) was highly localized in many Vietnamese people’s mind.

In places like Hue city, there were some veterans who were exposed to Agent Orange during the war and later developed cancers or other systemic diseases. But in the minds of the urbanites, most problems lay outside the city because the city itself was never sprayed with the chemicals during the war.¹ Typically, the local Hue-ites pointed toward the mountains to the west, and said that *that* was the place where the problems of Agent Orange mainly lay. A Luoi and Nam Dong districts were the two mountain districts of Thua Thien Hue province where Agent Orange and its toxic contaminant, dioxin, was still thought to be a problem.²

Once you came to A Luoi, however, you were told that dioxin was no longer a problem in most part of the valley. It was only at the southwestern corner of the valley, where the US A So airbase was, that people had to worry about the risk of dioxin exposure.

Many of the visitors to A Luoi arrived there with an exaggerated fear of dioxin risk in A Luoi. One group from Hanoi that I encountered there even brought boxes of bottled water from the cities, not only to drink, apparently, but also to wash themselves with it. My landlord, Tien and his family chuckled, amused mostly, but also slightly offended.

“There is no need to worry about dioxins anymore,” said Tien.

“They—what was the name of that Canadian company? Ha-phi?—they tested the soil in A Luoi and found high level of dioxin in Dong Son, but they found that there is no more dioxin in other parts of A Luoi,” his wife Mai joined in, citing the study by the Hatfield Consultants.

¹ There was a rumor among the foreign expatriates in Hue City that the chemicals in the mountains washed down the river and accumulated in the sediments at the lagoon near Thuan An, where many of the fish sold in the markets of Hue City came from. But I never heard any locals speak about this issue.

² Thua Thien Hue province was one of the three most heavily sprayed places (about 9% of all Agent Orange sprayed in Southern Vietnam was sprayed in Hue province), and one third of the spray missions took place in A Luoi district (Hatfield 2000).

For those who had lived there for many years without manifesting any severe illnesses, the risk of dioxin was about somebody else, or the land far away from their home. The dioxin hotspot at A So airbase and its surrounding area was a zone of exception to be contrasted to their otherwise safe environment.³

Once you reached Dong Son commune, at the heart of this landscape of risk, however, this exceptionality of hotspot seemed to dissipate in the face of arbitrariness and porosity of the boundary of hotspots. Since the Hatfield study, the area with the highest contamination within the former US A So airbase was cordoned off, and the people living in its vicinity in Dong Son were relocated. This boundary of hotspot was fairly arbitrary. Right across from the fence that separated the hotspot was a house of a Kinh (majority ethnic group) carpenter, named Binh. Somehow, according to the People's Committee, the road, which lay between his house and the airstrip, protected his family from dioxins, so he and his family did not have to move when everybody else were relocated.

The bounded-ness of hotspot did indeed approximate the distribution of dioxin found by the Hatfield Consultants. The highest dioxin level the scientists found in Dong Son was 902 pg/g TEQ in a soil sample from the former airbase site. Dioxin was concentrated in the northern end of the airbase (220-360 pg/g TEQ), and dissipated quickly as you moved away from this spot. Dioxin level in soil samples from manioc field (7.01 pg/g TEQ) and plowed field (4.53 pg/g TEQ) in Dong Son were no higher than, for example, the soil sample from the market in the district center (17 pg/g TEQ) (Hatfield 2000, table 2.1-2.3).

But the poison trickled out of the boundary of this exclusionary hotspot through various vectors, just as how stigma associated with it contaminated the residents of Dong Son who lived away from it. Children often hopped over the fence to play and fish within this fenced-off section of the A So airbase. Cattle still found breaks in the thorny shrub planted around the hotspot to thwart these interlopers, and wandered in and out of this exclusionary space. And just outside the fence, fish Binh's family raised in the pond behind their house are sold in the market in the district center where my landlady Mai also shopped for food.

³ See also the work of Bryan Wynn (1996) and Teresa Satterfield (2003), who write that local people have more detailed view on where the toxic chemicals or radioactive fallout might have fallen.

People of Dong Son remained largely unconcerned about these leakages. “Ethnic minorities here don’t worry about it unless it kills you tomorrow,” as several villagers told me, faced with an imminent threat they now knew they lived with, people of Dong Son seemed to remain untroubled – 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, they spoke about the risk of dioxin with apparent detachment. As if chasing a will-o’-the-wisp, therefore, at the heart of the poisoned land, the risk of dioxin seemed to become innocuous.

