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RACE AND BEAUTY IN THE SHADOWS OF VIETNAM

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COVER ART: Skin care in Ho Chi Minh City. Photo courtesy of the author.

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My father used to tell us ghost stories. Not the Scooby-Doo kind, where the malevolent force always turns out to be the grumpy neighbor next door, but the terrifying, existential-threat kind that would send us under our covers at night and make us behave better the next day. We loved them. My father worked for the South Vietnamese Army during the Vietnam War. He died of leukemia shortly after I began the research for this book. I did not know how much he would haunt this project, but my first debt is to his ghost, for leading me to a history that so profoundly shaped his life, and thus ours.

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INTRODUCTION

MYSTERIES OF THE VISIBLE

On the fifth floor of the U.S. National Archives, in the Still Pictures collections, lives a strange archive of feet. This is, at any rate, how I came to think of those boxes of photographs stored under the title "Army Medical Activities and Military and Civilian Life in Southeast Asia, 1965–1982." The photos document the work of the U.S. military medical units operating in Japan, South Korea, Thailand, and other locations in Southeast Asia during the global conflict known as the Vietnam War. They are of various wounded soldiers, surgeries, medical offices, and medical conditions. But especially well represented are images of feet—crusty, inflamed, red, and pus filled, indicating a dermatitis so common as to earn the nickname *paddy foot*, and so excruciating as to immobilize soldiers for days, even weeks.

These images are particularly abundant in part because dermatology had its own dedicated photographer, one of the only medical units so equipped during the war. A visual medicine, dermatology has historically relied on images to document and diagnosis disease and it was common to employ photographers (or artists before cameras became widely available) in its service. But the abundance of these images was also driven by another factor. During the war, skin diseases were the single most common medical condition among troops, causing the most man-days lost. Soldiers' feet were especially vulnerable, particularly among those stationed in the wet, humid Mekong Delta, but their entire bodies could be wracked by conditions like acne, normally minor, which be-

An archive of feet. Soldiers returning from combat with "paddy foot," a common and debilitating skin condition during the Vietnam War.

FIGURE 1.1. Feet. Photographs of Army Medical Activities and Military and Civilian Life in Southeast Asia, 1965–1982, Still Pictures Collection, National Archives, v-1915-6.

FIGURE 1.2. Feet. Photographs of Army Medical Activities, v-1915-16.

FIGURE 1.3. More feet. Photographs of Army Medical Activities, 112-AIR-V-1846-7.

came under the tropical heat so vicious as to warrant evacuation. Hence, the thick file of skin diseases.

Occasionally, though, other images would intrude into the collection—a funeral procession, children at school, a helicopter, razed land, a building being constructed. Perhaps the photographers just needed reprieve, as I did, from all those body parts, and turned their cameras toward something, anything, else. These other images all stood out, and one set in particular caught my attention. It is of an Asian woman, presumably Vietnamese, who appears in different rolls of film, filed in different boxes. I am certain she is the same woman, though, and the first time I see her, her head has just turned so the camera catches the movement of her hair, which has obscured her face but cannot hide her smile. The same warm smile appears in several other photos, and the close-up of her face, the look in her eyes, the tilt of her head toward the camera all suggest to me an intimacy with the photographer. I guess that she is his friend or lover; she looks happy to see him and to be seen by him. She is beautiful. I can think of no other way to describe her affecting appearance.

Her face jars me from all those feet, but reminds me as well of the continuities between them. After all, they were captured by the same lens, and brought into proximity by the U.S.'s involvement in Vietnam—an intervention that has centrally shaped both nations. I am looking at them now precisely because they have become intertwined in the official repository of U.S. history. But there are differences as well. These soldiers' feet, backs, and bodies belong to an authorized account of war, their disease a testimony to their suffering and heroism. She lives on its margin, thrown in or even misplaced, a fugitive image, as Tina Campt might call it, whose race and beauty intrudes on that official narrative.[1]

I want to know more about that woman and these men, their names, histories, interiorities. But while I want to look behind or beyond their photographs, I am also drawn to their surface—not just the image as surface, but their skin as surface. What are we looking at when we look at these soldiers' sickly skin? What can we see on her flawless face? What, in other words, can their bodily surfaces—so painstakingly captured in these rolls of film, so thoroughly touched and tested, cared for and worked on during and after war—tell us about their relationships? What, moreover, might an analysis of our body's surface—of our skin as an organ (the largest and most visible), as a boundary (between self and others), as a metaphor (for the superficial and untrustworthy), and as a mark (of difference and distinction)—tell us about the entanglements of war and disease, race and beauty, the U.S. and Vietnam, that these photographs gloss?

Seeing Skin

Everything has a surface, a membrane that gives it form by differentiating between inside and outside, below and beyond. This is certainly true of biotic matter—with its hides or husks, peels or pelts—but is true too of the abiotic, covered by façades, shells, wrappers, and casings. Most often, we call this surface a skin, if only metaphorically. Architects sometimes refer to a structure's surface as the skin of a building; fashion designers often think of clothing as a second skin—both calling attention to its function as cover, protection, display, as that which interacts with the world at large. Skin is in this sense both material and metaphor. It is both object and allegory, offering and suggesting at once protection and exposure, cover and display, division and connection, separation and intimacy.

It is no accident that we have come to understand human skin as both a thing and not a thing. While looking at the body's surface had long constituted a primary mode of medical analysis in the West, it was not until the end of the eighteenth century that skin became seen as itself an organ. Early anatomists practicing the semiforbidden art of dissection depicted skin as expendable and superfluous, obstructing their access to the more meaningful muscular body underneath.[2] These scientists did not hesitate to cast off flayed skin as we might a sheep's fur; it was not seen as central to human vitality or "dynamic personhood."[3] So visible, skin for centuries struggled to be seen at all.

Efforts to conjure skin as observable and classifiable, as more than mere backdrop, required new methods, machines, and metaphors. For the latter, physicians relied on natural philosophers and geographers and conceived of human skin through their language of space and place. Skin diseases took the form of nation-states. Syphilis, for instance, the disease that directed considerable medical attention to skin and in many ways launched the subfield of dermatology, was described by Italian physicians as a French disease. The French, of course, claimed it was an Italian disease; the Russians, a Polish disease; the Dutch, a Spanish disease. To locate these conditions, physicians produced dermatological atlases—understood as maps of the skin—organized by morphologies, distribution patterns, classification schemes, and regions, with marks and eruptions described variously as hills, mountains, valleys, and passages.[4]

Emerging within the context of European colonialism, these physicians drew from an essential tool of European expansion (the atlas) and a central metaphor (the undiscovered and exotic land). Skin emerged in early dermatology texts as a mysterious landscape, with flora and fauna to be discovered and mapped. To transform skin into an object, physicians reconceived it as a

terrestrial landscape, as human territories and environments to be explored and grasped. They began to see it as an enveloping surface, hermetically sealing the (individual/controlled) body beneath, and in turn began to see the body not as open and porous but as closed and demarcated, with skin as its final boundary.

