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Governance and the HIV/AIDS Epidemic in Vietnam

by

Alfred John Montoya

A dissertation submitted in partial satisfaction of the
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in the
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Committee in charge:
Professor Aihwa Ong, Chair
Professor Paul Rabinow
Professor Peter Zinoman

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Governance and the HIV/AIDS Epidemic in Vietnam

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By Alfred John Montoya

For Michael A. Montoya, Elizabeth Alonzo, and Mary Theresa Alonzo.

Contents

Abstract

Governance and the HIV/AIDS Epidemic in Vietnam

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       This dissertation concerns HIV/AIDS prevention and control in contemporary Vietnam, as an assemblage of Vietnamese Socialist governance, international NGO and US government mechanisms, and new biomedical regimes based on expert knowledges and international "best practices." It maps the emergence of HIV/AIDS in Vietnam, the rise of the complex of state practices, spaces and discourses created to deal with it, the unfortunate entanglement of this apparatus with that set against "social evils," and the rendering of HIV/AIDS a biological marker of socio-moral contagion. It examines the deadly consequences of this entanglement, the authorities' subsequent attempts at disentanglement following shifting epidemiological, political and economic conditions and Vietnam's internationally acclaimed success against SARS. It marks the new forms of exclusions and inequalities in health this generated. Broadly, I argue there was a shift from an emphasis on "The People" to one on "The Human" as the object at the center of this HIV/AIDS prevention and control apparatus, along with a shift from external *enforcement* (by authorities) to internal *adherence* (by oneself, to techno-scientific and expert discourses and practices). With the shift from enforcement (a present and past-oriented mode) to adherence (a mode that moves from the present forward), the near future has now become a target of and problem for government.

       As new and massively increased resources for HIV/AIDS prevention and control become available new contests over jurisdiction and precedence are breaking out between sectors of this apparatus dedicated to public security and health and human services, as well as central and local health authorities. Under these conditions new life-saving and harm-reduction programs effected and protected through and under interpersonal and political arrangements often classified in the foreign and domestic press as "corruption" are forcing reexamination of the ethical status of these practices. I argue that following my informants' stress on the "uses" of corruption, rather than their naming, a more nuanced portrait of contemporary power relations and constraints emerges, one that sheds light on the transformation, in these milieu, of the emerging ethical terrain of HIV/AIDS prevention and control in Vietnam.

       Third, I examine PEPFAR (US President's Emergency Plan for AIDS Relief), investigating the friction at the meeting points between a pair of incongruous bureaucracies, their effect on local financial, facility and human resource management, and the promotion of a certain regime of accounting and audit practices. These new technologies represent a curious marriage of neoliberal rationalities and humanitarian ethics that operate by refiguring political problems in other domains as non-ideological and non-political health problems, within the framework of what I term an "ethics of an economy of virtue." Here I track the penetration of

neoliberal logics and calculations into the domain of humanitarian intervention. Truth games effected through the deployment of statistics, images, anecdotes and narratives collapse a broad range of meanings upon the subjected bodies of the ill, bodies and stories meant to stand in not only for those innumerable "others like them," but the exchangeable, comparable virtue of the deployer.

The final chapter is a fleshing out of the framework I present in the preceding chapters, using the parallel stories of two exemplary figures; a famous and controversial Saigon social worker, and a relatively unknown young woman, a homeless heroin addict and "graduate" of the Vietnamese carceral regime. These stories highlight the benefits, constraints and vulnerabilities actors working on HIV/AIDS in Vietnam within an economy of virtue face, as well as enable us to trace certain turning points in their lives against the background of the minor history of HIV/AIDS in Vietnam that I have set out.

Introduction
Governance and the HIV/AIDS Epidemic in Contemporary Vietnam

"*... et que bien poser un probleme n'est pas le supposer d'avance resolu.*"
"… and that to state a problem clearly is not to suppose it solved in advance."

- A. Gide, *l'Immoraliste*

Problem, Fieldwork and Analytic Orientation

Epidemics are, perhaps, the original site and problem space of modern biotechnological intervention. Modern germ theory arose, in no small part, as a response to cholera, tuberculosis, plague and fever outbreaks in Europe and its colonies in the 19th century (Watts 1997; Rabinow 1989). Then, as now, these techno-scientific bio-technological interventions bore with them and articulated with political and ethical formations to produce novel configurations (Latour 1988; Nguyen 2009). In our contemporary of rapid intercontinental air travel, and the unfathomable interconnectivity of markets and diverse sites, globally, but particularly in the close quarters, dynamic milieu and fluid borders that make up Southeast Asia, epidemics have risen to the fore, not just as a problem of governance (Quah 2007; Poku, Whiteside, Sandkjaer 2007; Harman, Lisk 2009), but a problematization of a whole range of processes for shaping bodies and biologies (Nguyen 2009), incorporating mobile technologies and situated practices in emerging assemblages (Ong, Collier 2005), and articulating neoliberal calculations, global humanitarian ethics and local political, ethical and technological regimes (Montoya Forthcoming).

This dissertation focuses on the question of governance in an epidemic, charting the problematization of disease governance in Vietnam following the first appearance of HIV/AIDS in 1990, the failure of a "social evils" enforcement-based approach to HIV/AIDS, the refiguring of the epidemic and the targets of government after the 2003 SARS outbreak, and the game-altering effects of the US President's Emergency Plan for AIDS Relief. The central problem of this study is: "How, under the particular economic, political and social conditions of contemporary Vietnam, is the threat of possible pandemic today taken up as an object, reflected upon as a problem and moved against?" The answer to this question, of course, lay not simply in the minor history of the virus in Vietnam from 1990 to the present, but in the complex Vietnamese economic, political and social history of the latter half of the 20th century, up until and including, as we shall see, the near future. The tasks of this study, then, were two. First, the establishment of the conditions in which possible responses to the HIV epidemic could be given, as well as the elements that constituted in certain moments what these solutions attempted to respond to (Foucault 2003) through a kind of "history of the present" (Foucault 1995). Second, the tracking of the emergent assemblage cobbled together from old and new elements but whose shape and character was something more than the sum of these parts, whose "temporality," if you like, stretched from the recent past to the near future, whose aim was the prevention and control of HIV/AIDS in Vietnam; a *contemporary* assemblage (Rabinow et al 2008; Rabinow 2007).

My analytic approach takes into account a constellation of local and global elements not usually considered in the study of health security in Southeast Asia. The problem of HIV/AIDS generally, and in Vietnam specifically necessarily required attention to a number of fields (the political, the technological and the ethical) and domains (health, security, gender, sex and sexuality, law, drugs and crime, etc) at an astonishing range of levels. The conditions that facilitate rapid spread and deep impact of a disease are also those that make it hard to respond to

it, and ensure that that impact will be severe (Barnett, Whiteside 2006), compounding problems and confounding those who would disentangle them. Additionally, HIV/AIDS operates within multiple temporalities, and is what has been called a "long-wave event," striking individuals in a matter of years, but accumulating into troubling large-scale effects over the course of decades, the "pathological harmony between virus and host reproductive cycle" having significant social and economic consequences (Barnett 2006; Lisk 2010). The disease's institutional outlines are equally confounding. Simply to make sense of the dizzying number of organizations involved in the struggle, much less identify their objectives, relationships and relative weight, was extremely time consuming. Writing of this same problem on a global level Swidler remarks:

> "The AIDS pandemic is tracked and 'managed' by an enormous, world-spanning collection of organizations, some loosely coordinated through the UNAIDS umbrella and now the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); some funded by major international organizations such as the World Bank, UNFPA and the WHO; many funded directly or indirectly by USAID (and now the President's Emergency Plan for AIDS Relief, PEPFAR)… and the other major bilateral donors; and others funded by a hodgepodge of smaller groups and foundations, basically freelancers, many with their own funds and their own ideas and interests. Even a brief look at what the 'structure' of such an organizational universe might look like illustrates the complexity of this system. Just to map this universe is an enormous challenge. All sorts of organizations – upstart freelancers, pseudo-independent NGOs, and many 'consort' organizations from universities to traditional foundations to church and missionary organizations… have jumped into the AIDS fight. This universe is organized partly as a hierarchy, with the big funders and the regulatory organizations like the Global Fund, WHO, the World Bank and UNAIDS at the top; but it is also organized as a network of 'partnerships' and projects, often with specialized foci or target groups. And then in many respects it is unorganized, with entrepreneurial actors at all levels inventing (or reinventing) themselves as actors in the AIDS drama" (2007).

Swidler argues, rightly, that with these vast numbers of actors at multiple levels interacting simultaneously, the usual ways of thinking about boundaries or even about nested hierarchies of social processes (local, regional, national, international, global) do not hold up (2007). I attempted to deal with this in two ways. First, I engaged in long-term work in the field, with policy-makers and implementers from multiple groups at multiple levels, as well as with program constituents and persons engaging in "high risk behaviors." My fieldwork (18 months in 2005 and 2007-08) was a multi-sited and cross-disciplinary endeavor. I worked closely with program officers from PEPFAR, the USAID Health Policy Initiative, Family Health International and other subcontractors in Ho Chi Minh City and Hanoi, with officers from the Ho Chi Minh City Provincial AIDS Committee, the Ho Chi Minh City Lawyer's Association, numerous local NGOs, and foreign health and development NGOs. In addition to these public health professionals and planners, lawyers, administrators and specific intellectuals, I worked with peer and street educators, and Catholic and Buddhist religious. I worked as a consultant to the USAID Health Policy Initiative on their HIV/AIDS legal aid programs in Ho Chi Minh City and Hanoi, as well as to a local NGO dedicated to the care of HIV/AIDS infected and affected children. Conversely, I spent a great deal of time on the streets of Ho Chi Minh City and its outlying provinces, with persons infected and affected by HIV/AIDS, former and current drug dealers, users, sex workers, and expatriate business people and entrepreneurs, a few of whom had earned reputations as what were then less-than-affectionately known as "sexpats." I volunteered in Catholic and Buddhist AIDS hospices, going on rounds to district health centers or home visits with doctors and other health professionals, visiting on two occasions the remote reeducation camps that had become integral parts of Vietnam's strategy for HIV/AIDS prevention and control. I worked with young Vietnamese professionals, English- and Vietnamese-language

instructors. I did press and legal archival research concerning health, HIV/AIDS, "social evils," insurance, urban construction, drugs (trafficking, use and rehabilitation), SARS and "civil society." From high level PEPFAR officers discussing accounting and audit policies to combat what they perceived as institutionalized corruption among their opposite numbers in the Vietnamese hierarchy, to the meaning-making of the ill in the cursory site visits of foreign funders to local NGOs, the most heated debates illuminated instances when it was clear that a particular technology or strategy brought with it a built-in ethics and politics or forced clear reworking of pre-existing political and ethical regimes, as around the troublesome question of harm reduction measures. The political, the technological and ethical, as regards the problem of HIV/AIDS, revealed their inextricable interpenetration. All of this was an attempt to provide an adequate picture of the emerging assemblage, its elements, objects and targets, and the conditions that shaped it and them.

