

The echo from Truong Son Mountain

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After five field trips to the eight communes spanning 50 km across the A Luoi area, the ethnic minority inhabitants of that commune beside the Truong Son Mountains were no longer strangers to me. In April 2002, I worked as interpreter for Mr. and Mrs. Bernard Doray, a French couple who were both doctors. I took them to the Hong Van and Dong Son Communes -- two known hot spots-- to visit children impacted by Agent Orange (AO) who were being supported by the “Vietnam AO Children Association” -- VNEF. In October-November 2003, after attending the workshop held by the Research Centre for Gender, Family and Environment in Development (CGFED) and reporting on the results of the “*listening to lifeline narrative*” method that we had learnt and practiced in France for five months in early 2003, Ms Pham Huong Thao and I went to A Luoi with Professor Jacques Maitre. Professor Maitre wanted to know how we collected narratives from the Ta Oi, the Pa Ko, and the Co Tu ethnic minority groups in three communes: two in remote areas, A Dot, and Hong Thuong (next to the Lao border), and one closer to a town, A Ngo. In June 2004, I went to A Ngo Commune to discuss the education situation in some families. There, we met with officials of the district education department to talk about the schooling of ethnic minority children. In April-May 2005, we went with Professor Jacques Maitre and Dr. Bernard Doray on another field trip to collect narratives in seven communes, including four which we had visited

before, to see for ourselves the changes in the infrastructure, the living standards, and the pressing issues facing the local youth. This trip lasted fifteen days, four of which I spent working with an American woman who had been living in Paris for years and worked for the French Television (Channel 5). She had come to A Ngo to film an Agent Orange victim’s family with seriously handicapped children. In September 2005, we returned to A Luoi to film other families.

I realized that the first two times, we were able to see and talk only to disabled children and those veterans who were not able to work, hence stayed at home, and also who could speak Vietnamese. They thus had time and language to tell me their life stories, from wartime to peacetime. They told me about the fierce battles they had waged and the chemical poisoning they had experienced more than once. They also told me about their families, their never-ending struggle with poverty and disease, their unimaginable hardships when rearing disabled children with the constant fear of what would become of them once they, the parents, are no more. If both husband and wife were present during the talks, the wife would let her husband do all the talking, saying she could not speak Vietnamese. Only when the husband stepped out would the wife agree to speak up, through an interpreter. Take the case of Kan Lay. A widow with a seriously disabled son, Kan Lay spoke to us the first and second time in her native Pa Ko language through translation. The third time,

when she was more convinced by the emotion and consideration we showed her handicapped child and other children, she spoke to us in Vietnamese. In a slow, halting Vietnamese, she expressed feelings of utmost misery and hopelessness while relating the story of her oldest son, a healthy boy who suddenly fell mentally ill and died in an accident. She also confided that she once wanted to end her and her handicapped child's sufferings by poisoning themselves with "la ngon", a deadly toxic herb. She is still alive today because the boy refused to ingest the poison in spite of the horrible pains his crooked limbs were causing him. Even eating was an ordeal as his rigid jaw wouldn't let him chew.

I rarely met the people I talked to twice. I was a bit worried at first. With only a vague idea of their traditions and customs and no knowledge of their language, would I be able to connect with them? My concern was soon put at ease. The genuine compassion we showed to the bed-ridden polio patients helped touch the veterans' heart. They, in turn, opened up and told us their personal stories. H.S.L., a war invalid, told us that the newly born child lying beside his wife, the mother, was the child of another man. He was sixty, and had undergone sterilization ten years ago. With his wife, a second wife, he had a ten year-old daughter. His wife was thirty two years younger; they needed a second child to rely on in their old age, so there he was, the child of another man. N.X.M., another veteran from the Pa Ko group, was a conventional troop fighting both in the mountains and the plains. He had been wounded several times, had sat under many Agent Orange sprayings, napalm bombings, and had been having a persistent cough all his life due to exposure to tear gas. He told us his wife, a Kinh

(a Viet, resident of the plain), was a nurse in the war. The day we were there, she and their oldest daughter, who was mute, had taken her 2 year old grandson to A Luoi hospital. The daughter and her son were living with the grandparents because the child was born out of wedlock.