Skin emerged during the course of European Enlightenment, according to Claudia Benthien, "as a central metaphor for separateness."[5] In one indication of this, early dermatological images represented closure by showing diseases of the skin as simply surface conditions, tacked-on blemishes, whose treatments were also usually surface and local. This closing of the bourgeois body drew attention to the workings of skin. It was then that physicians began to recognize its capacity to protect—from disease and other matters—and began to see it as an organ with its own properties and functions. But as the body became more bounded, skin also became seen as more opaque, as mysterious, even treacherous—visible but not clear, a covering that concealed the workings (and failings) of the body (and mind) hidden underneath.[6] Physicians, scientists, naturalists, scholars began to observe, touch, dissect, study, and display human skin in order to coax from the organ greater transparency. They began to develop, and encouraged in others, *skin literacy*, to use Jonathan Reinarz's term—a capacity to read the surface for signs of bacteria, disease, and other secrets hidden beneath.[7]

By the nineteenth century, as Europeans expanded their colonial reach, "skin literacy" became a requirement of experts and laypeople alike, who were asked to decipher moral and other characteristics through this surface. Reading skin color for telltale signs of savagery and civilization, for instance, was a crucial requirement for settlers confronting New World bodies. And yet, as many learned, this task proved difficult. Color could change over a person's lifetime, through different generations, and in different environments, raising fears about the perception and detection of colonial subjects. To gain knowledge about skin difference, naturalists of Enlightenment institutions like the British Royal Society searched for empirical evidence. They sent questionnaires about natives' bodies through their colonial networks and sought firsthand observations from colonial administrators.[8] These methods, carried out by white male "bachelors of science," who understood themselves to be by nature and ascetic training uniquely capable of empirical observation, already assumed the superiority of whiteness.[9] They worried most about darker skin. Its lack of transparency posed a challenge to colonial authorities and other elites, like owners and traders of slaves throughout the Atlantic world, whose property required constant surveillance.

Western scientists sought to resolve this dilemma by working to fix race onto the body.[10] Whether they saw race as environmental (that is, shaped by climate, physical and social) or as constitutional (that is, inherent, innate, and, as time went on, genetic) they most often tried to fix it onto the skin, *epidermalizing* race, in Frantz Fanon's term.[11] Centuries later, we still labor under this epidermal schema. We continue to use skin color to index or stand in for race—to name black, brown, white people as coherent categories. But transparency also continues to remain elusive. Black bodies, crucial to the history of surveillance, are still seen as opaque, requiring detection and data gathering.[12] Even when they are rendered hypervisible, these bodies still evade certainty. When confronted, for instance, with such a seemingly vivid example of blackness as the performer Josephine Baker's bared body, audiences were actually puzzled. Rather than confirming her primitivism, Baker's exposed skin provoked in them "categorical confusion" about what they were actually seeing.[13]

At the same time that skin was made to bear the stigma of race—however unstable—scientists and physicians sought to remove other stigmas from skin. European dermatology emerged from the study of syphilis and leprosy, and worked to eliminate the visual signs of these conditions. This included physical removal, as when patients were sent to leper colonies and other institutions of medical segregation, in part to hide their bodies from view. More often, physicians worked to vaccinate against diseases like smallpox, eradicating their appearance and offering the unblemished skin as proof of health. Vaccination was in fact considered a great advance from inoculation, which, though medically effective, could leave patients with erratic pustules and scars. After the advent of vaccination, these marks increasingly conveyed horror and disfigurement.[14]

Medical interventions such as these reshaped attitudes about skin, turning bumps, ruptures, marks, and mars from a common and acceptable (if not always welcomed) complaint into a sign of poor health and aesthetic deficiency. As the body closed and skin became the seal, the desire for its transparency was matched only by the desire for its seamlessness. Benthien notes that in the decades after the field of dermatology emerged in Europe, cosmetic practices also changed. Aristocratic women ceased to cover their faces in the white powder of popular baroque styles and began to favor a more natural-looking makeup, in part because doctors asserted that the ingredients in cosmetics could damage their skin and their overall health. Yet, women still desired the same uniform surface enabled by their mask of powder. It became, in fact, even more crucial to their beauty ideals. And so they drank tonics and applied lotions prescribed by their physicians, who reframed unblemished skin as both medically and aesthetically necessary, and whose instructions helped

to turn French women's *cabinet de toilette* from a "beautification table" to a "medicine cabinet."[15]

Centuries later, we have also clung to this epidermal schema. We continue to scrutinize skin for signs not just of difference, racial and otherwise, but of distinction—of health and beauty, virtue and vitality. But if ways of knowing skin have historically been directed at efforts at controlling it, here too the work remains incomplete. Skin continues to bear the marks of time, of labor and leisure, worries and wounds. We, women in particular, are encouraged to manage these effects by working on our bodies as self-improvement "projects."[16] Yet skin continues to evade control, refusing to eradicate the signs of life, much as it continues to elude transparency.

My point in briefly glossing this Euro-American history of skin is to show that skin becomes, rather than is, meaningful, rendered so through great medical, scientific, and aesthetic efforts. Though these efforts have proven to be only partially successful, they have helped to shape the hierarchies of human value. Note, for instance, how a smallpox scar could drive down the price of a female slave in the U.S. market and we begin to see how a woman's worth became determined not just by the color of her skin but its clarity.[17] This history tell us, then, that while skin is the surface upon which we typically view or identify race and beauty, it does not self-evidently reflect these categories so much as it bears witness to the sagas of their making.[18] Skin, in other words, is not the site where we might see race and beauty, but rather the stakes around which these ideas have been formed.

As such, an investigation into skin can tell us as much about the history of science and aesthetics, of colonialism and capitalism, of the dialectics of visibility and invisibility, fixedness and erasure, as about the object itself. What then can an analysis of the skin hinted at by those photographs—of the soldier and the woman—tell us about the war that brought them together in the archives? Or about the broader process of military mobilization, Cold War geopolitics, medical/consumer capitalism, and colonial modernity? What must we uncover in order to make their skin appear?

In what follows, I consider these questions by tracing a history of experiments in skin from Vietnam War–era U.S. to postwar Vietnam—clinical and commercial, expert and lay, authorized by the U.S. military and undertaken to address their legacy. These experiments were made possible through the sacrifice of certain bodies—including, perhaps, those soldiers and that woman—and the sacrifice of certain zones: the military base and the prison, where subjects were recruited, and the villages and forests, where many felt its effects. If in the eighteenth and nineteenth centuries skin emerged as an object worthy

of investigation in part through the infrastructures of European colonialism—through the reach of its empire, through its language of discovery and its anxieties of detection—skin materialized in the late twentieth century in part through the infrastructures of U.S. militarism and capitalism, through the wars it waged, the lands it occupied, the markets it built. Emerging from the work of wartime scientists, who helped to shore up U.S. military efforts, and the labors of women in contemporary Vietnam, struggling to remediate their effects, the skin that appears, and the ideas about race and beauty that are written on it, bears the traces of this violent history.

Bringing to light these traces will, I hope, encourage us to see skin differently. To view it not as "a central metaphor for separation," but as a connective tissue enabling the movement of knowledge, goods, and people across the Pacific; not as the final boundary between self and other, but rather the record of our collective imbrication. To see skin instead as a repository, an alternative archive through which we might grasp how history becomes embodied.

Skin of War

The environmental historian David Biggs has characterized the Vietnam War as in many ways a "chemical war," in which "chemicals were everywhere": in explosives and incendiaries, in tear gas and firebombs, in herbicides and insecticides. Some, like the defoliant TCDD, now infamously known as Agent Orange, were at the time considered nonlethal (though its deathly consequences have now become more clear). Others, like napalm and CS tear gas, meant to drive enemy soldiers out of their hiding places by causing asphyxiation, were intentionally lethal. The use of these weapons raised concerns from the very beginning that the United States was crossing a line in Vietnam, violating the 1925 Geneva Protocol's prohibition against the first use of chemical weapons in war. And yet, their deployment only proliferated as the conflict wore on.[19]

The army's increased reliance on these chemicals over the course of this nearly twenty-year war, ostensibly deployed to protect U.S. soldiers, damaged their bodies, in many cases for generations to come. These various toxins, which infiltrated land and water, and were ingested through food, inhaled in the air, absorbed through the skin while U.S. soldiers were stationed in Vietnam, lingered long after they left. But during the war, these effects were already visible; they appeared most often as skin diseases, like those captured by the images in the National Archives. U.S. soldiers routinely suffered, for instance, from "tropical acne," a severe form of acne that could not be treated by any known remedy but disappeared on its own when they left Vietnam.