Second, borrowing from a wide array of scholars and thinkers I developed a provisional analytic framework. Obviously, from Foucault I took the "problematization," the moment in which a domain of action enters into the field of thought because factors have made it uncertain, unfamiliar, or produced around it difficulties. It is the elaboration of a situation into a question, the transformation of a set of difficulties or troubles into problems to which diverse solutions are possible (Foucault 2003). This enabled a conception of HIV not as a given and known quantity, so to speak, but as a difficulty which was taken up, under conditions that varied over time, as a certain type of problem, threatening certain specific objects and disposing it (and more importantly both infected and non-infected bodies) to certain modes of intervention. Additionally, I took up Foucault's concept of the *dispositif* "or apparatus," refering to a strategic *bricolage*, a network of relations between diverse elements, a "heterogeneous grouping composing discourses, institutions, architectural arrangements, policy decisions, laws, administrative measures, scientific statements, philosophic, moral and philanthropic propositions; in sum, the said and the not-said" (Rabinow, Rose 2003). Apparatuses are strategies of relations of forces supporting, and supported by, types of knowledge; they are specific responses to historical problems. Attention at this level allowed Foucault, and now us, to engage in analysis beyond contemplation of monolithic institutions, classes, cultures, ideologies, beliefs and prejudices and makes available new problems and connections (Rabinow, Rose 2003; Rabinow 2003). As we shall see, the identification of the elements, objects, discourses, and spatial technologies that make up what I term the "social evils" apparatus in Vietnam, an apparatus that conditioned to a certain extent how HIV/AIDS was taken up as a problem, allows for a more nuanced analysis beyond these above-mentioned categories, offers a framework for understanding the shift I mark, and makes available those factors which both enable and constraint those who must act in the present.

Furthermore, I borrowed a certain analytic attention to figures and the occupation (and re-occupation) of problems from Hans Blumenburg (1985). Rabinow identifies Blumenburg's work as a history of discursive figures and concepts, and of reoccupations of problem spaces (2003). Blumenburg's work is a response to philosophers of history who interpreted history as embodying a logic of inevitable progress toward modernity, incorporating even relapses as necessary stages for subsequent advancement (1985). Blumenburg points out that the modern age is not the result of transformations of something originally Christian, nor did it spring spontaneously from nothing, but that the continuity underlying the change of epoch is one of problems, not solutions, questions, not answers (1985). Blumenburg argues that the continuity of history lies not in the permanence of ideal substances, but in the inheritance and reoccupation of

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problems. For Blumenburg, the notion of progress as a necessary and inevitable process, and the philosophies of history that embody it are the result of attempts ("natural," but nevertheless doomed to failure) to answer premodern questions by modern means not adapted to the task. The wrong tools for the wrong job, to borrow again from Paul Rabinow (2003). I found this useful in two senses. First, in Rabinow's sense of the necessity to develop, sharpen and bring to bear the "right tools" for working on complex emergent objects (2003), and second in disposing me to attend to moments of breakdown in the apparatuses I was examining, as the Vietnamese, and later they along with their international partners, struggled themselves to find the "right tools" to deal with HIV/AIDS under shifting political, economic, social and epidemiological conditions.

Similarly, from Hannah Arendt I took a concern not with historical continuities but historical problems, generated by renegotiations of the conditions of human existence (1998). Arendt is concerned with humans as conditioned beings, as everything they come into contact with or produce turns immediately into a condition of their existence; thus, human beings are constantly in the process of being reformulated through technological innovation (1998). The central problem of her work, and a problem for which mine is a much more limited inflection, is thus, to attempt to "think what we are doing" in the context of "our newest experiences and our most recent fears," dealing with only the most elementary articulations of the human condition, those in the range of every human being; labor, work and action (1998).

However, the object I was investigating in the contemporary, having emerged from a particular moment of problematization, was not yet solidified into an apparatus in the strict sense. From Deleuze and Guatarri I took the concept of the "assemblage," designating a mobile, heterogenous, fluid configuration of lines of articulation, segmentarity, flight, stratification, destratification, territoriality, and deterritorialization; in short, an ensemble of heterogenous elements, a multiplicity linked into a kind of matrix in motion (1987). Whereas apparatuses typically operate within a temporality of long duration, and though mobile, are nonetheless stabilized, assemblages are experimental and contingent, composed of similar elements, techniques and concepts, but comparatively effervescent, disappearing in years or decades or obtaining in more durable form as apparatuses (Rabinow 2003). Assemblages are the secondary matrices from which apparatuses emerge, and in terms of scale fall between problematizations and apparatuses. Ong and Collier deploy the concept of the "global assemblage" to examine a specific range of phenomena that articulate shifts in certain domains of the contemporary such as technoscience, circuits of exchange, systems of administration and governance, and regimes of ethics and values (2005). The "global" in "global assemblages" refers to that which is abstractable, mobile and dynamic, capable of moving across and reconstituting older, over-vague and obsolete categories of "society," "culture," and "economy." Ong and Collier propose the concept of the "global form" to encompass those objects, technologies, and regimes that have a distinct capacity for deterritorialization and recontextualization, abstractability and movement across diverse socio-cultural situations and spheres of life, which are articulated in specific situations and territorialized in assemblages, defining new material, collective and discursive relationships (2005). Unlike other forms, they are limited by specific technical infrastructures (technology), administrative apparatuses (politics) and value regimes (ethics), not by the vagaries of the social or cultural fields. The assemblage coalescing in Vietnam around the problem of HIV/AIDS is comprised of elements of Vietnamese late-socialist political, ethical and technological formations, articulating with a transnational regime of humanitarian, specifically health, intervention spearheaded by the US government. This articulation crystallizes the

conditions of possibility for a new political problematization as well as a reformulation of Vietnamese conceptions of biosecurity.

Finally, this work draws heavily on that of Aihwa Ong, specifically in terms of her insistence on a mid-range level of analysis and an analytics of assemblage rather than structure (2007, 2006). Ong's work re-conceptualizes neoliberalism beyond its conventional definition as an economic doctrine with a negative relation to state power, or a market ideology that seeks to limit the scope and activity of governing. Ong proposes its conceptualization as a new relationship between government and knowledge through which governing activities are recast as nonpolitical and non-ideological problems that need technical solutions, that is, as a technology of government and a profoundly active way of rationalizing governing and self-governing in order to optimize (2006). For Ong, neoliberal governmentality results from the infiltration of market-driven truths and calculations into the domain of politics, its rationality informing the action of regimes and furnishing the concepts that inform the government of free individuals who are induced to self-manage according to the market principles of discipline, efficiency, and competition (2006).

Borrowing from these scholars, I have taken up a kind of mobile mid-range analytic that stays close (in the tradition of our discipline) to practices, discourses, strategies and tactics. I argue generally, that when difficulties are taken up as a specific kind of problem in a moment of problematization, the problem simultaneously conditions both the apparatus or assemblage that is designed to deal with it, and the object at its center, the object in the name of which, and upon which, these elements, arrangements and forces are being marshaled and directed. These specific relationships of problem, object and apparatus/assemblage, in turn condition the mode of intervention that is then possible, or in some cases, necessary. Thus, two apparatuses/assemblages that share the same object might be expected to operate with similar modes of intervention. More importantly, this shared object becomes a point of promiscuity, happy or not, along which different technologies, discourses, logics and the like migrate, are borrowed one from the other, tested, taken up or discarded.

This analytic orientation forms the basis of the entire work and is most developed in the first chapter, the minor history I have written of the HIV/AIDS epidemic in Vietnam that differs quite a bit from those found at the outset of works on the same topic. In place of the provision of sweeping formal continuities and righteous denunciations, this work concerns itself with problems, or more specifically, in the excavation of disjunctures, breakdowns, and difficulties, demonstrating how these erupted within specific political, technological and ethical regimes (at specific moments) and were, as such, taken up as specific kinds of problems. I show how this, in turn, conditioned the kind of responses and solutions given in the recent past, and how these responses and solutions (together with other events) are generating new opportunities as well as new problems for the near future.

Epidemics and Governance

This study also hoped to build upon and accomplish something quite different from other studies that concern themselves with governance and epidemic disease. The scholarly literature concerning the relationship between government and epidemics in general, but HIV/AIDS in particular, operates within two modes. The first, and perhaps most common, investigates the nature and forms of the impact of HIV/AIDS on governance, with respect to "key areas of political and economic life;" education, health, security, democratic accountability, and political

representation (Poku, Whiteside, Sandkjaer 2007). These types of studies, the vast majority of which are found at the social scientific fringes of public health, tend to examine the consequences of poor HIV/AIDS governance for national economic growth and development (Bloom et al 2004; Whiteside 2007), sovereign state security (McInnes 2007), and on democratic institutions (Rau 2007; Chirambo 2007). The second type of analysis trains its eye on the effectiveness of the governance of epidemics in a given country as reflections of the effectiveness of that country's overall governance (Quah 2007; Harman, Lisk 2009). The analyst uses the epidemic to identify and accentuate deficiencies in the governance system, and in the best instances, assesses "responses," that is, how "some individuals or groups in high places, or with enough clout and determination, might decide or attempt to correct those deficiencies" (Quah 2007). Here is where the majority of public health intellectuals situate their work, within a prescriptive mode. Two related and recent variant of this second type have arisen. First are studies that concern themselves with the governance structures and functions of relevant "global institutions," analyzing the impact of these on the capacity of "countries, communities and individuals" to respond to the epidemic (Lisk 2010). This type of study typically figures HIV/AIDS as a development issue, combated through tension-fraught North-South power relations and unequal donor-recipient partnerships. The second involves the investigation of the impact of international organizations and their HIV/AIDS policy frameworks on "people infected, affected and living in the context of the disease," arguing, quite rightly, that though these entities provide the policy and material bases for interventions they do not reflect on their own impact on how people experience the disease, "institutionali(zing) particular relations and actors as relevant for their interventions," turning people into "patients" or "risk-groups," in short, mere objects of medical knowledge (Seckinelgin 2008). This kinds of "medicalization" critique should by now be familiar. What is more interesting is how it shifts the target of analysis, rightly, back against the prescriptive analyses found in these earlier types of studies, but confronts them, unfortunately, with a prescriptive analysis of its own.

In any case, the analyst then takes up the task of adjudicating between various strategies of government, and in the final instance selecting the most appropriate. This work abounds in strong, good-faith policy claims that take as their indices lives lost, "opportunities missed," possible successes thwarted.

In terms of the relation between governance and epidemic, my inquiry hopes to accomplish something different, situated at a mid-range level at the complex intersection of potent and historically contingent regimes of power, knowledge and truth claims. Those struggling against HIV/AIDS in contemporary Vietnam do so within a truly global assemblage comprised of political, ethical and technological elements of a late reform-era Socialist governance strategy, the constraints and capacities of a new biopolitical mechanism of power based on expert knowledges, so-called international "best practices," and a notion of "global public goods," and finally, the demands of a massive US government effort to combat HIV/AIDS, promoting its own neoliberal regime of individual rights, risks and responsibilities. This inquiry seeks to fill a gap not only between the two prevailing modes of analysis I describe above, but in the scholarly literature on the travel and circulation of large-scale public health models, and the possibilities for "harmonization" (IOM 2007) or "syncretism" (Swidler 2007) with and within a so-called late- or post-Socialist context.