TWO CLAIMANTS OF A SO

The hotspot theory of dioxin risk the Hatfield Consultants proposed through its research in A Luoi was extremely influential. In the twenty-first century, it became a blueprint for understanding the present state of dioxin risk in Vietnam, and the identification, enclosure and the decontamination of hotspots within the former US military bases (such as the ones in Da Nang and Bien Hoa) became the major goals for the Vietnamese and overseas scientists.⁴ Meanwhile, as the birth place of the ‘hotspot theory’, A Luoi valley became widely known among the scientists and humanitarian aid workers for its dioxin contamination. Dong Son, in particular, was a special place, because it *had* the US A So airbase, which was the first dioxin hotspot discovered in post-war Vietnam. This nominal ‘ownership’ of the hotspot, however, was not an uncontested fact in contemporary A Luoi.

On the two opposite sides of the runways of the former US A So airbase are two communities of Dong Son and Huong Lam communes. The settlement of Dong Son spread toward the hills that bordered Laos on the western side of the airbase. Huong Lam, on the other hand, stretched along the new Route 14, toward the mountains to the east, which the locals called Kon Nam.

One thing the Hatfield scientists did not realize until the very end of their research

⁴ Hotspot theory was convenient for both Vietnamese and the US governments. For the Vietnamese government, it delimited the problem of dioxin risk, thereby alleviating the generalized anxiety over the dioxin contamination of agricultural and aqua-cultural products in southern Vietnam. Meanwhile it kept the issue of Agent Orange alive as a diplomatic leverage against the United States (see Butler 2005). For the United States, the environmental remediation of hotspots at the former US military bases offered a relatively straightforward responsibility and a clear course of action (Martin 2009). (See also Grotto 2010)

in 1998, and one thing that many locals took care to point out to me was the fact that the people of Dong Son were recent migrants to the area around A So airbase.⁵ The original population of this region was called A So clan, who belonged to Ca Tu ethnic group (the US A So airbase was named after this clan). Now the people of A So mostly lived in Huong Lam commune. Before the war, the area where they now live in was considered to be a land of taboo (which, ironically, they called the “land of poison”) where the people were prohibited from entering because it was considered to be a sacred realm of the local god, Kon Nam. Only after the war, with the dense forests destroyed by the chemicals, did the people of this region allow themselves to live at the foot of the hills of Kon Nam. Until then, they had built their long-houses on the land where Dong Son commune is now located.

Now the A So airbase lay within Dong Son commune. But majority of the people of Dong Son had only resettled there between 1991 and 1993 from the old Dong Son in Hong Thuy commune at the northern end of A Luoi district. Before 1975, they had lived on the Laos side of the border further to the north. But they decided to join Vietnam after the war because they had fought for the North Vietnam during the war. And barely half a decade after they moved to the A So region, the scientists revealed a high level of dioxin present in their new home.

It was for this history of the recent migration that led some people of Huong Lam to complain about the attention Dong Son came to receive after the Hatfield study. The “people of Huong Lam know about this place better, and we have suffered longer,” as one woman muttered, it was not uncommon for the people of Huong Lam to speak about their experience of the land in contrast to the people of Dong Son.

“When the people of Dong Son commune came to live in the land beside ours under the new economic program, they did not know about the chemicals that existed here,” claimed Dr. Phuong, a Ca Tu medical doctor who live in Huong Lam Commune. The people of Huong Lam had witnessed abnormalities in A So airbase site before Dong Son arrived. Old bomb craters with fish floating with their bellies up; foul smells in times of sunshower which made the air hard to breathe: people often recalled situations like these.

The arrival of Dong Son also led to various changes in the environment. Rivers were full of fish before the 1990s in this region, said Duc, who grew up in Huong Lam commune. Then, there was a migration at the beginning of the 1990s. New people came.

⁵ Personal communication

They used anaesthetic agents in the river to fish. Caught them all. And under that sudden increase of population and the demand for food, fish stock was exhausted, just like the wild-hogs in the mountains had disappeared. The river also changed drastically when Dong Son 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 fries to grow in, 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 didn't rain it would go almost dry. But this all happened in the 1990s as a result of the migration, rather than of the chemicals.