Ecological Destruction and Mental Traumas

All the veterans and widows aged fifty five to seventy told us that their generation came of age during the war so it was only a matter of time before they joined either the military or the guerilla. Not only men, women as well. A lot of young women also worked on the frontlines as volunteers supplying ammunition and food to the troops. Some of these young men and women met during the war, others came together in peacetime after their discharge from the army. A Luoi was a revolutionary base where Ho Chi Minh's soldiers showed, beside the revolution's ideals, another way of life to the ethnic minorities. For many, it was the first time they could live with other groups in harmony, the first time they were shown hygiene, sanitation, prophylactics measures, and the first time they learned to read and write. Prior to the soldiers' coming, their habitat was confined to forests and mountains isolated from the valley, their cultivation method was backward and yielded low productivity, their nomadic lifestyle was precarious and unstable. Their family names used to reflect what they saw in nature, such as A-Cho, Ke. After the soldiers brought them literacy, most of them adopted their teachers' family names. In the same manner, after Ho Chi Minh's death, many ethnic minority soldiers changed their family name into that of "Ho" to express their allegiance to Uncle Ho's goal of ridding the country of foreign dominance and building strong communities like those in the plains.

After their “farewell to arms”, the veterans returned home, got married and started a life where they thought their children would be able to enjoy the fruits of their parents’ sacrifices. They were soon confronted with the harsh truth. The land of A Luoi, which, before the war was rich in precious trees and rare wildlife lies bare and barren today. The war, with its enormous array of weapons, anti-personnel mines, poisonous chemicals, napalm bombs, white phosphorus bombs ... has totally upset the ecology. What remains is the arid and diseased land where only wild weeds can survive and unexploded bombs, mines and grenades still maim and kill every day. Gone are the tigers, the elephants, and the birds. Gone are the mountain creeks and the springs. In the rainy season the loss of forest cover causes flash floods which strip the soil of all nutrients. And in the dry season, disastrous droughts occur as there is no vegetation to retain the rainwater, and rivers and springs dry up quickly in the scorching heat. The people flock to the valleys to cultivate water rice while the low slopes of mountains or hills are reserved for corn or manioc. Although people know how to cultivate water rice, productivity is low because of the lack of fertilizers. People are caught in a vicious circle of poverty, chronic malnutrition and disease.

The first time we came to A Luoi in 2002, we were at a loss. The children there did not smile, and rarely cried. They were just quiet, staring at us sadly. Their eyes lit up only when we gave them some treats. They were hungry but not only for food. They were handicapped so they could not go to school, but those children were hungry for learning. In Dong Son Commune, we saw four children who were deaf and dumb, and three with crooked limbs. When we presented them with paper and pens, they

excitedly started drawing little animals, fishes and roosters. One drew something we couldn’t quite figure out; he explained that he was writing letters.

This year when we visited the Hong Kim primary school, we knew that the school had admitted Ho Thi Giang, a little mute girl. She is now in grade 4. Though she is slow compared to her classmates, her teachers and friends are very understanding. Giang is an orphan; her parents died within three years of lung and liver cancer caused by exposure to poisonous chemicals. We also visited C.P. in Hong Van Commune. A war invalid with a brain injury, C.P. is very short-tempered and frequently shouts at his wife and children. Four of his children are slightly dumb and deaf. They can still go to school and are given the privilege of sitting in the first row and having teachers speak loud to them. They study very hard because school is an escape from their father’s shouting and scolding. Dr. Bernard Doray also tried to talk to two young people with mental diseases. We had been told by their parents that they could not talk about anything as they had no intelligence. We discovered instead that they liked communicating and liked to have someone to talk to. We also got to know Truong, a twenty-nine year old, who did not look very alert and had never been to school. When he was sixteen, Truong lost a hand and a leg to a U.S. army grenade (an MR79) buried in the field he was tilling. Truong can be seen every day hopping on his left leg to the village market or the village school to look at other children studying. His face and remaining hand are covered with small round scars, cigarette burns which he did to himself. He confided to Dr. Doray that he wanted to punish himself for his own plight, for feeling stuck in life, for feeling forgotten by the

whole world. When people are kind to him, as Dr. Doray was, Truong responds with the same affection. His mother does not think so, though, and says that when he loses his temper, he would hit his parents with a chair. With his bushy beard and moustache he looks as if he were in his fifties. Does he want to look old so the village children show him some respect? His only dream is to have a wheelchair.