This analysis seeks to move away from the application of such broad-based forms to attend to the specific interactions of the local and the global that are historical and contingent (though no less powerful or consequential for being so) within a specifically Southeast Asian

context. This work is a kind of anthropology of the state, though, those seeking the *longue duree* narratives of structural evolution or "post-social transition," theorizations of the effects of "globalization," or analyses confined to institutions, classes, culture, or policy at the level usually found in international relations or political science literature, will not find them, or rather, will find them in slightly different form. To understand the work of HIV/AIDS prevention and control in Vietnam in the contemporary, work that necessarily implicates a wide range of local and global actors, institutions, strategies, speech acts, prejudices, events and the like requires a way to cut across these various categories and domains, and the suspension of long-prevailing tropes and assumptions about the disease itself and about Vietnam.

First, this study does not presuppose the kind of problem HIV is. In fact, it relies specifically on the fact that the virus can be taken up as one or more kinds of problems, each with its own enabling and constraining factors, demands, narratives, and so forth. While this study attends to contingency (not arbitrariness), many others have been content, with varying degrees of success, to preformulate the problem. McNally's excellent study of HIV/AIDS in Vietnam in the late 1990s, while otherwise lucid and nuanced, nevertheless stays close to an analysis that figures the disease as a development problem (2002). This is certainly the case, and HIV certainly has undeniable consequences for economic growth and development, as the Vietnamese have long contended. However, I hope to show that HIV/AIDS was not first considered primarily a development issue. Perhaps if it had been the mode of intervention chosen to deal with it would have looked vastly different. Instead, through a marriage of convenience with the "social evils," HIV/AIDS became a socio-political and ethical problem of contamination by the outside, one that *also* had consequences for development. Moreover, recent work coming out of the Consortium on Non-Traditional Security Studies in Asia, funded by the Ford Foundations and based at the Nanyang Technological University in Singapore goes a step further. The consortium calls for the securitization of the HIV/AIDS issue in Asia to mobilize greater resources, interest and support to combat it (Ramiah 2004). For the CNTSSA this involves "actors" and "speech acts" designating an "existential threat requiring emergency action or special measures and the acceptance of that designation by a significant audience" (Ramiah 2004). It is clear, for advocacy purposes, that this approach has merit. However, as I will show, in certain respects "securitizing HIV/AIDS" is exactly what the Vietnamese did in the early 1990s, with disastrous consequences, taking HIV/AIDS up in this form but with very different notions about the *object* of this security apparatus ("the People") and what "emergency action" or "special measures" were suitable for its protection. These involved the mobilization of the entire country against the disease, by linking HIV/AIDS with the "social evils," engaging in police action against high-risk groups, fear-based informational campaigns, and, for many unfortunate people, internment in reeducation camps. By refusing to presuppose the problem we can attend to a series of questions of a different order, in a mode other than denunciation or prescription. We might ask, "What did security mean to Vietnamese authorities in 1990 and what might it mean today?" We can ask "What was the object of this security? What was ostensibly being secured? Against what? With what consequences?" It is this order of question that is the basis of the following inquiry.

Second, I wanted to take up the challenge posed by Foucault in a 1983 interview later titled "How Much Does it Cost to Tell the Truth?" In it he proposes that our task is to "explain what today is and what we are today, but without breast-beating drama and theatricality and maintaining that this moment is the greatest damnation or daybreak of the rising sun" (1996). This small attempt to explain these things eschews this very common tendency, specifically to

tell the story of HIV/AIDS in Vietnam as a story of progress. What follows is not such a story. That is not to say that great innovations, new resources and advances in technology, and, to borrow the fundamental indices of success in the calculus of public health, significant reductions in morbidity and mortality have not been achieved. I do not claim that there has been no improvement in care, treatment and prevention over the two decades since the first Vietnamese case of HIV was detected. I do, however, strongly argue against a commonplace reading of the history of HIV/AIDS in Vietnam in recent scholarship and the press. This history is commonly characterized as a miraculous and total shift between a politically and socially backwards, bad-faith, unscientific and quasi-superstitious regime based on "social evils," and a modern, apolitical, technoscientific regime based on evidence and "human rights," a story of progress from dark to light that ends with science and the West. Some commentators even link this shift to single factors, most commonly a spectral "international pressure" which prompted Vietnamese government recognition of the wrongheadedness of their policies (ie. De Loenzien 2009). This narrative is paralleled most obviously in the social and economic realms by the place of economic "transition" in "post-socialist" scholarship that makes recent history begin with capitalism, or posits a "rescue scenario" from failed socialist policies by Western capitalism (Barbieri, Belanger 2009; Berdahl 2000). I argue something quite different. Like Carruthers (2001) I argue against such a narrative of penetration and erosion of sovereignty by external forces, of Vietnamese capitulation to foreign pressure, and for a conceptualization of Vietnamese authorities as clarifying the grounds and criteria for selection in a mode of maintenance. Here we have a picture of Vietnamese authorities negotiating their positions vis-à-vis the "global" arena, retaining their positions as arbiters of cultural, political and technological selection, not the either-or blackmail of brute protectionism or passive acquiescence.

      This analysis specifically works against a pair of common assumptions about Asian Party-states in the contemporary. The first is that they are slow to act, burdened by outmoded styles of government and ideological orientations, that they can only be stimulated to reform by external forces ("globalization," "capitalism") making concessions in the face of international economic and political pressures, troubled by a weakening of sovereign power (examples of analyses in this "significant retreat" of the state vein see Malarney 2002, Marr, Rosen 1999, McCormick 1999). My analysis shows something quite different, though it does bear similarities to Kerkvliet's notion of a "dialogic interpretation" of state power (1993, 2005), in the case of HIV/AIDS control and prevention that has grown up through a series of international partnerships and agreements. It is clear that the Vietnamese were quick to respond to the initial threat with a mode of intervention proper to the kind of problem they took the epidemic to be, and equally quick, when favorable conditions arose, to make a considerable shift in these modes. At every step authorities proved themselves clearly in control, in the mode of selection and arbitration if not protectionism (as some would have it), putting some of their sovereign powers to tactical use. The second, particularly in international relations literature, is the tendency to deal with these states as if they were monolithic, to confuse the seemingly unified policy positions of the government and party together with the opacity of their political processes with single-mindedness, or, in the best of analyses, to characterize internal struggles as those between "progressives" and "conservatives," and/or adjudicating between those operating in good and bad faith. Gainsborough has recently argued for greater attention to teasing out these internal divisions, reading against the grain of current interpretations, and focusing scholarly attention away from "policy" toward outcomes, by attending, for instance, to the expressions of circulations of specific forms of political relationships, such as patronage and political protection

(2003, 2007). In this vein, my analysis pays particular attention to the ways in which various actors operating at different levels and in different sectors of the assemblage deployed against HIV/AIDS are both authorized and constrained in various ways by their political, ethical and technological regimes, and the differing mandates of their various agencies. Moving from analysis of Vietnamese HIV/AIDS and "social evils" law and policy documents to their often awkward implementation on the ground in the messy interstices of daily life, this study seeks to advance critical insight into these complex interactions at a mid-range level, and to provide a critical examination of the conditions with which any new health policy decisions in Vietnam must contend.

Why AIDS in Asia?

As is evident by the large body of global public health literature and health policy centered on Asia, there is growing interest in, and a not inconsiderable amount of anxiety about, the consequences of unmanaged or poorly managed infectious diseases there. In recent years, outbreaks of new infectious disease like SARS and H5N1 ("avian" flu), with their origins in Asia, have caused a great deal of turmoil not only for the public health sectors of regional and international governments, but economies and political leaders as well. If the number of recent works with some variation of the title "AIDS in Asia" is any indicator, the problem of HIV/AIDS in Asia is a pressing one and at the forefront of these concerns (see Lu, Essex 2004; Beyrer 1998; Balgos 2001; Hunter 2005; Narain 2004; Borowitz, et al 2004; Yamamoto, Itoh 2006). The epidemic arrived in Asia relatively late compared to the rest of the world. The first Asian state to be hard-hit by the disease was Thailand, which diagnosed its first case in 1984 (Lu, Essex 2004; Phoolcharoen, et al 2004). China followed, identifying a first case the next year (Jie, et al 2004). In Asia the spread of HIV did not begin until the early 1990s, and then, mainly among female sex workers in Thailand, Cambodia and Burma (Narain 2004). However, even after two and a half decades of slow burn, the epidemic is still more or less concentrated, affecting a small fraction of the total population. So why this concern and attention?

It is a tragedy that by now, we have become inured to the tens of millions of AIDS deaths occurring in Africa, where it has been argued that the disease is threatening entire countries with economic and institutional collapse (Lu, Essex 2004). While the epidemic in Asia is unlikely to reach the levels found in sub-Saharan Africa any time soon (Bloom, et al 2004), with 60% of the world's population, Asian epidemics could fast outpace those in Africa in terms of the sheer numbers of infected and affected persons; and, of course, epidemics generalize (Lu, Essex 2004). Any small percentage increase in infections in an Asian context translates into high levels of morbidity and mortality. Projections forecasting several hundred million deaths, shifts in political boundaries and economic chaos in some of the West's major trading partners are considerably more difficult to ignore (Hunter, 2005). At the moment, in most Asian nations, the epidemic is still in a concentrated phase, afflicting mainly those engaging in "high-risk behaviors." These people, of course, are those already marginalized because of their socioeconomic status, lack access to information and health services, and regularly engage in behaviors that are culturally discouraged or outright criminalized. However, unmanaged, the emerging Asian epidemic will vastly overshadow the virus' first pass through Africa with arguably greater global impact, not least because Asian states tend to be extremely populous, and because of the global economic importance of places such as India, China, Indonesia and Vietnam (Hunter 2005). "Even if Asia's three giants are removed," writes Hunter, "epidemic

impact on the others could make deaths in sub-Saharan Africa look like very small potatoes indeed" (2005). Before the end of 2010 Asia will overtake sub-Saharan Africa in terms of absolute numbers of infected people, and by 2020 Asia will be the world's new HIV/AIDS epicenter (Barnett, Whiteside 2006).

As early as 1996 public health intellectuals were claiming that Asia would become the new battle ground in the war against HIV/AIDS (Weniger, Brown 1996). Lin, Roberts and Lu have argued that Asia is currently facing a crisis like that of sub-Saharan Africa in the late 1980s and early 1990s (2004). Fortunately, these authors assert, Asian states are in considerably better positions than their African counterparts, financially, technologically and in terms of scientific and public health expertise (2004). Unfortunately, at the donor and senior government level, Asian states have been less than eager to learn from the epidemic's course through Africa, even to the point of discouraging comparisons between Asian and African states, or between Asian and African peoples. The message, according to one researcher was; "Don't mention Africa – Asia is not like Africa and people will be offended" (Whiteside 2004). Based on HIV prevalence, Asian countries are divided into three broad categories. Those with prevalence rates greater than 1% among the general population, like Cambodia, Burma and Thailand; those between 0.5 and 1% prevalence among the general population like Malaysia, Indonesia, Vietnam and China; and those fortunate countries with less than 1% prevalence among "high-risk" populations (Narain 2004).