The claims the residents of Huong Lam made to the memory of the airbase site and the suffering it has caused them was subtle, embedded in stories about the environment in the past. The lack of more pointed contestation is not surprising. Since the study by Hatfield, both Dong Son and Huong Lam have received several government projects and humanitarian aids by foreign NGOs (non-governmental organizations). But though the fame of A So airbase and its hotspot may have *attracted* the aid, the residents were not *entitled* to these aids per se. As a symbolic resource in the context of humanitarian aid, the dioxin hotspot at A So airbase was an unstable capital that translated into material resource — not exactly a fair trade-off for the potential stigma they may end up monopolizing had they adamantly claimed their stronger association with it. Thus even the people of Dong Son carefully sought out the balance of exceptionality and normality in comments like this:

To tell you the truth, the chemical here is something that exists in other places too. But this is the center. Because it wasn't just A So. In A Luoi and Laos, where we were, airplanes came and sprayed the chemicals there too.

While for the people living away from A So, the hotspots was seen as an exception to their otherwise safe environment, for the people living near the hotspot, it was only one (albeit special) example of the general historical condition of contamination through out the valley. Such arguments for the ubiquity of dioxin risk may have had the effect of reducing their stigma.

Joshua Reno (2008), who has studied toxic hotspots in North America, describes how scientists and the local residents invoke different types of evidence in negotiating the boundary of contaminated sites. In A Luoi, such an overt contestation over the boundary of dioxin hotspots has not taken shape. Instead, the discourse of dioxin risk created the context in which people can imagine the ubiquity of the embodied biological risk

(whether it is genetic damage or not), while spatially confining the environmental risk to the regions surrounding the hotspots.

“AGENT ORANGE VICTIMS”

The rise of the hotspot theory as the dominant paradigm of dioxin risk in Vietnam also coincided with the beginning of the nationwide campaign to raise awareness about the problem of Agent Orange in Vietnam. Outside Vietnam, the political mobilization of Agent Orange victims in countries like the United States, Australia and South Korea began to coalesce at least by the 1980s (Schuck, Hay). However in Vietnam, ‘Agent Orange victims’ (*nan nhan chat doc da cam*) as a socially identifiable group of people with distinct claims and grievances emerged as a new identity term under an intense public awareness campaign which erupted in the new millennium. Many people of A Luoi, therefore, came to reflect upon their past through the new vocabulary of poison they acquired more recently, and came to know about their own victimhood and the toxic risk they embodied.

“It was after my first son who was born without an anus,” recalled Kim, a resident of Huong Lam who had the experience of giving birth to babies with birth defects in the 1980s.

After carrying for nine months and ten days. No legs, no arms. Couldn’t tell if it was a boy or a girl either. Just a lump of flesh...I realized much later when I saw the same thing on the television that it was what they call ‘*quái thai*’.⁶ 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.

Around the turn of the century, there were many projects implemented in this region by both the government and by the international organizations in the name of aiding the people affected by Agent Orange. The World Vision project which started in 2002, for example, organized training sessions on the health effects of the chemicals. They even had some funding to give orthopedic surgery to the children thought to be affected by Agent Orange.

“They talked about health an awful lot,” said Kim. “But they also helped some students to go to school. There were training sessions on women’s health and reproductive health, as well.”

6 Literally means ‘monster birth’. Refers to severe case of birth defects.

While the issue of Agent Orange attracted foreign aid, the actual aid was not strictly distributed according to its harm. Unlike government or legal compensation, humanitarian aid does not operate under the logic of causation and liability. It operates under the logic of compassion. (As one American aid worker told me: “it doesn’t matter if they are really Agent Orange victims or not; if they are suffering we help them.”) Humanitarian aid, therefore, does not necessarily require a verdict on the question of causation and responsibility. But people who have received aid in these projects often came to be associated with Agent Orange.