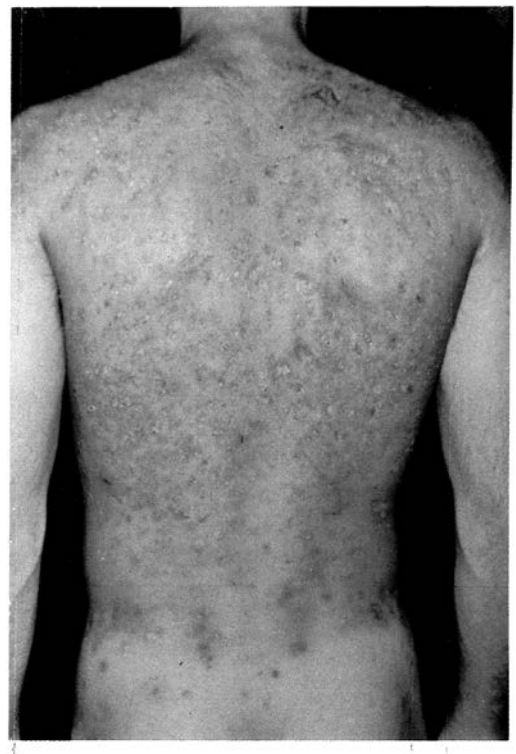

FIGURE 57.—Extensive tropical acne, posthealing. Note deep, permanent scars. This man was evacuated from Vietnam because his disease could not be controlled while he remained in the Tropics.

FIGURE 1.4. "Tropical acne" on evacuated U.S. soldier. The "deep, permanent scars" noted by his physician later served as evidence for soldiers that they may have been exposed to Agent Orange. Published in Allen, *Skin Diseases in Vietnam*.

By the mid-1960s, the prevalence of these skin diseases had become something of a crisis for the U.S. military. In the rainy season, as much as 75 percent of many units could be incapacitated by paddy foot. Officers claimed they had to limit operation to five to six days, as nearly 60 percent of their men would be ineffective after four days in the riverine area. As I detail in chapter 3, the army formed the Military Dermatology Research Program in 1964 to determine the causes of these conditions. The program was tasked with studying environmental factors known from past military incursions to have caused cutaneous injuries (heat, rain), as well as the effects of new "chemical warfare agents . . . and other potentially hazardous substances encountered in the modern military unit."[20] They invested in skin experiments across the country—from tests on insects to weaponize malaria, to tests on incarcerated

men to thicken their skin—and experimented themselves on various confined populations: U.S. and allied soldiers, Vietnamese prisoners of war, and Vietnamese civilians.

In 1968, as I discuss in chapter 4, the program established a Field Dermatology Research Team, sent to the Mekong Delta to bring back water, soil, and bacteriological material for study. While treating soldiers and civilians in combat conditions, the Field Team claimed to have gathered evidence that cutaneous conditions affected white soldiers most. African American soldiers, and Vietnamese people in general, were either immune to illness or happily tolerant of it. Military physicians had already known about white soldiers' troubles in tropical environments from other wars and occupations, but the program's scientists understood the Vietnam threat to be of a different order, and to require a different response. With their heightened vulnerability, white soldiers in Vietnam needed more than the regulated diet, hygiene, and exercise traditionally prescribed by physicians to bolster their bodies. They needed protection that would be, in the words of the program's director, lauded dermatologist Marion Sulzberger, "infinitely secure" and "medically endow[ed]"—they needed "an armor of skin" capable of withstanding all the ravages of war.[21]

The program sought to deliver this armor through innovations in what we might call the science of soldiering bodies. In these efforts, they were aided by civilian contractors like the famed University of Pennsylvania dermatologist Albert Kligman. For several decades, Kligman ran a lab at the Holmesburgh Prison near Penn, where he experimented on incarcerated African American men, and offered "experimentally sound" evidence for the long-standing claim that black skin is immune to pain and resistant to damage. As I recount in chapter 2, while working for the program, Kligman was also contracted by Dow Chemicals to run tests on TCDD (or Agent Orange), after workers at their Michigan plant began breaking out in chloracne, now known as a sign of dioxin poisoning. Kligman assured Dow, the military's largest supplier, that the chemical was entirely safe, for he had observed nothing a but a few minor bumps when he injected dioxin into his subjects. He was actually quite disappointed, but his examination of these few bumps ultimately led him to discover retinoids/tretinoin, a compound capable of removing those bumps—a cure for acne. This finding, which he later patented as Retin-A, earned him millions and transformed the beauty industry by ushering in the era of cosmetic pharmaceuticals (cosmeceuticals)—those quasi-medical products promising flawless skin to consumers worldwide. At the time, his research helped to clear TCDD for continued use under Operation Ranch Hand.

The Military Dermatology Research Program spent over a decade look-

ing for the causes of debilitating skin conditions in Vietnam's landscapes and people, little knowing or acknowledging that the U.S. had brought much of the poison on its own planes. Veterans, though, suspected this immediately upon returning, and saw the rashes, bumps, and cracks on their skin as evidence of their exposure to Agent Orange. Their suspicions were corroborated by physicians as early as 1979, who found that exposed veterans experienced a variety of symptoms, but the single most common symptom, shared by 85 percent of the men, was "a rash that was resistant to treatment" and "aggravated by sunlight," the description of which was nearly identical to what military physicians had called "tropical acne."[22] But when veterans first agitated for compensation and pointed to their skin as evidence, Robert P. Nimmo, the Veterans Affairs director under Ronald Reagan, dismissed the charge, claiming the compound caused no more than a little "teenage acne."[23]

Meanwhile, Albert Kligman became a giant in the field of American dermatology. With so many available subjects in his prison/laboratory at Holmesburgh, and with so little oversight, Kligman moved from simply observing and diagnosing skin diseases to intervening in and inducing them. His work helped to turn dermatology from a "pimple popping specialty" into an experimentally sound science. In the decades following his discovery of Retin-A, the cosmetics industry underwent a major change as it began merging with pharmaceutical companies and employing biologists, neurologists, dermatologists, and other scientists in the hopes of finding the next skin care blockbuster. The medicalizing of skin, hinted at by the Parisian medicine cabinet, became formalized through this institutional convergence of pharmaceuticals and cosmetics, with expenditures on skin care increasing in lockstep. In the U.S., the $400 billion cosmetics industry is now one of the country's most profitable, falling just behind pharmaceuticals and software.[24] While this industry encompasses everything from shower gels and hygiene products to makeup and perfume, 75 percent of its profits come from skin care, 40 percent of which it gets from the Asia-Pacific region alone.[25]

During the Vietnam War era, the military's attempts to win the war and the beauty industry's efforts to expand its markets conjoined to make skin both a military and commercial problem. Military scientists like Kligman, Sulzberger, and others struggled to solve it by forcing skin to reveal itself as scientific truths, harnessed by the techniques of observation and calculation. They watched as skin became inflamed and bodies became feverish and recorded "angry" lesions, even as they noticed "no effects" on their human subjects. They enumerated epidemiological facts to bolster long-standing racial ideas. They worked on captive and vulnerable bodies and reiterated again and again

that they observed no illness or pain. They rationalized any violence or harm as a necessary condition for biomedical knowledge, and any risk as the necessary price for greater security. Theirs was an "ethic of calculation," framed by desires for extraction and control, for maximizing rewards and displacing losses—a science of conquest that sought to bolster U.S. soldiers' bodies while unleashing widespread harm.