Despite its relative concentration compared to sub-Saharan Africa, the epidemic continues to spread rapidly throughout Asia, with new infections in the region increasing faster than anywhere else in the world (Narain 2004). The epidemic in Asia remains highly dynamic and is rapidly evolving, and with more than half of the world's population making their home in the region, Asia has "the potential to significantly influence the course and overall impact of the global HIV/AIDS pandemic" (Narain 2004). Beyond this, as other commentators have mentioned, the course of the epidemic though Asia is expected to erode the significant economic gains made by countries in the region, gains that have decreased poverty and increased access to education and health in many parts of Asia (Bloom, et al 2004). This would in turn compound the individual devastation and social turmoil caused by the disease, and impact the ability of Asian states to recover socially, economically, and in terms of public health (Bloom, et al 2004). Even if AIDS does not reach truly high levels, cautions the Asian Development Bank, it has already affected the region's poor, impeding poverty reduction efforts, limiting improvements in overall human development ratings, and making the continued spread of the virus inevitable (Bloom, et al 2004). The potential for the disease to provoke a serious curb on labor power, productivity, education, savings and capital accumulation, argues the Asian Development Bank, gives regional governments incentives apart from "clear humanitarian motivations" to be "vigilant and proactive" (Bloom, et al 2004).

In short, HIV/AIDS in Asia has been framed as a humanitarian problem of epic proportions, with the lives of hundreds of millions potentially on the line (Hunter 2005), with the epidemic taking advantage of Asia's "vulnerabilities" (poverty, economic disparities, illiteracy and "cultural and gender-related issues") and contributing to its "potential to spin out of control" (Rafei 2004). It has been framed as an economic problem with far reaching consequences for the future economic viability of Asian nations as well as their business partners throughout the world (Bloom, et al 2004), and as a security issue (Ramiah 2004). No less than Colin Powell, then the new US secretary of state, identified AIDS as "a condition that could create instability, and a climate ripe for terrorism" selling it as such to then-president Bush and prompting Bush's

backing of the President's Emergency Plan for AIDS Relief (Stolberg 2008). Only weeks into his new position Powell called Tommy Thompson, health and human services secretary, arguing that AIDS was "not just a health matter," but a "national security matter" requiring immediate attention (Stolberg 2008). Population, rapid economic expansion and increased levels of migration have contributed to what some have characterized as a "time bomb" (Hunter 2005) as regards AIDS in the region. The good fortune Asian states have enjoyed so far is today increasingly being seen as a "closing window" of opportunity (Narain 2004), with our ability to shape the course the epidemic takes through the continent diminishing daily, with each new infection. In the two and a half decades since HIV/AIDS first made its appearance on the continent, Asian states have become essential players on the global political and economic scenes. It is quite clear that renewed attention must be paid to this problem in this vital region that has been called "the decisive battleground" in the global fight against HIV/AIDS (Lu, Essex 2004). For better or worse, as Asia goes, so too might the rest of the world.

Why Vietnam? Why "Saigon"?

With both India and China contributing vast absolute numbers to the global total of HIV infections, and with both of these economic powerhouses taking central positions in the global economy, why focus attention on tiny Vietnam?

First, in terms of epidemiology, the Greater Mekong river region has become a "flashpoint" in the Asian HIV/AIDS pandemic (Cao, et al 2004). Long periods of war and political instability, recent rapid economic growth, and the increase in population mobility, illicit drug use and prostitution have begun to pose significant challenges to the public health systems of Vietnam, Lao PDR, Cambodia and Burma (Cao, et al 2004). Proximity to the opiate producing areas of the Golden Triangle, and the low cost and high purity of the "China white" heroin found in Vietnam are contributing to both the domestic and regional spread of HIV. Molecular epidemiological studies have traced the HIV infection pathways *from* northern Vietnam and into southern China, in part because of these factors (Beyrer, et al 2000). New trends in the production and consumption of amphetamines will also soon impact the shape of the epidemic in the region.

Vietnam is also a strong economic contender, both regionally and globally. Prior to the recent economic downturn, Vietnam was enjoying unprecedented foreign investment and economic growth on par with its much larger neighbors, India and China, contributing to a rising standard of living and an expansion of the urban middle class. Politically stable, its authorities are primarily concerned with sustaining economic growth and maximizing efficiency, productivity and regional and global competitiveness, containing these forces within the bounds of a strong Party-state in a late-socialist context. These factors made Vietnam attractive to foreign investment, further driving its economic boom and increasingly integrating it within regional and international economies. Vietnam also has a reasonably robust public health sector, and an organized disease surveillance system, attested to by Vietnam's success against SARS in 2003 (Cao, et al 2004; De Loenzien 2009). Also, like many Asian nations (Thailand and Cambodia excepted), it has managed to sustain an unusually low HIV/AIDS prevalence, only just recently crossing over the threshold of a generalized epidemic. Vietnam also, obviously, shares cultural and social-structural elements with its neighbors, making it a good case study for comparison across the region. What makes it unique is that it is the sole Asian PEPFAR focus country. This means that the US and its international partners are intimately involved at every

level of the new apparatus for HIV/AIDS prevention and control in Vietnam, from training new health professionals to program design and implementation, from peer-to-peer counseling to supply-chain management for methadone and ARV medication. Alongside a massive injection of funds comes a battalion of international technical advisors and experts, new programs and technologies with new indices for measuring success and failure, new demands for accounting and transparency, and new ethical and technoscientific regimes to negotiate. Though some early general reports on PEPFAR program implementation have appeared (IOM 2007), the majority of close case studies have, up until now, focused on PEPFAR initiatives in Africa. Moreover, even new scholarship investigating the impact of international organizations and their HIV/AIDS policies on local governments and peoples have done so in Africa (see Seckinelgin 2008). Little or no attention has yet been given the implementation of these initiatives in an Asian milieu.

Taken together, these factors make Vietnam a particularly good site for analyses of new techno-scientific practices, institutions and knowledge-making regimes in Asian contexts. Recent anthropological work in Vietnam, according to Hy Van Luong, has begun addressing what he refers to as "local-global-state interaction," Luong calling for in-depth historical and comparative multi-sited ethnographic research on the interplay of state, global and local forces with close attention to the larger political economic framework (2005). This work, contends Luong, has been increasingly sensitive to the historical dimensions (colonialism, warfare, socialist experiments, etc) of the issues under analysis, either focusing on the sociocultural and economic transformations of the past five decades or examining the ethnographic present in the context of this temporal frame (2005). Work such as that by Nguyen-Vo Thu Huong has fallen into this latter category, deploying ethnographic methods to interrogate not just the shape of governmental organization in Vietnam and its effects on those subject to it within the "temporal frame" of renovation or transition, but also, beyond Luong's formulation, the status of certain concepts with which we think governance, in her case "neoliberalism" and "governmentality" (2008). Similarly, the following study wishes to attend to the articulation of HIV/AIDS and governance, how HIV/AIDS is dealt with in Vietnam both emblematic of and in some cases pushing towards specific modes of governing in the recent past and on into the near future.

I focused the bulk of my fieldwork in Ho Chi Minh City/Saigon. I did this for a number of reasons. First, the city, with only 10% of the country's population, accounts for over a quarter of all reported infections countrywide and is home to the greatest concentration of injection drug users and commercial sex workers in Vietnam, two primary drivers of the epidemic (USAID 2006; UN Vietnam 2006). Additionally, though officially Vietnam still boasts a concentrated epidemic, with a 1.2% prevalence in the city, HIV/AIDS has been generalized in Saigon since the early part of the decade (USAID 2006). Second, the city offered a stronger track record than Hanoi both in terms of its long linkages with foreign organizations and personnel, as well as its tolerance, if not support, of local NGOs. In short, the city seemed to be an easier place for my informants and collaborators to work, and thus offered a greater number of organizations with whom I could readily partner. Third, the city has historically been something of a proving ground for new social and political technologies. In fact, it has been argued that Vietnam's famous mid-1980s economic transition had its seeds in the city (Turley, Womack 1999). The decline of the city's industrial output after 1975 subverted state attempts to command the South's economy, it becoming quickly clear that the natural advantages of the city were being sacrificed to national uniformity. With its resources so vital to national economic development, the central government, which still preferred socialist consolidation, allowed its leaders to act pragmatically. These local experiments touched off a growth spurt in 1981 and set the stage for the more

ambitious and broadly applied national reforms of the mid-1980s, as it became clear that the only way to stabilize and deepen these successful experiments was to widen them into national policy and cease their exceptional character (Turley, Womack 1999). Today, the city is the site of new experiments in health interventions, most obviously, and controversially, experiments with pilot methadone programs in certain city districts, and the launch of an ambitious and progressive "Three-Month Program" in the city's reeducation centers for drug users which seeks to provide comprehensive support and training for center releasees. If these experiments produce positive results they are certain to be scaled up throughout the country.

A small note on nomenclature. Throughout the remainder of the work I will refer generally to the city as "Saigon," and not "Ho Chi Minh City," its official name, in use since 1976, except in reference to government offices and documents. This is for two reasons. First, the vast majority of my informants, almost without exception, referred to the city in this way, using "Ho Chi Minh City" only in official capacities, when dealing with government functionaries, filling out paperwork and the like. "Saigon" is still the official name of the city's District 1, and in my experience, is still the most common way to refer to the city as a whole. Second, my fieldwork and the work of the people with whom I collaborated was generally concentrated in these older downtown districts, Ho Chi Minh City, as I understand it, referring to the metropolitan area created in 1976 by the merging of Saigon proper and the surrounding province of Gia Dinh. For these reasons it is not a complete stretch to say that this study was undertaken in "Saigon" rather than "Ho Chi Minh City."

Additionally, I have taken the liberty of using pseudonyms for persons whom I promised confidentiality as well as for my friends, collaborators and informants who were not public figures. As far as possible I have left out identifying markers in a sincere effort to ensure that the information they provided me in no way negatively effects their ongoing work or lives. The names of public figures, that is, persons who I met who had given newspaper interviews, those heads of government or non-governmental organizations and the like, I have retained.