In *Life Exposed*, Adriana Petryna (2002) wrote that for the victims of Chernobyl nuclear disasters in Ukraine their poisoned body and their knowledge about it served as a resource to gain access to state welfare support. In Vietnam, this linkage between damaged biology and access to resource is confounded by the partial and contingent nature of the government Agent Orange compensation program. The sheer number of people in need and the dearth of financial resources to support all potential victims of Agent Orange also made the somewhat arbitrary distribution of aid inevitable in practice. Currently, it is said that there are about three million people suffering from the consequences of Agent Orange in Vietnam.⁷ In A Luoi valley itself, in one estimate, it is said that there are approximately five thousand victims of Agent Orange spread throughout the valley.⁸ The government sponsored disability payment for Agent Orange victims, which began 2001, supported 638 individuals in A Luoi in 2008.⁹ The rest were left for the national and international humanitarian aid organizations to care for.

That there is a gap between the official authorization and the individual beliefs about toxic victimhood is nothing unusual (cf. Das 1996, Petryna 2002, Fortun 2002). What is unique about the case in Vietnam is that this gap is officially sanctioned. The Agent Orange compensation is far from universal. It is restricted to the families of the veterans that fought with the North Vietnam. Civilians and the veterans of the South Vietnamese military are not eligible for this compensation. Furthermore, until 2008, the diseases covered in this disability payment were not specified in the legislation.¹⁰ Dr.

⁷ As far as I can tell, this number came from Stelman et al’s (2003) estimate published in the journal *Science* that “at least 2.1 million but perhaps as many as 4.8 million people would have been present during the spraying”.

⁸ Personal communication, Vietnam Red Cross, Hue.

⁹ Information provided by the central hospital of A Luoi. Officially it is called, *Chế độ chính sách đối với nạn nhân bị nhiễm chất độc da cam*. QĐ 26/2000/QĐ-TTg (downloaded from <http://laws.dongnai.gov.vn>).

¹⁰ Decision: 09/2008/QĐ-BYT. I cannot see it citing a former decision specifying the diseases

Tuan, a physician who participated in the diagnosis for Agent Orange compensation was quite frank about its inexactness.

Agent Orange benefit is not very accurate, medically speaking. It is a way to give out aid. We all wanted to see many people getting the support, because they are all poor.

Agent Orange was not the only remaining effects of the war. Nor was it necessarily the most significant material legacy. Unexploded ordinances, in particular, were visible and more immediate threat that directly affected the lives of the people in post-war A Luoi. Infectious diseases such as malaria and polio were also common especially before the 1990s. In light of the new Agent Orange movement, therefore, deaths and injuries had to be sorted out and put to their places according to their causes. There was a story of a man with an old bomb wound, who appeared in front of the doctors expecting to receive Agent Orange compensation. Distorted legs caused by polio were often misrecognized as birth defects resulting from the chemicals. Hoa, a social scientist from Hanoi, who had conducted research in A Luoi for some years, noted that at the beginning of the 2000s, people's descriptions of their exposure to the chemicals were a lot blurrier.¹¹ Now, they seem to remember more vividly. With the spread of the language of dioxins and Agent Orange, the talks of ghosts and spirits, which were previously mixed together with other causes of illnesses, also seemed to be fading (see also Maitre and Doray 2006).

Bombs versus Agent Orange; malaria versus dioxin; polio versus birth defects; evil spirits versus toxic chemicals – all these distinctions, based on the causes of misfortunes, suddenly became meaningful in the new millennium.

COMMON SUFFERING

While the discourse of dioxin risk produced many distinctions, it also created a collective experience out of previously unrelated private experiences. The issue of reproductive problems in particular acquired a new idiom that allowed previously unspeakable experiences to be shared.

“After the war, there were probably many cases like this,” said Kim, referring to

covered in this legislation, so it is likely that this was the first one. But it is still possible that former state existed. [see Appendix 1 for the comparison of the diseases covered by Agent Orange compensation in the United States and Vietnam]

¹¹ Personal communication

the two children she had lost in the 1980s. She imagined there were also others who had children like hers: the ones with no anus, ones like turtles, no arms, no legs. They usually died within minutes after they came out of the mothers' womb.

But I don't know for sure. It is our custom. We don't talk about these kind of things because we are ashamed. If you had kids like that, and if you told the others, they'd laugh. So you don't talk. I didn't tell the others. They would have just laughed at me, or criticized me if I had. So you don't tell others. You don't ask others.