These efforts did not in the end halt the U.S.'s march toward military defeat. The program never produced a perfect armor, sealing the vulnerable white male soldier beneath. But even failures have historical effects. The work of military scientists shaped how Americans viewed Vietnam and its people. Their experiments helped to inform our knowledge about racial difference, rerooting race in biology at a moment when both scientific knowledge and social activism were pointing us in other directions, and ensuring that we would continue to see race on our skin. They taught us, in particular, to see whiteness not just as an absence of color, but a condition of vulnerability; to see white skin as susceptible (to disease and danger), as exposed rather than enclosed, as failed or inadequate boundary. If "race" is "the production of group-differentiated vulnerabilities," the military's experiments show us that it is also the hiding of those differences through narratives of racialized people as *invulnerable*.[26] Their work reminds us that war and militarism are not just the technologies through which we enact racial animus—through which we fight "just wars" against dehumanized others, or use military tactics to police racial others—but by which we make race.

In hindsight, we might trace to this very moment current ideas about the vulnerability of whiteness. These ideas were reinforced by experimentation during the Vietnam War, but emerged from a long saga of war and colonialism—from World War II and the occupation of the Philippines, in particular, which forged a transimperial consensus about the fragility of the white soldiering subject. But in the years after the war, when U.S. intervention fueled years of social upheaval, we might ask if the program's work contributed to political fears about American power generally, and white dominance specifically. Does fear of a failed bodily boundary elicit fears of a failed national border? Does it stoke desires for white militancy, or is it only coincident that we can trace the origins of the U.S. white power movement to this very moment, the Vietnam War era?[27]

We might pause to wonder as well about how scientific ideas about race shaped military thinking during the war itself.[28] Was it because they saw Vietnamese skin as an indestructible carapace that the U.S military rationalized their extravagant use of force as not just warranted but necessary? That they

felt justified in carpet bombing enemy troops? Or in deploying chemical warfare at such a vast and indiscriminate scale? Was it because they saw black skin as uniquely suited to the toxic labor of work and war that they relegated black soldiers to the infantry, where they were exposed to disease and disproportionate deaths? Historians of the war would say there were many tactical and political reasons for all these actions and would point to the dozens of books reconstructing and debating military strategies. But reading this history through the memories of skin, we might be encouraged to consider other possibilities, and to think about how race was made in war, how racial hierarchies distributed its burdens unevenly, and how its chemical effects can linger in bodies, lands, water—in archives that we are only beginning to access.

The Chemical Afterlife of Vietnam

In examining the work of these scientists, then, I revisit the Vietnam War not to intervene in its historiography or to debate military policies, but to access these archives of skin—to find the records of Vietnam's chemical war on the very surface on which it made itself known. "It is a phenomenological function of skin to record," says the scholar Jay Prosser. "In its color, texture, accumulated marks and blemishes . . . [it] remembers something of our class, labor/leisure activities, even . . . our most intimate psychic relation to our bodies."[29] This record is rarely transparent, however. And some effects are difficult to document, because they remain imperceptible, even to ourselves.

It is particularly difficult to fully perceive the effects of our entanglements with a chemically altered world.[30] We might know it as pain felt or a mark seen, but much will remain conjectural to us, in part because corporate interests work hard to produce uncertainty about exposure, but also in part, as Michelle Murphy explains, because these effects may long be dormant or latent. Yet this latency—"a potential not yet manifest, a past not yet felt," as she describes it—can radically alter the prospects for and imaginations of the future. This is true of all kinds of exposures, and certainly true of those emerging from this chemical war. Though Agent Orange has become an infamous symbol of toxic disaster, there is still no consensus about its effects. Through broad-scale activism, veterans in the U.S., South Korea, and Australia have received compensation for a variety of illnesses, but these are characterized as *associated with* not *caused by* dioxin exposure. Scientists and policy makers continue to debate its teratogenic and carcinogenic effects. And while Congress has accepted some responsibility for the environmental damage to Vietnam, by allocating limited funds to clean up so-called dioxin hotspots, areas on bases where the chemical

was stored or dumped, it continues to deny the possibility that toxic warfare could have human effects, especially after all these years.

The effects of Agent Orange thus continue to be shrouded in a "politics of uncertainty."[31] Vietnamese bear the burden of this politics, which has prioritized the collection of evidence over the recognition of harm. Traveling across the Pacific and moving nearly fifty years after the war, my opening and final chapters consider the responses to this politics of uncertainty, particularly by Vietnamese women struggling to build their own stronger surface. After the U.S. and their allies scattered, Vietnamese were left with the lingering effects of wartime ruination, with an ecology gravely altered, and with bodies still containing alarmingly high dioxin levels. Vietnamese scientists have been collecting evidence about these effects since the 1970s, but their findings have been routinely dismissed as "unscientific." International researchers have tried to intervene by conducting their own studies, collecting soil and water samples, testing villagers' blood and women's milk. Forty years after the war, they still found disturbingly high levels of dioxin in fatty tissue, passed along through fatty acids from mothers to fetuses, and, later, through fat-rich breast milk. They also found an extremely high rate of fetal anomalies in these areas, and linked it to inherited genetic disorders caused by exposure to the chemical. Researchers suggests that the toxin might pass along through a process called DNA methylation, the intergenerational transfer of DNA markers from parents to children.[32]

These scientific studies, which helped to bolster the case for compensation to Vietnamese victims of Agent Orange, also put Vietnamese families in a bind. Asserting a claim to exposure might give them some access to medical and financial aid, but also open them up to stigma—to fears that their bodies were contaminated, harboring conditions that could affect generations to come. Rural inhabitants in particular reported encountering discrimination at urban markets and schools, because of their region's association with dioxin. These residents wanted no more studies proving dioxin's lingering presence; they longed instead for some test to confirm its *absence*, to assure others that their land, animals, their own DNA was "clean" (*sạch*).[33]

Anxieties about cleanliness were in this sense also anxieties about biochemical inheritance. If the evidence of such inheritances was recorded on the scarred backs of the returning soldier, it has also been chronicled on Vietnamese skin. For many women, these marks were seen not just as "not beautiful" but as potential signs of illness and reproductive failure. This I learned from my work at Calyx, a small spa on the edges of Ho Chi Minh City (or Saigon, as it is still popularly known), Vietnam, where I conducted my research.

Spa was actually a bit of a misnomer for Calyx, which was neither a place of pampering, as it is commonly seen in the U.S., nor a site of sex work, as is sometimes understood in Vietnam. Calyx was a place where women living with widespread fears of contamination and with a mandate to manage their risks came to look clean. It was a place where they came to remediate the effects of the lingering toxicity of war and the intensifying environmental costs of rebuilding after war.

When they arrived at Calyx, these women were treated with the cosmetic pharmaceuticals inaugurated by none other than Albert Kligman—including his blockbuster Retin-A. They were encouraged to see their bodily boundary as another border, one that they could shore up and reinforce, protecting them from harm. Like Kligman, Sulzberger, and other war-era scientists, the women at Calyx were also experimenting with skin. But they did not share their well-funded laboratories, captive subjects, nor, ultimately, their desires for skin. They did not believe that this surface could be made to reveal itself, that they could know it and command it. If, over the course of the late twentieth century, Americans were being pushed by scientific and corporate interests toward greater skin literacy, Vietnamese had other desires for their skin. They did not hope for an armor, a state of infinite security, a condition of absolute certainty. They reached for cosmeceuticals, with their histories and hazards, to ameliorate the effects of postwar life, even as they remained uncertain about the causes of their injury or the possibility of cure.