The intellectual objectives that conditioned this project are clear. First, I sought to understand the multivalent interactions between a set of mobile global forms of health security and local political and ethical regimes in an already dynamic period of rapid economic and social change, and to resituate the current difficulties generated by these interactions in a broader socio-historical context. Second, I wished to investigate these interactions as determinants of health, toward developing, evaluating and disseminating knowledge about these complex interactions and interventions, and the power dynamics and knowledge-making regimes they exemplify, to make them available for reflection and revision for those whose task it is to improve health outcomes. Third, I hoped to fill in a troubling gap in the literature on the effect of this unprecedentedly massive health initiative, PEPFAR, within an Asian socio-cultural milieu. Finally, to critically inform policy-makers and program stakeholders at all levels, both international and domestic, so that they may be better positioned to provide life-saving care, treatment and prevention measures in this vital "flashpoint" (Cao, et al 2004) in a region that has been called "the decisive battleground" in the global fight against HIV/AIDS (Lu, Essex 2004).

Summary

Towards these objectives I concentrate on shifts in the modes of government around HIV/AIDS epidemic prevention and control in Vietnam. I demonstrate how in the past, HIV/AIDS was taken up by the Vietnamese authorities as a threat to an old key representation,

"The People/the Social Body of the Nation." In limited partnership with the WHO and other international health organizations, Vietnam set up sentinel surveillance systems which had the effect of linking HIV/AIDS with certain populations, as slippages occurred between the targeting of high risk behaviors and high-risk groups, sex workers, drug users and the like, grouped under the long-standing rubric of "social evils." In this way, the fight against HIV/AIDS was effected through the fight against "social evils," through heavy-handed police tactics, raids, roundups, and fear-based informational campaigns, coming to its final expression in the network of camps operated by the authorities for the reeducation of sex workers and drug addicts. These camps, in which more than half of their inmates were HIV positive, became *de facto* components in Vietnam's strategy against HIV/AIDS, as, in the words of one commentator, "dumping groups for the abandoned and sick" (Templer 1998). However, recent reconfigurations of institutions, modes of intervention, and ethical configurations point to a re-imagining by the Vietnamese of the problem of HIV/AIDS. A shift to take "The Human" as the object of their unique assemblage has been accompanied by serious moves to disentangle HIV/AIDS from the rubric of "social evils." Reeducation camps have been themselves rehabilitated as places where inmates can enroll in anti-retroviral therapy programs and receive voluntary counseling and testing, where HIV positive inmates can engage in training courses to become outreach and peer educators for the many local NGOs that have sprung up in recent years to combat HIV/AIDS in their communities. New modes of intervention and new strategies such as needle/syringe programs, methadone maintenance and other harm reduction measures, heretofore disqualified as abetting undesirables, are getting a new lease on life. On the ethico-juridcal front, new laws protecting the rights of HIV/AIDS infected or affected persons and combating stigma and discrimination have arisen, along with legal aid agencies tasked solely with providing free legal support and advice toward this end, a direct intervention on the ethical regime based on Socialist-inflected "traditional" morality that has prevailed since the early 1990s.

I argue that such reconfigurations were related to changing epidemiological conditions, the generalizing of the epidemic, and a breakdown in the proportionality between the problem and response. That is, the discourses and practices of the "social evils"-based regime no longer offered viable explanations or a compelling narrative. These factors articulated with the rising political and economic costs of and the deteriorating conditions in the reeducation camps, and a pair of events. First, the emergence of SARS in 2002-03 prompted integrated collaboration not only with Vietnam's immediate neighbors, but international health organizations and non-governmental entities as well. SARS prompted greater awareness of the risk inherent in unmanaged epidemics, not simply to national and regional economic and political stability, but to a nation's global standing as an ethical and trustworthy partner in an age where epidemics can spread to all corners of the globe in a matter of weeks. Vietnam's emergence as such a partner (with its obvious counterpoint being China), apart from its having earned a great deal of political capital, provided political and economic incentives to reconsider the ethical and political dimensions of its public health calculations. The second event was the selection of Vietnam as the fifteenth and sole Asian PEPFAR focus country in 2004. Massive amounts of funding as well as foreign technical advisors from the US, subcontractors and partners have flooded into the country, forging new linkages with local political and health authorities, providing new resources, incentives and support for new modes of intervention and experiments in government. What has ensued is a recent flurry of experimentation and a new openness to foreign and domestic state and non-state actors and their attendant (and heretofore disparaged) modes of dealing with HIV/AIDS.

This dissertation is divided into four sections. The first maps the emergence of HIV/AIDS in Vietnam, the rise of the assemblage created to deal with the problem, and the unfortunate entanglement of this assemblage with the long-standing apparatus set against "social evils." Borrowing from recent scholarship, I provide a brief history of the term "social evils" and show how through common indices, modes of intervention and the sharing of a common figure, "The People," this merging was effected. This entanglement effectively rendered HIV/AIDS a biological marker of socio-moral contagion. I examine the deadly consequences of this entanglement, the place of Vietnam's network of reeducation camps within this apparatus, and the authorities' subsequent attempts at disentanglement following its breakdown, Vietnam's internationally acclaimed success against SARS and Vietnam's selection as a PEPFAR focus country. New international partnerships and commitments along with the provision of new resources enabled Vietnamese authorities to select technologies and objects from a larger "toolkit," refashioning the failing "social evils" enforcement-based model of HIV/AIDS prevention and control that turned on the figure of "The People," into one that took as its object "The Human" within an adherence-based model.

Second, I examine the problematization of government around HIV/AIDS in the contemporary, as outlined above. As new and massively increased resources for HIV/AIDS prevention and control suddenly became available new contests over jurisdiction and precedence broke out between sectors of this assemblage dedicated to public security and health and human services, between central and local health authorities and so forth. I trace the outlines of some of these turf-wars, with particular attention to that between the Ho Chi Minh City Provincial AIDS Committee and the Ministry of Health. Under these conditions new life-saving and harm-reduction programs effected and protected through and under interpersonal and political arrangements often classified in the foreign and domestic press as "corruption" are forcing reexamination of the ethical status of these practices. I argue that following my informants' stress on the "uses" of corruption, rather than their naming, a more nuanced portrait of contemporary power relations and constraints emerges, one that sheds light on the transformation, in these milieu, of the emerging ethical terrain of HIV/AIDS prevention and control in Vietnam.

Third, through ethnographic work with its program officials and local and international partners, I examine PEPFAR, beyond a simple adjudication between its numerous and well-known pros and cons. I investigate the friction (productive and not) at the meeting points between a pair of all too often incongruous bureaucracies, their effect on local financial, facility and human resource management, and the promotion of a certain regime of accounting and audit practices. These new technologies represent a curious marriage of neoliberal rationalities and humanitarian ethics. By refiguring political problems in other domains as non-ideological and non-political health problems, PEPFAR (but other development programs as well) seem to be pushing the Vietnamese authorities from a moral economic needs-based patronage, to rights-based support as regards its citizens. I lay out the framework for what I term an ethics of an "economy of virtue" that pervades the entire grid of HIV/AIDS prevention and control, from the status of PEPFAR, to the interaction between US and Vietnamese government representatives, between foreign funders and local NGOs, and between the diverse range of local workers, their patients and constituents and each other. The economy of virtue is the field within which neoliberal logics, practices and calculations have migrated into the realm of humanitarian intervention (in this case, specifically HIV/AIDS prevention and control), that is, the field in which these neoliberal calculations and forces articulate with (and not oppose) the globally

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circulating construction of "The Human," and are, in fact, some of the means by which the integrity and dignity of "The Human" are guaranteed. Truth games effected through the deployment of statistics, images, anecdotes and narrative-making collapse a broad range of meanings upon the subjected bodies of the ill, bodies and stories meant to stand in not only for those innumerable "others like them," but the (exchangeable, comparable) virtue of the deployer as well. Brief site-visits by funders from foreign NGOs become exercises in image-making as these foreign representatives seek to bolster donations at home by deploying images of the desperate, destitute and ill, prompting oftentimes intrusive interactions and strange gestures by visitors and locals alike, digital images and home movies stimulating action and affect in an economy where virtue has an exchange rate in capital.

Last, I flesh out the framework I present in the preceding chapters, using the parallel stories of two exemplary figures; a famous and controversial Saigon social worker, and a relatively unknown young woman, a homeless heroin addict and "graduate" of the Vietnamese carceral regime. These stories highlight the benefits, constraints and vulnerabilities actors working on HIV/AIDS in Vietnam within an economy of virtue face, as well as enable us to trace certain turning points in their lives against the background of the minor history of HIV/AIDS in Vietnam that I have set out. Finally, I deal with the form of the future, in the contemporary whose mode of HIV/AIDS intervention is shifting from one of external enforcement (by authorities) to internal adherence (by oneself, to ARV regimens, methadone treatment, health and safe sex and injection practices, peer education and so-called "self-support groups"). With the shift from enforcement (a present and past-oriented mode) to adherence (a mode that moves from the present forward), the near future has become a target of and problem for government in the PEPFAR period. To this end Vietnamese authorities, with PEPFAR support, have put to work computer models and simulations to predict the most effective application of resources to prevent and control HIV/AIDS. They have undertaken the remediation of their reeducation camp system, as discussed above, with future-oriented programs designed to move people from the camp out into diverse ranges of micro-managed and dispersed adherence regimes.

Departure

What follows is a departure from and a building upon, the types of analyses outlined above, from the conclusions put forth by earlier scholars in history and the social sciences, and certainly from those found in public health. I attempted to take seriously the words and actions of my friends and collaborators, in all their exuberance and frustration, weariness and contradiction, enthusiasm and candor, arrogance and humility, and avoid a kind of hermeneutics of suspicion (Ricoeur 1970). This is the assumption that whatever is being said or done is simply an effort to conceal "real" underlying political or economic interests, with the analyst, who occupies some privileged position outside of this game, taking it as their task to strip away these masks and reveal their "true" character. But such avoidance of a hermeneutics of suspicion is not the same thing as saying one enters the field as a naïf, nor that one suspends one's critical judgment. On the contrary, one is forced to be extra attentive to how one frames and poses a problem, careful in conducting inquiry, and rigorously self-limiting in drawing conclusions.

The following is also an attempt to move beyond what has already been said, to keep from repeating the same important, but well-traveled stories. Though it has elements of each of these, this study is not only a revelation in trends in the global burden of disease, to tell us again

that the poor, women and children bear the brunt of the world's illness and suffer from our continual failure to distribute resources and attention equitably. Nor is this entirely a political economy or phenomenology of suffering, though these are, of course, the background against which this entire work was taken up, conducted and written. And this certainly was not a work which simply took "biopolitics" to Asia, to investigate some contemporary Vietnamese inflection of biopower. It does not primarily seek to identify, extol or denounce victims and villains. Not that there were none; in fact Saigon abounded with everyday tragedies, bald-faced exploitations, small violences, quotidian corruption, extortions and waste and incompetence. It was only that if you were in one place long enough these were not always easily distinguished, that it was difficult to know who was "on the side of power" and who "on the side of resistance" (Rabinow, Rose 2003), what could be of "the order of oppression" and what "of the order of liberation" (Foucault 1984). Within the domain and complex problem space in which I worked, those who were "doing good" had to make shocking use of the very inequalities they sought to erase (see Chapters 2, 4), and those who were doing ill, in the last instance, were simply contributing to greater levels of risk, for themselves as much as others (see Chapters 1, 3). Under the logic that today pervades HIV/AIDS prevention and control, there is, after all, no safe haven from disease, no outside, only relative proximity, the shifting scales and burdens of risk.