I went to A Luoi for the fourth and fifth times in 2005. It was a pleasant surprise to see the infrastructure so visibly improved. There was electricity almost everywhere, roads, schools, health care centers in most of the commune. Sixty to eighty percent of the households had television compared to a handful of commune officials in 2003. People were very happy when the State supplemented each poor household's income with 15 million dong for home improvement: hence the many new brick houses with tiled instead of the usual thatched roofs. Happiness is tainted with sadness, though. Traffic accidents have been on the rise on the Ho Chi Minh Trail highway. Most of the victims are women and children who are not used to cars and think they move just like buffaloes or cows; they misjudge the cars' speed and distance and become victims of terrible accidents. Thus died a very good Grade 6 student who had just received a scholarship from my program. Two friends had just bought a motorbike and were riding in the dark; they crashed into another motorbike from the opposite direction. Four young people, breadwinners of their families, lost their lives. There was another strange death last year. Ho Van Phong's son was twenty-five and worked as a wood-cutter in A Dot Commune. The young man was in perfect health and was working hard to build a house and new furniture for his family. One afternoon

he came back from work with a splitting headache. His limbs grew gradually numb, so did his face. He was unable to chew and swallow, and died within a few days. His father was crushed. The family has three handicapped children, a thirty-one year-old son and a seventeen year-old daughter with mental diseases, and the youngest son, eight years old, can only crawl. I also visited orphans whose parents had died of liver cancer. I met a young wife and mother who alone had to feed five children and a husband with liver cancer and recently dismissed from the hospital. The children were a step away from dropping out of school. A student wrote me that her father's last wish was for her to finish school, learn a trade, get a job and have a stable life. His wish never came true. They were too poor to stay in school. They dropped out and, ultimately, became jobless.

The Projects Help Self-Confidence and Ensure a Brighter Future

Last year, the projects were supervised by Ms. Nguyen Khanh Minh, an official of the A Luoi People's Committee. Ms. Minh said that some of the projects were not successful because they did not respond to the residents' needs. For example, the training designed for people in the plains was not suitable to the ethnic minority people in the mountains because of the discrepancy in people's awareness. Family planning these days is more successful: young couples today have only two or three children. On the one hand, they are aware that having too many children perpetuates poverty, and on the other hand, having an ethnic minority nurse coming to their doorstep to give them guidance, in their own language, has proven to be very successful. Organizing teachers' training to increase the number of Pa ko, Ta oi, and Co tu

teachers would also be very helpful as those are the main groups in A Luoi, while the Kinh or Viet group is the minority.

A Luoi needs many small projects on poverty alleviation and hunger elimination because the demands are very diverse. A credit program to help animal husbandry would be helpful. I believe people will do everything they can to succeed if the help really responds to their needs. For example, if a family prefers breeding goats to breeding cows and is able to obtain the necessary credit, I have no doubt they will build themselves the animals' cages, in no time.

The projects need to be diverse but well synchronized. They also need to be integrated into a comprehensive process aimed at material achievement and spiritual fulfillment. To encourage family planning and women's emancipation without teaching mothers how to raise and educate their children may lead to unfortunate results. For example, a two year-old child drowned in a nearby pool because her mother was too engrossed in her weaving job. Women would be freer to work to raise the family income if they could rely on childcare centers or groups, to help them. Those groups could be mothers living close by taking turn to watch the children. There are presently kindergartens but only for older children. Without the traditional help of grandmothers, mothers can be quickly overwhelmed. Some can be seen holding two children at a time, one in the back, one in front. The projects also need to teach young wives and mothers about nutrition for pregnant women and young children, the rearing of children at different stages and the preparing of nutritious food for the family. The local health care center should also teach them to grow vegetables and medicinal herbs right in their gardens. Those are the many ways we can

help them keep their families in good health and good spirits.

As to the families impacted by Agent Orange, it is necessary **not to focus solely on the handicapped children; those in better health also need help for education and vocational training.** Some skills are more in demand locally (construction, carpentry, electricity installation, wood-cutting, etc.), and training for them needs to be done without delay, especially to keep the school drop-outs out of trouble. Young people tend to go for the novel and the exotic. They will imitate what they see on television and, most of the time, will be attracted by material things rather than, say, new techniques of cultivation. For example, in the Kan Lay family, the mother focused so much on the disabled eighteen-year-old that his siblings, a nineteen and twenty-one-year-old boy felt neglected and angry. As a result, they dropped out of high school after their junior years. Free from school but jobless, the older son just married a fifteen-year-old girl, who was already pregnant at the time of the marriage. They are now living in a thatched cottage in their mother's garden.

Let me conclude by saying that the ethnic minority peoples of A Luoi's aspirations are to see their handicapped children being able to go to school, their young people having opportunities to learn a trade and have a decent job. They can do that only with improved physical and mental health. Only then will the people of A Luoi be in a position to participate in the industrialization and modernization process that will eventually change the face of life in their mountainous commune, which has suffered so much during the war.