In putting these women's experiments in skin alongside people like Kligman and Sulzberger, I am not making a case for their equivalence. These trials, animated by the labor of aestheticians and other body workers, do not share the same need for discovery and revelation that mark the work of those men. They are propelled by neither a drive toward scientific truth nor a desire for biomedical recognition. These women embraced an "ethic of speculation," an improvisational mode that moved them beyond the militarized vision (of Kligman et al.) and its failure to sense the world of others—to recognize the histories, memories, joys, and sorrows of those subjects they deemed immune from pain and suffering, even when injected with dioxin or covered in its mist.

Considering these various experiments in skin together allows us to see instead how violence, extraction, control, and the hierarchies of human value they express and organize can coexist with and produce, in turn, other unexpected longings. If the scientific fantasy of a hard, white, male, soldiering body consolidated by the Vietnam War provided the condition of possibility for the commercial fantasy of a soft, bright, flawless, feminine beauty, it also enabled other desires.[34] These might include the longing to be desirable, but for the

women at Calyx, it extended far beyond. In a context where fears (of a weak and deteriorating body) and fantasies (of a flawless surface) converged, beauty cannot be seen only as an aesthetic category through which women might increase their social value or achieve individual transcendence.[35] Beauty here, as I hope to show, held out hopes for vitality, for life itself.

But recognizing this requires not just the acceptance of what we can or can't see on our surface; it also requires the recognition of what we refuse to see. In the pages that follow, there will be moments of stark realization and maddening misrecognition, of gross concealment and radical exposure, of empirical facts and metaphysical truths—all hovering over this surface. These moments remind us that seeing skin, like seeing the historical relations for which it serves as repository, actually requires many modes of sensing.

Feeling Skin

In 1986, the Vietnamese state launched an ambitious project of postwar restoration, a series of economic reforms that shifted the nation from a planned economy to an increasingly globally connected "socialist market economy." By the time I arrived, the fruits of these efforts were evident in the spate of new malls, boutiques, restaurants, and high-rises across Saigon, and in the dozens of ongoing development plans. These projects gave the country a new skin, covering over the wounds of war, colonialism, and occupation and fostering in the sovereign state a sense of its own ascendance in the Pacific region.

Building this infrastructure of forgetting required much labor. Many of the women who came to Calyx were employed in service or factory work, serving in restaurants, cleaning hotels, and sewing clothes—working to shore up this new economy. Breathing in air from smokestacks, touching preservatives in textiles, handling pesticides in food and farming, these women saw how their labors wore on their bodies, seeping their energy and eroding their surface. At Calyx, workers say that it is this toxified environment that has made Vietnamese skin "weak" (*yếu*); their task was to make skin strong (*mạnh*). In considering what made skin weak and what could make it strong, these women were also speculating about how their own histories and social experiences might be recorded, erupting onto the clean surface, turning social life into fleshly matter.

"Sometimes, things come into your body and just rest [*nằm nghĩ*]," I was told by a staff member. The idea that ailments can reside within a person, sometimes constantly troubling them, but just as often lying in wait until their body is weak before appearing or becoming symptomatic, is a popular notion in

Vietnam. It reflects Eastern medicine's tendency to see the connections between a condition and its manifestation indirectly. But it also shares commonality with concepts like *latency*, in Murphy's terms, or *slow violence*, in Rob Nixon's influential formulation, which recognizes how effects may be displaced—out of time or out of sight—and which accepts indirectness without refusing to recognize harm or to dismiss it as necessary.[36]

At Calyx, so much could "rest" in one's body: the residues of dioxin, DDT, chlorine, and chromium; the strains of poverty and political neglect; the work of forest spirits and the actions of unsettled ghosts from "bad deaths." Ideas about causality drew on multiple and interlinked epistemologies and worlds—the dead and the living, the present and the past, the visible and the invisible. This pluralist approach allowed the women at Calyx to address physical symptoms which were, as they often saw it, the manifestations of something metaphysical. It allowed them to account for the depth of skin, for the long history and entrenched conditions that may reappear in the present, eroding the dividing line between violence and postviolence.[37]

The kinds of history that might "rest" on their surfaces are far-flung, and reach beyond the scope of this book. We could trace them, for instance, to Puerto Rico, where Agent Orange was tested, or to Hawaii, where the various agrochemicals that formed the basis for TCDD were tried out. Or, following Kligman's tests on dioxin, to the fights over the toxicity of cosmetics, which has extended those risks to consumers worldwide. We could track them to Central America, the Anglo-Caribbean region, and the Philippines, where the Rockefellers launched the International Health Commission in 1913 to eradicate hookworm, an effort that shaped so much thinking about diseases in tropical environments.[38] To Florida and Georgia during the 1950s, when the FBI and other federal authorities released mosquitos into black neighborhoods in order to observe the effects of malaria.[39] To British Malaya or French Guinea, where colonial forces learned how to see different capacities for different skin and shared this knowledge with the U.S. military. Or even to the transatlantic slave trade, where race became written on the flesh, in Hortense Spillers's memorable formulation, or to the Indian Wars, where skin served as evidence of a human kill.[40]

Emerging out of the intimacies of many continents, the story I am telling here is just one node in a larger geography, but one that highlights the importance of the transpacific to the study of U.S. empire.[41] The experiments I trace would not have been possible without the institutions and forms of knowledge that flowed across the Asia-Pacific region, a geography most visibly connected by the constellation of U.S. military bases stretching from Luzon to Monte-

rey. These include the prison, university, and hospital, the global corporation and the entrepreneurial endeavor. Modern skin has been materialized through these overlapping agencies, which has allowed some people, commodities, ideas, aesthetics, and affects to move, while keeping others immobilized—incarcerated human subjects in Pennsylvania, wounded soldiers in the Delta, rural villagers and the urban poor in Vietnam—all while giving the impression of the smooth unfolding of a world order.[42]

This seamlessness, as I show throughout, is constantly interrupted, as things that appear past or outside get dredged up. Sacrifice zones have a life and an afterlife. The U.S.-Vietnam circuit did not end with the war. Victory in the American War, as it is known in Vietnam, shifted its entanglements with the U.S. from the battlefield to the marketplace. But that conflict has left a mark on the people and place that corporations now see simply as the "Vietnamese market."

In exploring the legacies of this chemical war, I do not mean to suggest that there is no end to its loss and violence. My intention is not to ignore the march of time (or the hopes for peace), nor to reproduce the popular U.S. construction of Vietnam as *only* a war. Rather, I want to emphasize scholars' recent reconceptualization of "wartime" as less a temporality than a sensibility, a "habit of mind," an awareness, or a "set of disturbing responses" that defy durational teleology. Ruinous events alter our senses, even at a distance and after many years.[43] They produce "unruly intensities," as Caren Kaplan puts it, those moods and mindsets that seem out of time and out of place, but that allow us to sense differently, to feel "something beyond everyday life, something lost in the scales of distance."[44]

Across Vietnam women know this intuitively. They are mostly too young to remember the war, but they sense it in their uncertainties about the effects of Agent Orange on their bodies and the bodies of their children. They worry about whether or not they will have a "healthy" baby. They embrace technologies like ultrasound to reassure themselves, to cling to a representation of life in order to ward off their fear of death.[45] So long after the war, so far from the source of contamination, is their worry commensurate with their risk? This is not a question they ask; theirs is an altered sensibility, a different "habit of mind." The maternity clinic might be a strange war memorial. But it is in these kinds of spaces, and through these "unruly intensities," that we see perhaps most clearly how war lives on.