At stake in this complicated, multi-valent problem are the health outcomes of millions of people, not just in Vietnam, but throughout the region. For better or worse it is PEPFAR that is now setting the terms for the combat of HIV/AIDS for the foreseeable future. But despite the unprecedented ambition and scale of PEPFAR, its massive commitment of resources behind its faith in "best practices" in the global fight against HIV/AIDS, it is still very much a global *experiment*. It has emerged as a tremendous opportunity for information-gathering, for developing and refining new equipment (social, political, technological, ethical), and for learning lessons for more effective and efficient delivery of life-saving measures, not just in this single Asian PEPFAR focus country, but in the rest of Southeast Asia as well. A closer examination of the interactions that make up the bulk of this study, alongside a deeper comparative understanding of health and biosecurity in the region is essential to these programs' ongoing operations, and the future generalizability of its successes. In tracing these I have hoped to produce something, if not new, then related to but distinct from other excellent work on the problem, within a kind of critique that problematizes the present forms and values of individual and collective existence to make them available for reflection and revision, that makes "conventional actions problematic without portraying them as acts of bad faith or cowardice," that demonstrates contingency to proliferate possibilities, to "make it possible to act but *more*, *not less* difficult to 'know what to do'" (Rabinow, Rose 2003).

With all of this in mind, passport and visas in order, letters of introduction safely stowed, a small collection of blank notebooks, a sturdy shoulder bag; a moment of pause before departing.

Chapter Two
Mots, Choses, Ouvres: A Minor History of HIV/AIDS in Vietnam

"The truth is that nothing is less sensational than pestilence, and by reason of their very duration great misfortunes are monotonous."
                                                                    -A. Camus, *The Plague*.

Orientation

As is probably the experience of all social scientists who have had the opportunity to conduct fieldwork, during the initial stages of my contact with informants in Saigon, I found myself moving endlessly from introduction to introduction, constantly explaining my interest in the history and future of HIV/AIDS there, in roughly the same words, to a wide variety of persons; social workers, health professionals, local and international programs officers, expatriate business people, local administrators, government functionaries, and the like, as well as, of course, the inevitable hotel desk clerk, bar-man and *xe om* driver. When speaking with locals, almost inevitably the story of the epidemic's 1990 penetration into Vietnam arose. Saigonese social workers with whom I worked and developed friendships, reported again and again that this case was caught not by the Vietnamese, but by Australian immigration authorities, who denied entry to a Vietnamese woman who was attempting to emigrate to Australia to join her *Viet Kieu fiancé*. In some cases this man was her "husband" (*chong*) or simply her "lover" (*nguoi yeu*) or "boyfriend" (*ban trai*). The woman, who people spoke of with a mixture of wonder and disapproval, returned to Saigon, where she reportedly lives to this day, a fact these social workers almost without fail related with astonishment. And what astounded these battle-hardened, street-wise old social workers? My amazed sources repeatedly conveyed the extraordinary, almost unheard of situation, where someone, a Vietnamese, infected in those terrible, confused early days of the epidemic, survived, and for nearly 20 years, in fact! They, of course, knew of the existence of anti-retroviral therapy (ART) (available on the black market in Saigon since at least the late-90s at exorbitant prices) and, in fact, attributed this woman's survival to her having been supported in this capacity by her Australian *fiancé*, and to a regimen of traditional medicinal herbs, vegetarianism, and Buddhist meditation in at least one case. Embedded in this short, well-worn and well-traveled tale were what I would come to recognize as common tropes concerning foreignness, of "contamination" from the outside (and in some cases "restoration" through "local" care and spiritual practices), coupled with that of aid from the outside being necessary in the face of the failure of local resources and capabilities. However, these social workers, almost without fail, were attempting to convey something else to me, the fresh-faced anthropologist stepping for the first time onto the gritty scene, something beyond what have become the easily mapable indices of the HIV/AIDS epidemic in those times and extending into the present. In those hot, disordered, file-cabinet filled rooms, those chaotic open cot-lined chambers, and on those sun-bleached crowded street-corners in the districts, these, my guides and collaborators and friends, found it necessary, through this story and in its telling, to point out, to stress, that today was not like yesterday with regards to the tale of HIV/AIDS in their country. They were telling me that I could not have imagined what those past days had been like, that those days, furthermore, in the words of one director of a self-support group for persons living with HIV/AIDS (PLHA), were "a time of animals, not human beings," a time of widespread stigma, discrimination, exclusion and exile, increasing in proportion and range, with death. I found later, as my investigation unfolded, that in these sessions I was being told the

beginnings of a fable, not in the conventional sense of whimsical fantasy or falsehood, but in the sense of a moral tale designed to convey a useful truth, a fable of construction and reconstruction.

The first mentions of HIV/AIDS in Vietnamese legal documents (technically a mention of SIDA, the French acronym for AIDS) is from 1987, in which the "Subcommittee for the Prevention and Control of SIDA" was established under the Committee for the Prevention and Control of Infectious Diseases at the Central Institute of Hygiene and Epidemiology, followed by a resolution from the Ministry of Health, the following year, that established protocols for the import of blood products (SRV 1988). However, the first documented case of HIV/AIDS in Vietnam did not surface until this woman was denied entry into Australia, in December of 1990. As a result of this event, state authorities immediately tested the blood of 70,000 injection drug users (IDUs) and sex workers (most of them incarcerated in "closed settings," a point we will return to), patients diagnosed with sexually transmitted diseases, and blood donors. Only that single case was detected (Cohen 2003; WHO 2000). Here we have, in the simplest sense, the first of many moments of problematization. For Foucault, the concept of problematization refers to a moment in which a domain of action enters into the field of thought because factors have made it uncertain, unfamiliar, or produced around it difficulties. It is the elaboration of a situation into a question, the transformation of a set of difficulties or troubles into problems to which diverse solutions are possible (Rabinow, Rose 2003). The following is a much simplified story of what kind of problem HIV/AIDS was initially taken up as, and how the ensemble of concepts, technologies and practices mobilized to deal with this problem within pre-existing political, technological and ethical regimes developed. I will trace how this emergent assemblage of HIV/AIDS prevention and control became entwined, through common techniques of governance and shared discursive content and practices turning on a common figure, with the apparatus for the elimination of the so-called "social evils." I will demonstrate how this entanglement generated serious problems, partially resolved by a series of new strategies in the early years of this decade, which have in turn produced new problems and opportunities in the present and for the near future.

In the earliest days of the epidemic, HIV/AIDS was instantly and almost unquestioningly associated with injection drug users, sex workers and homosexuals. Ironically, sentinel surveillance testing demographics and the statistics they generated (generally around these above-mentioned categories) became instrumental in reinforcing the notion that these groups were the primary transmitters of HIV/AIDS, as unfortunate slippage occurred between these labels as descriptions of *high risk behaviors* and as descriptions of *groups of persons* (McNally 2002). The WHO recommended strengthening the surveillance system of HIV/AIDS in which sentinel groups, most often falling along the lines of these same categories, were to be monitored more consistently over time, at selected sites (2000). Subsequently, of the first 57 reported cases identified by the National AIDS Committee (established that same year), 53 were Thai fisherman (arrested for unlawfully fishing in Vietnamese waters), one Taiwanese resident of Vietnam, one Vietnamese-American, one Vietnamese-Australian, and the woman mentioned above (McNally 2002). In the initial stages, it is not hard to see how HIV/AIDS could have been couched as a disease of foreigners, and a problem of contamination by the outside. Additionally, Saigonese I spoke with sometimes mentioned a popular opinion circulating at that time that HIV/AIDS entered Vietnam with Vietnamese sex workers returning from Cambodia, taking advantage of, and gaining traction by, being linked to long-held fears of Cambodian contamination and prejudices about the moral and social backwardness of the Khmer. Any number of times, while

on the streets of Saigon at night or in the markets by day, Kinh (ethnic Vietnamese) street-vendors, trinket-hawkers and even children cautioned me about the dangers of meeting Khmer, whom I should have nothing to do with, warning me that they were bad, untrustworthy people, that they possessed supernatural powers to hypnotize with their eyes and voices and make me give them my money. Robert also mentions this strange attribution of supernatural powers to the Khmer by local Saigonese (2005). Indeed, McNally gestures to the fact that higher HIV/AIDS prevalence rates found in border provinces reinforced the staying power of these speculations (2002). Comparisons with other countries around perceived social and moral inadequacies in this period began to surface in popular discourse, pointing toward disease and environmental degradation as markers of such failings. Taylor's trenchant analysis of the reworking of the concept of modernity in the wake of *Doi Moi* takes as exemplary the campaigns against "social evils, cultural poisons and alien influences," and the popular emergence of comparisons with Thailand (rife with AIDS and environmentally degraded) and the Philippines, both thought to have lost their cultural, ethical and national identities through contamination from the outside (2001). By December of 1992, the government issued a decree instating compulsory HIV/AIDS testing for sex workers, drug users, homosexuals, prisoners, and foreigners remaining in Vietnam for longer than three months, as well as prohibiting persons living with HIV/AIDS from working in certain professions, and from getting married (SRV 1992b).

The Politics, Ethics and Technology of "Social Evils"

At the same time as these first cases began trickling in, powerful new discourses were being formulated and deployed by the authorities as part of the new campaign against a set of vices gathered under the term "social evils" (*te nan xa hoi*, a term perhaps more accurately translated as "social dangers/calamities"). These included, but were not limited to gambling, alcohol and drug use, and prostitution. The concept was developed by 19th century European hygienists and deployed by French colonial governments in Africa and Indochina, subsequently adopted by the governments of former colonies after independence (De Loenzien 2008). During the 1990s this term was also used in crackdowns against foreign goods, pornography, Western music and foreign lettering in billboard advertisements. For a brief time in 2002, while I was conducting fieldwork in Saigon, homosexuality was specifically included under this rubric (though not officially outlawed in the legal code, contrary to Foley 1996), allowing for the arrest of gay couples in raids of gay saunas and clubs, people whose "'eccentric behavior' went hand in hand with prostitution, drug use and HIV/AIDS" (CDC News Briefs 2002). These persons were also packed off for reeducation. In the period of economic, political and social uncertainty following the economic reforms brought on by the 1986 *Doi Moi* policy which expanded the roles of private sector enterprises and more or less did away with the failed industrial and agricultural collectivization projects, tremendous anxiety about the future of the nation manifested itself. A massive discourse sprung up about the blind consumerism and disobedience of the young, the erosion of traditional family values and morality, the shallowness and greed of the new rich and the corruption of the newly flush cadres. This was accompanied by a widespread perceived explosion of crime, lawlessness and disillusion. In the early 1990s the media was filled with lurid tales of urban nightlife and the goings-on of the seedy characters who populated that gritty underworld (*xa hoi den*). My curiosity about this era provoked numerous entertaining conversations with several less-than-savory Saigonese businessmen, small-time drug-peddlers or criminal errand-boys in painfully loud clubs or dank harshly-lit *bia hoi* or on