Laughter was a response I frequently encountered when people talked about *quay thai*, or the "monster birth." 'Babies' with severe deformity were "not humans," some said. They described them variously as 'animal', 'bear' or 'a chunk of flesh'. Perhaps they felt embarrassed. Perhaps they did not know how to feel. It is unlikely that they found the phenomena of birth defects genuinely funny, but perhaps, laughter was simply the most convenient way of expressing something they were not used to talking about. "Seriousness burdens us with hopeless situations, but laughter lifts us above them and delivers us from them," as Mikhail Bakhtin (1986) wrote, faced with the shock of seeing disfigured babies, laughter might have been their defense mechanism to fend off madness. The discourse of dioxin risk offered an idiom for speaking about such unspeakable individual experiences and made it shareable. But it was not only that: the discourse of dioxin risk also linked the children with birth defects that are still alive with those who had already died.

When Dr. Le Cao Dai (2003), who spearheaded the Agent Orange movement in the late 1990s, began to publicly speak about the issue, he rationalized his decision by citing the 'superstitious belief' regarding birth defects. Among the rural Kinh people, the reproductive problems were often attributed to ancestral sin, when the true culprit for this misfortune was actually the toxic chemical. This tradition exacerbated the stigma of the family. Thus it was necessary, he argued, for the scientists to disseminate the correct knowledge about dioxin and its harm.

The scientific discourse of dioxin risk, however, also gave rise to a new source of stigma. Agent Orange victims in a family became a sign of embodied risk for other members of the family. They became both a source of stigma as well as of envy for the benefits they now received. Perhaps, for this reason, several families of children with birth defects complained that their neighbours still did not believe that their children are actually Agent Orange victims. Their response was to speak about the commonness of

reproductive problems in the past.

“There used to be lots of kids like this around here,” said a mother of a twenty-year-old daughter, who is thought to be an Agent Orange victim. “But they all died because their parents didn’t take care of them well. Many of them died by ten or twelve.” In places like A Luoi, therefore, sharing of risk – i.e. recognizing the ubiquity of this risk and suffering caused by dioxin – seemed to have an effect of reducing the stigma borne by the family of the victims, while calling for empathy among the locals.

CONCLUSION

The topography of environmental risk of dioxin the Hatfield scientists drew provided the residents of A Luoi with signposts in a continuous landscape of risk. As if risk was imperceptible without undulations, people’s perception of risk became more detailed as you approached the localities identified as having high level of residual dioxin from the war. Dioxin hotspot in Dong Son was the heart of this landscape of risk.

In this paper, I considered the possibility of looking at the hotspot as a commons of tragedy. The name of the dioxin hotspot at A So airbase attracted various projects dedicated to the welfare of people affected by Agent Orange. And just as material aid to the victims of Agent Orange elicited envy and stigma, the “ownership” of this hotspot by Dong Son was mildly contested by their neighbors in Huong Lam. But overall, people living in the vicinity of A So airbase chose not to fully capitalize on this commons of tragedy. Instead, they claimed that dioxin risk in A So is only one example of a generalized condition in A Luoi, thereby symbolically sharing its implication with other people of A Luoi.

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In 2009, a plan to build a museum of chemical warfare to commemorate the tragedy of Agent Orange was under consideration in Dong Son Commune in A Luoi district of Thua Thien Hue province. If it were indeed realized, the entire eastern part of the former US A So airbase would be used for the museum.

“Dong Son is a typical case of dioxin hotspots in Vietnam,” explained Dr. Phan Tuu Boi, a retired ecology professor from Hanoi. “That is why we are building the museum here. Almost 80% of the spraying of the chemicals took place in the areas inhabited by the ethnic minorities.” During the two Indochina Wars, many of the major battles were fought in the mountainous regions on the fringe of the Vietnamese nation-states, where ethnic minority people mainly lived. A museum in Dong Son could

become a symbol of all other places in South Vietnam that suffered from similar effects of the chemicals.

Jacques Derrida has argued that the contemporary testimonial genre places contradictory demands to speak about the past tragedy from one's own *singular* position for the *community* (Derrida and Ferraris 2001). In other words, to be a witness of a tragedy in contemporary global humanitarian regime, one needs to embody the general experience of the tragedy as his or her own uniqueness. In thinking about commons of tragedy such as the peace parks and museums of chemical warfare, ubiquity of risk and the exceptionality of hotspot and the victims may also reflect this aporia of testimony.

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