Following scholars like Kaplan, throughout the book, I highlight the role of affect—errant feelings, displaced sensations, misattributed pleasures—in part to show how violence and extraction get rationalized. For instance, how

military scientists narrate their excitement in seeing their subject's scarred bodies as part of the joy of scientific discovery. Or how they describe subjects as "cheerful" and or "suffering" as a way to articulate their racial difference. But more centrally, I want to make clear how the methodical and mundane practices of making do I observed at Calyx are also a part of the altered sense caused by wartimes.

Unlike those fighting for recognition of Agent Orange's effects in Vietnam, the women I met at Calyx are not animated by a faith that the damage can be fixed, through cleanup efforts of limited sites, for instance. They search for relief, not resolution. They advocate acceptance: "things are just the way they are," I have heard many women say. Theirs is a salvage sensibility that does not rely on the progressive narrative of moving on, and the demand for reparation, redress, and reconciliation that is often seen as a requirement for moving forward. That does not marshal the more politically recognizable (masculine) affect of outrage. But seen in the light of the military's efforts to build "an armor of skin," we can read these women's struggle to forge their own stronger surface as a critical response to the legacy of a U.S. militarism.

The women at Calyx were not resigned to their bodily conditions or environmental fate. They embraced different desires for their skin, and for their future—shaped by the gendered demands of their globalizing lives. As I hope to show, the struggle over making beauty is also a struggle over making life in deeply toxified environments, borne on bodies, and grappled through bodies, the excesses and imperfections of which are already read as "woman." The possibilities for making a living I observed at Calyx thus emerge from the actions of already gendered subjects, who draw on practices and objects that are also already gendered, in order to move toward a future of care and away from a long history of carelessness.

These efforts are not heroic, but they offer lessons worth recording. They teach us that damaged ecologies are not barren wastelands—sites to leave behind and mourn—but landscapes of altered imaginations where people continue to build lives. They remind us that we too accept a certain amount of toxicity in the everyday—in the fish we eat, the milk we drink, the toys we touch, the clothes we wear, and, of course, the cosmetics we apply—reassured in our faith that the real risks lie elsewhere. They may even force us to recognize that the damage we inflict is not endlessly reparable, and that the boundaries and borders we build to secure ourselves, at great human cost, may not indeed hold.

THIS BOOK MOVES between the U.S. and Vietnam, but it offers neither a history of the Vietnam War nor an ethnography of contemporary Vietnam. I rely on the methods and scholarship in both of these rich fields, but my questions are about the ways military, medical, and commercial interests in our body's surface have given shape to the desires for beauty and the hierarchies of race, under changing geopolitical, economic, and ecological conditions.[46] My account takes us across the Pacific, from Holmesburgh to Ho Chi Minh City, and moves us from the war to its afterlife, from practices of destruction to forms of care, from efforts at security to states of vulnerability, from modes of consumption to acts of repair. It tacks between those soldiers' feet and that woman's face, brought together in the archives, but bound even more intimately by the historical relations that have shaped our experiences of race, beauty, and war.

My sources and methods are thus interdisciplinary. Chapters 1 and 5 draw on interviews and observations, as well as literary accounts, photographs, newspapers, magazines, and current media collected in Ho Chi Minh City. These offer a glimpse of a Vietnam undergoing transformation, as revealed by a group of women undergoing bodily transformation. But to understand their work, to grasp their unruly senses, I had to return to the U.S. and to the period more recognizable as wartime. Chapters 2 to 4 thus draw largely on archival sources. These include the National Archives Still Pictures Collection, the Marion Sulzberger Papers at the San Francisco State Medical School archives, the Albert Kligman and Dermatology Department Papers at the University of Pennsylvania Medical School archives, and the U.S. Army Medical Department's Office of Medical History publications. These documents offered me great insight into the unaccounted-for costs of medicine and militarism, without which I could not see how deep skin really is.

In putting these sources in conversation with each other, I am attempting to draw into the same view the U.S. and Asia, the domestic and the international, the military and the commercial, the violent and the beautiful—to highlight the cultural, economic, and military flows and stoppages that have emerged in the shadows of Vietnam.[47] This is an effort at *critical juxtaposing*, in Yen Le Espiritu's terms, an attempt to bring together the seemingly disconnected to illuminate what would otherwise not be visible about the afterlives of war and empire.[48] If skin is visible but also difficult to decipher, so too is our understanding of these and many other transpacific connections.

I began to see some of the traces of these connections in the National Archives' strange collection of feet, where the disease shown on those soldier's feet cohabits intimately with the beauty shown on that woman's face. I have seen that woman many times in Vietnam. Not her, of course, but women like

her, whose beauty is also proximate to disease, whose flawless face reveals, rather than conceals, the effects of war. Did those soldiers know that efforts to cure their disease and enhance their security would lead to greater vulnerability, not just for her but for themselves? Could she have seen how her own beauty would be offered as a model of repair, as a makeover for the ruination of war?[49] Likely not, but the traces of those relations are there. Look a little closer. You might see it on their skin.

NOTES

Introduction. Mysteries of the Visible

1 Tina M. Campt, *Listening to Images* (Durham, NC: Duke University Press, 2017).

2 Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York: Zone Books, 2002).

3 Mary Flanagan and Austin Booth, *Re: Skin* (Cambridge, MA: MIT Press, 2006), 11.

4 Philip K. Wilson, "Afterword: Reading the Skin, Discerning the Landscape: A Geo-Historical Perspective of our Human Surface," in *A Medical History of Skin: Scratching the Surface*, ed. Jonathan Reinarz and Kevin Patrick Siena (London: Pickering and Chatto, 2013), 211–22.

5 Claudia Benthien, *Skin: On the Cultural Boundaries between Self and World* (New York: Columbia University Press, 2002), 1, 62.

6 Sarah Ahmed and Jackie Stacey, *Thinking through the Skin* (London: Routledge, 2001); Didier Anzieu, *The Skin Ego: A Psychoanalytic Approach to the Self* (New Haven, CT: Yale University Press, 1989); Sheila L. Cavanaugh, Angela Failler, and Rachel Alpha Johnston Hurst, eds., *Skin, Culture, Psychoanalysis* (New York: Palgrave, 2013); Steven Connor, *The Book of Skin* (London: Reaktion Books, 2009); Mechthild Fend, *Fleshing out Surfaces: Skin in French Art and Medicine, 1650–1850* (Manchester, UK: Manchester University Press, 2017); Flanagan and Booth, *Re: Skin*; Nina Jablonski, *Skin: A Natural History* (Berkeley: University of California Press, 2006); Jonathan Reinarz and Kevin Patrick Sinea, eds., *A Medical History of Skin: Scratching the Surface* (London: Pickering and Chatto, 2013); David Serlin, ed., *Imagining Illness: Public Health and Visual Culture* (Minneapolis: University of Minnesota Press, 2010); Katie L. Walter, ed., *Reading Skin in Medieval Literature and Culture* (New York: Palgrave, 2013).

7 Reinarz and Sinea, *Medical History of Skin*.

8 Cristina Malcolmson, *Studies of Skin Color in the Early Royal Society: Boyle, Cavendish, Swift* (Farnham, UK: Ashgate, 2013).

9 Jane Golinski, "The Care of the Self and the Masculine Birth of Science," *History of Science* 40, no. 2 (June 2002): 124–45, https://doi.org/10.1177/007327530204000201.

10 This was true of "yellow skin" as well as. Michael Keevak notes that European explorers, traders, and travelers consistently saw Chinese and Japanese as white. It was through the work of eighteenth- and nineteenth-century scientists studying

variations in skin color that they became classified as "yellow." Michael Keevak, *Becoming Yellow: A Short History of Racial Thinking* (Princeton, NJ: Princeton University Press, 2011).