quick-clipped walks through darkened parks; with several older-generation social workers typically in hot austere offices crowded with the voices of children and parents; and with Mr. Van, a well-spoken, middle-aged former member of the business class and native Saigonese, the new largely-unpaid head of a small self-support group for the care of persons infected or affected by HIV/AIDS. They conjured up, some more colorfully than others of course, an unsavory after-hours Saigon, a cruel carnival sometimes spilling from the recent past into the present. Saigon's streets were made to be home to famous hatchet men, club queen poisoners, model killers, the mean ones who favored the acid attack, the hold-up kings, some who preferred the knife, the heavy length of metal pipe, the syringe, prostitutes and pimps of all kinds, amphetamine-fueled drag-racers, fast-talk swindlers, karaoke and brothel and *bia om* barkers, motorbike purse-snatchers, baby-faced pickpockets, fast-handed streetkids, the cunning trapeze artists who burgled the low tenements, elegant drug-dealers, shrewd fences, fast-counting street-hawkers, money changers, port and waterfront toughs, lookout boys, massage boys, call boys, and the police, a green-suited gang unto themselves. They told of the reign of the powerful crime boss Nam Cam, executed by firing-squad in 2004, paid up all the way to the Saigon police chief and perhaps even higher. I was told of his deadly rivalry with Dung Ha, a lady gangster from the tough northern port-town of Hai Phong who, failing to get the gambling concessions she wanted from Nam Cam, sent and loosed a box-full of excrement-covered rats to one of his parties (at the now demolished waterfront discotheque, Spaceship) and was cut down in a gang-land shooting in retaliation. More recent were stories of the famously violent and slippery Phuoc "Eight-Fingers" who broke out of Saigon's notorious Chi Hoa prison, twice.

There are three elements germane to our investigation, concerning this campaign against "social evils." Though less lurid than the obvious connections made between illicit pleasures of all kinds, most notably drugs and sex and the organizations (sometimes vast, sometimes ridiculously simple) that facilitated them, these elements, couched amidst a wealth of tragic, violent, touching and sometimes unexpectedly hilarious tales told me by my informants, were no less essential.

First, the campaign against "social evils" was deeply rooted in, and in fact turned on, a long-standing key representation, that of "The People as One," a trope that emerged out of the war against the French, when the Vietnamese Communist Party called for the "mobilization of the entire (largely rural) population against foreign aggression" (Robert 2005). Robert argues that as this representation includes and relies on that image alien to the People, its enemy. The definition of the enemy is in fact constitutive of the identity of the "People as One" and therefore the enemy is not secondary, but requisite to the figure of "The People as One" (2005). This trope was accompanied by a metaphorization of the social body, particularly within the Democratic Republic of Vietnam post-1954, when, in order to bring about this notion of the "People as One" performatively and build a new socialist society, campaigns to fight "social evils" were part of the means of "de-contaminating the post-colonial social body, inoculating it against internal enemies." These enemies were variously represented, depending on the specific state campaigns, by landlords, sex workers, drug addicts, or even diviners or mediums, "the integrity of the body" Robert writes, quoting Claude Lefort, "depending on the elimination of its parasites" (2005). This metaphor gained traction in the Second Indochina war, in which Hanoi's discourse of "the People as One" represented the partition of Vietnam as an "amputation of the nation," with Hanoi casting itself as the true and real Vietnam, and disqualifying the Saigon regime as irredeemably contaminated by its collusion with the US, its "prostitutes, gamblers, addicts, Chinese compradors and black marketers" symptomatic of the generalized "malady of the social

body" experienced in the South (Robert 2005). After the Fall/Liberation (depending on one's orientation) of Saigon on April 30, 1975, that powerful ensemble of discourses, police and surveillance practices, ideological machinery, disciplinary techniques, and a network of what are today known as "closed settings," was put to work in the South, with terrifying and deadly consequences.

Second, Pettus argues that in their respective reform eras, the deeply-entrenched party-states of Vietnam and China have replaced the goals of anti-imperialist class struggle with those of national prosperity and cultural strengthening, transforming the priorities and terms of nationalism after socialism's demise as an ideological and economic system, manifested in attempts at containing economic reform within existing Communist-led political systems (2003). In Vietnam, the government sought to manage the inherent contradictions between economic policy and political ideology by promoting continuity over disjuncture (rationalizing reform policies as a "next stage" or "necessary correction" on the path to a "prosperous socialist society"). Additionally, the state promulgated a new vision of national modernity based on a "civilized," comfortable middle class, the new priorities of economic development and political continuity directing the state's attention to the People's "welfare," the enhancement of its health, wealth, happiness and productivity (Pettus 2003). In this period, Robert writes, "discourses on economic development seamlessly integrate the rhetoric of mobilization of the People," with "new enemies such as poverty, AIDS, or drug use" becoming targets for this mobilization (2005). Communism itself, as a goal, was superseded by "development" (Robert 2005). This had the effect of shifting the problem of economy from "the collective" to the household, the government of Vietnam pursuing new forms of intervention and new techniques of governance into the domestic realm aiming to increase the consensual participation of households in their own development and improvement (Pettus 2003). What Pettus calls the "state's new philanthropic pedagogy" accounts for the proliferation of discourses on crime, misbehavior, and misanthropy during this period. The media, itself newly subject to market principles and looking to hold the attention of its readership, is unleashed to begin reporting on "investigations of social reality." These investigations revolved around the twin domains of "family relations," including divorce, delinquent children and the care of aging parents, and "social evils," including the problems of gambling, prostitution, drug addiction and AIDS (Pettus 2003). As their purpose remained, within Confucian and socialist traditions, pedagogic, these "investigations" were authorized so long as these "negative aspects of society" were taken up and posed as moral problems or predicaments, either between evil actors and innocent victims, or "external influences" and "internal values" (Pettus 2003). Articles devoid of moral instruction were officially condemned as presenting merely "pessimistic visions of the present," as were articles implicating higher level cadres and officials in scandals, editors risking prosecution for "abusing democratic rights in order to harm the national interest" (Pettus 2003).

Third, Robert argues, rightly so, that the characterization of the reforms of the mid-1980s as a "transition" to capitalism, the "market economy" or "democracy" (which he calls a "self-serving, teleological representation") masks the fact that "underneath the wide-array of transformations in the political, economic, social and cultural fields" is evident a tactical use by various state apparatuses of elements of the symbolic representations identified as "totalitarian," within broader strategies of governance. Robert identifies a terrain of "virulent bureaucratic antagonisms… under the appearance of a unified domain of totalitarian power" (2005). His situation of his analysis of the political in post-reform Vietnam away from a discussion of "reformers" and "conservatives," allows him to place at the center of his investigation the

"extensive networks of alliances and patron-client relationships, of personal loyalties underneath the visible surfaces of power" (2005). He contends that unlike in the past where political struggles centered around who would have the ability to dictate the proper political orientation of the Party, post-reform the domains of politics shifted toward questions of governance and expertise. With an emerging class of bureaucrats in the economic sector positioned to benefit massively from the reforms, political contention among governing apparatuses came to be about the management of specific sectors and issues in society (2005). Robert cites Nguyen-Vo Thu Huong's work (1998) which argues that a Communist Party, increasingly unable to control the entire social field, reconfigured their relationships with various governing apparatuses in order to preserve or extend their jurisdiction over an evolving Vietnamese society. This situation, she argues, gave rise to three contending "blocs"; the economic bloc (planners, managers of the economy); the security bloc (Ministry of the Interior, public security organs and the military); and the ideological bloc (generators of the ideological bases and theoretical justifications for Party orientations) (1998). In the post-reform era the very notion of governing is retooled and re-conceptualized in these attempts by these diverse "blocs" to stake out territories, establish jurisdictions. Robert argues that discourses about the management of "socials evils" became one of the areas in which these various governing apparatuses contended for jurisdiction and control, the ideological matrix of totalitarianism becoming a tool used in various ways to promote interventions on social problems in terms of expertise. "Social evils" become a target for intervention, through which competing governing apparatuses vie to shape and give meaning to the changes in Vietnamese society. "The underlying dynamics of state interventions in society," Robert writes, "reveal the displacement and translation of ideological questions – about building a new socialist society – into the realm of expert discourses on social problems amenable to scientific management" (2005).

For Robert, this attempt by the "ideological" and "security" blocs to wrest "territory" (sectors of the economy and society) out from under the management of the economic reformers and their allies, specifically as regards "social evils," has to do with the potential for profitable enrichment that the lucrative trades around these "evils" generates. Prostitution, gambling and the drug trade provide opportunities for "supervision" and "control" by the security apparatus, customs office and navy; and the expansion of tourism alongside the number of "culture parks," amusement parks, beaches and hotels certainly would have an enriching effect on the "ideological bloc" through their management by the Ministry of Culture, all facilitated through "enduring forms of patronage, nepotism, 'protection' stratagems and business combinations" (2005). What is important about the fact that various governing apparatuses and institutions are both invested and implicated in the combat, management, or even facilitation of "social evils," for our purposes, is not the political-economic point about new struggles over new wealth distribution Robert seems to be making, nor even necessarily the much more prescient point about reconfigurations in the mode of governing that Nguyen-Vo marks. What is important is the way in which the implication of a diverse range of governing apparatuses, Ministries and institutions in the fight against "social evils," once HIV/AIDS and "social evils" were entangled, has generated tremendous difficulties for nearly two decades, and later, perhaps unexpected opportunities for the future.

We will refer to this ensemble for the combat of "social evils" in Vietnam as the "social evils" apparatus. Following Foucault, an apparatus refers to a strategic *bricolage*, a network of relations between diverse elements, a "heterogeneous grouping composing discourses, institutions, architectural arrangements, policy decisions, laws, administrative measures,

scientific statements, philosophic, moral and philanthropic propositions; in sum, the said and the not-said" (Rabinow, Rose 2003). Apparatuses are strategies of relations of forces supporting, and supported by, types of knowledge; they are specific responses to historical problems. Attention at this level allowed Foucault, and now us, to engage in analysis beyond contemplation of monolithic institutions, classes, cultures, ideologies, beliefs and prejudices and makes available new problems and connections apparently more amenable to action and transformation (Rabinow, Rose 2003; Rabinow 2003). Rabinow usefully distinguishes the concept of the apparatus from the assemblage, writing that apparatuses typically operate within a temporality of long duration, and though mobile, are nonetheless stabilized (2003). Assemblages are the secondary matrices from which apparatuses emerge, and in terms of scale fall between problematizations and apparatuses. They are experimental and contingent, composed of similar elements, techniques and concepts, but comparatively effervescent, disappearing in years or decades or obtaining in more durable form as apparatuses (Rabinow 2003).