11 Frantz Fanon, *Black Skin, White Masks* (New York: Grove Press, [1952] 2008).

12 Simone Browne, *Dark Matter: On the Surveillance of Blackness* (Durham, NC: Duke University Press, 2015).

13 Anne Anlin Cheng, *Second Skin: Josephine Baker and the Modern Surface* (Oxford: Oxford University Press, 2013).

14 Matthew Newsom Kerr, "'An Alteration in the Human Countenance': Inoculation, Vaccination, and the Face of Smallpox in the Age of Jenner," in *A Medical History of Skin: Scratching the Surface*, ed. Jonathan Reinarz and Kevin Patrick Siena (London: Pickering and Chatto, 2013), 134–51.

15 Morag Martin, "Doctoring Beauty: The Medical Control of Women's Toilettes in France, 1750–1820," *Medical History* 49, no. 3 (July 2005): 351–68, https://doi.org/10.1017/S0025727300008917.

16 The historian Joan Blumberg argues that since at least the mid-twentieth century, young girls in the U.S. have been encouraged to see their skin as a particularly important "project." Girls went to cosmetics counters and beauty parlors seeking expert advice about skin care, until dermatologists, who denounced these cosmeticians for "practicing medicine without a license," instituted themselves as the rightful "caretakers of the skin." Conditions like acne, Blumberg explains, did not exist before this time, until teens were taught that bumps on their skin were not only socially undesirable—the evidence of poor moral character/behavior—but also medically undesirable, a disorder requiring medical care. Joan Blumberg, *The Body Project: An Intimate History of American Girls* (New York: Random House, 1997). See also Sander Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton, NJ: Princeton University Press, 2000).

17 This point has been made forcefully by Stephanie Smallwood in her account of the commodification of African slaves. Stephanie Smallwood, *Saltwater Slavery: A Middle Passage from Africa to American Diaspora* (Cambridge, MA: Harvard University Press, 2008).

18 Race and beauty, as many scholars have suggested, are historically intertwined categories. Racial categories have shaped normative notions of attractiveness and desirability, which commonly privilege light skin, straight hair, narrow hips, and other features of "white" bodies. See Ginetta E. B. Candelario, *Black behind the Ears: Dominican Racial Identity from Museums to Beauty Shops* (Durham, NC: Duke University Press, 2007); Evelyn Nakano Glenn, ed., *Shades of Difference: Why Skin Color Matters* (Stanford, CA: Stanford University Press, 2009), esp. contributions by Nakano Glenn and Lynn M. Thomas; Ronald E. Hall, *The Melanin Millennium: Skin Color as 21st-Century International Discourse* (New York: Palgrave, 2013). Yet, neither is a transparent category, fixed by institutional categories or by commonsense. See, for instance, some recent works: Candelario, *Black behind the Ears*; Alexander Edmonds, *Pretty Modern: Beauty, Sex, and Plastic Surgery in Brazil* (Durham, NC: Duke University Press, 2010); Nakano Glenn, *Shades of Difference*; Rebecca

King-O'Riain, *Pure Beauty: Judging Race in Japanese American Beauty Pageants* (Minneapolis: University of Minnesota Press, 2006); Kimberly Jade Norwood, ed., *Color Matters: Skin Tone Bias and the Myth of a Postracial America* (New Brunswick, NJ: Rutgers University Press, 2013); Deborah L. Rhode, *The Beauty Bias: The Injustice of Appearance in Life and Law* (Oxford: Oxford University Press, 2010); Blain Roberts, *Pageants, Parlors, and Pretty Women: Race and Beauty in the Twentieth-Century South* (Chapel Hill: University of North Carolina Press, 2014); Michael Edward Stanfield, *Of Beasts and Beauty: Gender, Race, and Identity in Colombia* (Austin: University of Texas Press, 2014).

19 David Biggs, "Vietnam: The Chemical War," *New York Times*, November 24, 2017, https://www.nytimes.com/2017/11/24/opinion/vietnam-the-chemical-war.html. See also David Biggs, *Footprints of War: Militarized Landscapes in Vietnam* (Seattle: University of Washington Press, 2018), 195.

20 A memorandum of record from the U.S. Army Medical Research and Development Command in January 19, 1966, stressed that one of the main areas of investigation for the Military Dermatology Research Program would be: "The study of cutaneous effects or percutaneous toxicity of potentially hazardous substances (such as fuels, propellants, anti-corrosives, insecticides, plastics, and chemical warfare agents) encountered in a modern military unit." Marion B. Sulzberger Papers, MSS 86–4, series 6, box 7: Misc. Papers, 66–70, University of California San Francisco Special Collections, San Francisco.

21 Marion B. Sulzberger, "Proceedings of the 1962 Army Science Conference, U.S. Military Academy, West Point, New York, 20–22 June 1962," Sulzberger Papers, box 7, 320.

22 Gilbert Bogen, "Symptoms in Vietnam Veterans Exposed to Agent Orange," *JAMA* 242, no. 22 (November 1979): 2391, https://doi.org/10.1001/jama.1979.03300220011002.

23 Rob Gowland, "Culture and Life: Reviving the Tonkin Gulf Incident," *Guardian* (Sydney) 1675 (March 2015): 10, https://search.informit.com.au/documentSummary;dn=125105899443286;res=IELAPA.

24 Geoffrey Jones, *Beauty Imagined: A History of the Global Beauty Industry* (Oxford: Oxford University Press, 2000), 1.

25 Jones, *Beauty Imagined*, 4. As a result of these shifts, large cosmetics firms are now often located in major research corridors. The U.S. headquarters for L'Oréal, the largest cosmetics conglomerate in the world, for instance, is housed in Clark, a small town in northern New Jersey with close to 250 pharmaceutical companies.

26 Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (Berkeley: University of California Press, 2007).

27 Kathleen Belew, *Bringing the War Home: The White Power Movement and Paramilitary America* (Cambridge, MA: Harvard University Press, 2019).

28 Eric Hayot, *The Hypothetical Mandarin: Sympathy, Modernity, and Chinese Pain* (Oxford: Oxford University Press, 2009).

29 Jay Prosser, "Skin Memories," in *Thinking through the Skin*, ed. Sara Ahmed and Jackie Stacey (London: Routledge, 2001), 52.

30 Michelle Murphy, "Afterlife and Decolonial Chemical Relations," *Cultural Anthropology* 32, no. 4 (November 2017): 494–550, http://doi.org/10.14506/ca32.4.02; and Michelle Murphy, "Distributed Reproduction, Chemical Violence, and Latency," *Scholar and Feminist Online* 11, no. 3 (summer 2013), https://sfonline.barnard.edu/life-un-ltd-feminism-bioscience-race/distributed-reproduction-chemical-violence-and-latency/.

31 Edwin Martini, *Agent Orange: History, Science, and the Politics of Uncertainty* (Amherst: University of Massachusetts Press, 2012).

32 Cristina Giulinai et al., "First Evidence of Association between Past Environmental Exposure to Dioxin and DNA Methylation of CYP1A1 and IGF2 Genes in Present Day Vietnamese Population," *Environmental Pollution* 242, part A (November 2018): 976–85.

33 Biggs, *Footprints of War*, 195.

34 I thank Anne Cheng for articulating this relationship so clearly in her response to my earlier manuscript.

35 Consumption (of beauty and otherwise) is, of course, not just as an economic process but also a cultural, social, and political practice. Scholars have written extensively about the ways global capitalism reaches into every aspect of our social life, hailing every newly industrializing subject, in part by rewriting purchasing power as social and political power or—for consumers in the "global south"—as access to cosmopolitanism and modern life. Critics writing in particular about fashion and beauty have, moreover, shown how the neoliberal narratives of "infinite perfectibility" and "ethical incompleteness" drive markets by encouraging the hope of a better self through consumption. Writings on cosmetic surgery, whether in Brazil or South Korea, have stressed as well how women's consumption is actually a type of economic investment—a productive activity in a world that rewards beauty with employment, opportunities, and other forms of economic and cultural capital. See, for instance, Edmonds, *Pretty Modern*; Stanfield, *Of Beasts and Beauty*. These ideas are particularly prevalent in writings about "makeover culture" or cosmetics consumption. See, for instance, Tania Lewis, ed., *TV Transformations: Revealing the Makeover Show* (London: Routledge, 2009); Heike Steinhoff, *Transforming Bodies: Makeovers and Monstrosities in American Culture* (London: Palgrave, 2015); Brenda Weber, *Makeover TV: Selfhood, Citizenship, and Celebrity* (Durham, NC: Duke University Press, 2009).

36 Murphy, "Afterlife and Decolonial Chemical Relations"; Murphy, "Distributed Reproduction"; Rob Nixon, *Slow Violence and the Environmentalism of the Poor* (Cambridge, MA: Harvard University Press, 2011).

37 Lisa Yoneyama, *Cold War Ruins: Transpacific Critique of American Justice and Japanese War Crimes* (Durham, NC: Duke University Press, 2016).

38 Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation* (Ann Arbor: University of Michigan Press, 2010).

39 Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, [2006] 2008).

40 Hortense J. Spillers, "Mama's Baby, Papa's Maybe: An American Grammar Book," *Diacritics* 17, no. 2 (summer 1987): 64–81, https://doi.org/10.2307/464747.

41 Here I am borrowing of course from Lisa Lowe's influential text. Lisa Lowe, *The Intimacies of Four Continents* (Durham, NC: Duke University Press, 2015).

42 The transpacific is a critical geography of circulation, certainly, but it is also a terrain fundamentally built on stasis—for instance, on the immobility of indigenous people in Guam cordoned off into Land Trusts, of workers servicing military bases in Hawaii, of refugees and detainees in various camps, all waiting, waiting, waiting.

43 Mary Favret, *War at a Distance: Romanticism and the Making of Modern Wartime* (Princeton, NJ: Princeton University Press, 2010). See also the critique of wartime as it pertains to U.S. laws and politics by Mary Dudziak, *Wartime: An Idea, Its History, Its Consequences* (Oxford: Oxford University Press, 2013).

44 Caren Kaplan, *Aerial Aftermaths: Wartime from Above* (Durham, NC: Duke University Press, 2018), 19, 21.

45 For a fuller account of the legacy of Agent Orange on Vietnamese reproductive practices, see Tine M. Gammeltoft, *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam* (Berkeley: University of California Press, 2014).

46 In highlighting the ties between medicine, militarism, and consumerism, I am, of course, drawing on a long history and rich source of scholarship. This body of work has taught us that military conquest and occupation have often been used as a strategy for accessing markets and establishing trade. We have also learned that military infrastructures have been retrofitted to transport consumer goods, and, moreover, that the same technologies used to determine military targets—from the high-tech GIS [Geographic Information System] to the low-tech zip codes—have been used to establish marketing targets, making these subjects not at all distinct. See, for instance, Deborah Cowen, *The Deadly Life of Logistics: Mapping Violence in Global Trade* (Minneapolis: University of Minnesota Press, 2010); Tung-Hui Hu, *A Prehistory of the Cloud* (Cambridge, MA: MIT Press, 2015). Historians of medicine have taught us as well that military research, especially during World War II, has made a variety of new medical procedures and technologies available to patients and consumers. See, for instance, David Serlin, *Replaceable You: Engineering the Body in Postwar America* (Chicago: University of Chicago Press, 2004). In fact, argues Jennifer Terry, not only has war making contributed to the development of biomedicine, but the U.S. military also rationalizes violence and wounding as a necessary condition for advancing this knowledge. Jennifer Terry, *Attachments to War: Biomedical Logics and Violence in Twenty-First-Century America* (Durham, NC: Duke University Press, 2017).

47 Viet Thanh Nguyen and Janet Hoskins, eds., *Transpacific Studies: Framing an Emergent Field* (Honolulu: University of Hawaii Press, 2014).

48 Yen Le Espiritu, *Body Count: The Vietnam War and Militarized Refugees* (Berkeley: University of California Press, 2014); Yen Le Espiritu, "Critical Refugee Studies and Native Pacific Studies: A Transpacific Critique," *American Quarterly* 69, no. 3 (September 2017): 483–90.

49 My understanding of ruin and ruination in this context is deeply indebted to the

work of Ann Stoler. Ann Laura Stoler, ed., *Imperial Debris: On Ruin and Ruination* (Durham, NC: Duke University Press, 2013).

Chapter 1. Skin Stories

1 The name of the spa has been changed, as have the names of the women I cite. I began the research for this project in the summer of 2011, and it started as an inquiry into luxury consumption in a postsocialist market. I started by interviewing retailers in malls and boutiques selling fashion and beauty, primarily from Europe, the U.S., and Korea, as well as emerging Vietnamese designers and tastemakers (editors and writers for "women's" and "lifestyle" publications). These initial inquiries framed my understanding of what I have called "Renovation culture" in HCMC. I spent the summer of 2012 focused on interviews and observations at Calyx. My entrée into the spa was through a close family friend. I have tried to keep the materials uncovered during official research trips separate from those acquired through previous and subsequent visits with family, but, as will become apparent, the boundaries do become blurred. All quotations attributed to Calyx's owners, workers, and clients are based on interviews or observations conducted during 2012.

2 Daniele Belanger, Lisa B. Welch Drummond, and Van Nguyen-Marshall, eds., *The Reinvention of Distinction* (New York: Springer, 2012); Lisa Drummond and Helle Rydstrom, eds., *Gender Practices in Contemporary Vietnam* (Singapore: Singapore University Press, 2004).

3 For an account of some of these changes, see Kirsten W. Endres and Ann Marie Leshkowich, eds., *Traders in Motion: Identities and Contestations in the Vietnamese Marketplace* (Ithaca, NY: Cornell University Press, 2018); Eric Harms, *Saigon's Edge: On the Margins of Ho Chi Minh City* (Minneapolis: University of Minnesota Press, 2011); Ben Kiernan, *Viet Nam: A History from Earliest Times to the Present* (Oxford: Oxford University Press, 2017); Annette M. Kim, *Learning to Be Capitalists: Entrepreneurs in Vietnam's Transition Economy* (Oxford: Oxford University Press, 2008); Anne Marie Leshkowich, *Essential Trade: Vietnamese Women in a Changing Marketplace* (Honolulu: University of Hawaii Press, 2014); Allison Truitt, *Dreaming of Money in Ho Chi Minh City* (Seattle: University of Washington Press, 2013).

4 Many scholars have noted the ways an "urban middle-class" identity has been formed primarily through practices of consumption and the adoption of new lifestyles. For women, this has meant the consumption of fashion, fitness, beauty, and other practices and products of bodily enhancement. Belanger, Drummond, and Nguyen-Marshall, *Reinvention of Distinction*; Drummond and Rydstrom, *Gender Practices in Contemporary Vietnam*; Hsin-Huang Michael Hsiao, ed., *Exploration of the Middle Classes in Southeast Asia* (Taipei: Academia Sinica, 2001).

5 Minh Nga, "Vietnam Brands Look Plain as Foreigners Wear the Industry Crown," *Vietnam Express*, July 31, 2018, https://e.vnexpress.net/news/business/industries/vietnamese-brands-look-plain-as-foreigners-wear-the-beauty-industry-crown-3784983.html; Euromonitor, "Beauty and Personal Care in Vietnam," Euromonitor