The "social evils" apparatus put to work throughout the newly unified Vietnam from the late 1970s onward has a number of clearly definable elements. It, like many other apparatuses within the same ethical and political regime, took as its *object* the "People as One/The Social Body of the Nation," as its *target* these "social evils" practitioners above-mentioned as well as political and military personnel of the Saigon regime (all figured as enemies of the aforementioned object), and as its *mode of intervention* one of security/quasi-medical prophylaxis. Two decades later, this object and mode of intervention were still, unsurprisingly, in fashion. The government decree most often associated with the "social evils" campaigns of the 1990s is Decree 87/CP from December, 1995, which states that these corrosive practices "run counter to the morality and fine customs and habits of *The Nation*, adversely affect the health of the race, the material and cultural life of *The People*, social order and safety, having serious consequences for future generations" (SRV 1995, emphasis mine). "Social evils," Robert writes, are "conceptualized as spreading social viruses which infect youth and need to be contained and inoculated against" (2005). Having been contaminated by contact with capitalism and "Western culture," these parasites had to be purged from the body of the new People as One, a process that, Robert argues, "*cannot cease* insofar as (internal) enemies are constitutive of the identity of the People" (2005). It is perhaps more analytically accurate to say that this process must continue indefinitely, only insofar as the *apparatus* in question takes as its object "The People as One," to the exclusion of other objects, as the constitution of this object necessarily includes and relies upon the identification and purging of enemies, setting the conditions and calling for a mode of intervention that hinges on security and prophylaxis. It is perfectly easy to see how other figures, "population" (*dan cu*, literally "persons dwelling/living") for example, not necessarily dependent on the identification of its Other, would not necessarily call up the same historically informed field of elements delimited between indices of inside/outside, purity/contamination, or necessarily call for the same mode of intervention. Nevertheless, it was this long-trusted object, for which the identification and stamping out of enemies through a particular and well-known range of practices and in well-known settings (the prison, the labor or reeducation camp, the reformatory etc) is so integral, that we found at the center of this apparatus in the 1990s. However, in the heady, economically-accelerated, increasingly-integrated, discursively promiscuous post-*Doi Moi* years, particularly those of the early 21st Century and particularly around the problem of HIV/AIDS prevention and control, this object goes from *the* (singular) *raison d'etre* of government, to one of many available for reflection and selection, a point that

will later become vital to the understanding of the problem of HIV/AIDS in Vietnam, leading to new, different, opportunities and problems in the contemporary.

By 1993, 22 provinces had replicated the structure of the National AIDS Committees and established Provincial AIDS Committees, and by 1994, with the help of the WHO, state authorities had organized and put in place new measures to prevent the outbreak of a massive epidemic, the likes of which had already struck Thailand and were beginning in neighboring Cambodia. These measures included compulsory HIV/AIDS testing of IDUs and sex workers upon arrest. Sentinel surveillance of these groups was established that same year (WHO 2000; SRV 2004). The government's quick response, at least at a political level, argues McNally (when compared to some of its neighbors who had difficulties even acknowledging the existence of HIV/AIDS within their borders), was linked to its desire to be seen as actively engaged in global health issues (2002). However, the reality on the ground was less than promising. HIV prevention programs were significantly hampered by a lack of reliable data, caused by insufficient and irregular sampling of populations, staggeringly low levels of basic knowledge among the population concerning HIV/AIDS transmission, and the effects of an unhappy linkage of the disease with this suspect category of vices and practices grouped under the banner of "social evils." Robert notes that during the 1990s many in Vietnam still believed that they could become infected by shaking hands, kissing, or getting a haircut; that they could only get AIDS by having sex with a foreigner; or that they could protect themselves with plant-based magic remedies (2005).

HIV/AIDS and "Social Evils"

According to McNally, by July 1997, Vietnamese authorities recognized that the modification of high-risk behavior was the only way to control the rate of infection, requiring training in HIV/AIDS prevention, along with ensuring the National AIDS Committee received adequate authority and resources (2002). McNally insists that even though AIDS was associated with stigmatized and marginalized groups from the onset, the NAC was determined that HIV/AIDS prevention measures should be considered separately from measures to control injecting drug use and sex work, though he does acknowledge that compared to other epidemics, this one was considered unique, because "bad behavior" was a contributing factor, not simply "bad luck" (McNally 2002). Review of the government documents specific to HIV/AIDS during this period does not corroborate this assessment. As far back as January, 1993, this link is in the process of being forged. Government Resolution 05 against sex work *(mai dam)* clearly establishes not only sex work's status as a "social evil," but instructs cadres to carry out widespread propaganda linking the "harm/damage" (*tac hai*) related to buying and selling sex with the "catastrophe/calamity (*tham hoa*) of SIDA" (here they are still using the French acronym for HIV/AIDS), "so that each person can recognize/accept clearly (*nhan thuc ro*) that they must absolutely/imperatively (*nhat thiet*) expel/shut/wipe out (*loai tru*) the evil of prostitution to recover (*khoi*, as in *khoi benh*, recover one's health after illness) the life of society (*doi song xa hoi*)" (parentheticals mine, SRV 1993a). Furthermore, a Communist Party Instruction from early 1995 unequivocally states that HIV/AIDS interventions "should be integrated with the prevention of social evils, primarily drug use and prostitution," mentioning the previously discussed Resolution No 05 along with the 1993 Resolution No 06 (for the combat of drug use and trafficking), and instructing the branches of the Courts (*Toa An*), Investigation (*Kiem Sat*), and Police/Public Security (*Cong An*) to coordinate (*phoi hop*) with the

organizations/unions and the community to "uncover (*phat hien*) and punish (*trung tri*) in a timely manner (*kip thoi*)" drug traffickers, users, producers, brothel owners and guides/lurers (*dan dat mai dam*) (CPVN 1995). It should be noted that these examples are only a few of the legal documents from the period making this linkage explicit.

Moreover, even the most cursory review of the signage and propaganda billboards from this period reveals the formation of an explicit link between HIV/AIDS and the "social evils," including some of the images from McNally's own work, specifically a "social evils" poster from 1997, which clearly shows a syringe bearing the label "HIV/AIDS" surrounded with depictions of drug, alcohol and gambling paraphernalia as well as a shadowy couple in an illicit embrace, another poster from the same year, which bears the message "To avoid SIDA do not have sex with prostitutes and do not inject drugs," and a 1994 poster which states "Drugs and Prostitution definitely lead to SIDA" (figs. 14, 15, 17, 2002). McNally admits that these images "reinforce the message that sex workers and drug users are at risk of contracting HIV," as well as perpetuate the fallacy that if you do not engage in these behaviors you are safe from infection (2002). What he fails to mention is the equally insidious reverse line of reasoning produced by this discursive entanglement, that if, within this ethical milieu you were to find yourself infected with HIV, regardless of how you came to your positive status, you were instantly associated with one or more of these illicit categories of persons, and subject to the same moral disqualifications and sociopolitical exclusions. Robert, writing about HIV/AIDS in the 1990s, notes the "very strong stigma against people living with AIDS in Vietnam" stemming from the association of the disease with economic status, criminal activity (drugs, sex work) and foreigners, associations which "connect the disease to a moral failure, to contact with and contamination from a murky realm, *unknown or hidden in the midst of society*" (2005, emphasis mine). For Robert, this indicated a moral economy in which AIDS indexed not just a disease, but a moral order (2005). Going a step further than Robert, it is clear that beyond simply a moral economy, the enforcement, police and discursive practices directed against "social evils" were inscribing a moral *geography*, extending through what Thongchai calls the geobody of the nation (1994), mapping post-reform anxieties from the exploding urban centers to the networks of remote reeducation camps, ambiguous and powerful spaces of exception designed to confine and refashion the enemies of the People. In late fall of 2007, Dr. Tran Thinh, deputy head of the Ho Chi Minh City AIDS Standing Committee, and Care and Treatment Program Coordinator for the Ho Chi Minh City Provincial AIDS Committee (PAC) told me:

> "I think in the past there were many linkages between AIDS and social evils and bad behavior. You know that in Vietnam society is influenced by cultural factors, including Confucianism, the government, and for a long time the role of the government in Vietnam was very strong and people didn't accept bad behaviors like drugs, prostitution and extramarital sex. So linkages between society and high risk groups were not strong, but just strong enough to depress…(pause)… to produce stigmatization and discrimination against people with HIV/AIDS."

Slowly, through common techniques of governance and shared discursive content, and practices turning on a common figure, that of "The People as One/The Social Body of the Nation," the emerging assemblage of HIV/AIDS prevention and control was mapped onto the pre-existing apparatus for the combat of "social evils," increasingly intertwining biology, citizenship and ethical value, effectively working to render HIV/AIDS a biological marker of socio-moral "contagion."

The question of why this process was undertaken, that is, a question of intention, is an obscure one and likely one with no clear answer. It certainly had to do with the ease with which

these common representations, metaphors and indices slipped and translated into one another within the ethical and political regimes of the time. Political and security authorities could hardly have failed to recognize the symmetries of tropes; purity/contamination, vice/virtue, inside/outside, and so forth. The question of how this occurred is fortunately much more available to our analysis, which we can begin by establishing certain common elements shared by the new and slowly forming HIV/AIDS assemblage of epidemiological surveillance strategies (conducted through a small number of foreign partnerships and Vietnam's own network of medical facilities and "closed settings") and informational drives (centered mostly on healthy, faithful living, notions of "timeless" Vietnamese traditions and morality, and the avoidance of drugs and prostitution) onto a powerful, already mobilized apparatus, that deployed against "social evils." This "social evils" apparatus was operating in a similar mode, between indexes of immorality and virtue, purity and contamination, the domestic and the foreign. This involved discursive interventions in the form of state propaganda campaigns, community loudspeaker announcements, and media blitzes, heavy-handed (and well-publicized) police and quasi-military actions (raids, roundups, designation and policing of "social evils areas" versus "cultured areas (*khu pho van hoa)"* in urban situations), incarcerations, and, for drug users and sex workers, internments in a network of "closed-settings," rehabilitation and reeducation facilities, established for the most part in remote areas, with shadowy and unsavory reputations. These measures are, crudely, something like "targeted governance" where policing is "targeted" at three locations: problem spaces, problem populations, and particularly risky activities (Valverde, Mopas 2004). Symbolic notions of contamination and purity, immorality and virtue were written and enacted spatially, and finally, biologically, in a very literal link with disease. Nguyen-Vo Thu Huong's work on the rehabilitation of prostitutes points to this mid-1990s rise in concern for "social evils," the casting of prostitutes as the carriers of disease (not simply morally or criminally suspect), which enabled the old project of naturalizing and normalizing middle-class heterosexual behavior to be carried out through expert knowledges and practices in the field of medicine (2002). She argues that public health workers drew attention to prostitutes to make visible the links that connected individual bodies to the body of the population, said to be threatened with disease and death, using prostitutes to anchor an imagination about public health connected to sex outside the home (2002). Here, Nguyen-Vo marks a shift from the modes of intervention of the older "revolutionary" government to this system relying on expert knowledge (2002). This potent ensemble, as we have seen above, was operating with, and in the name of, that long-standing formulation of "The People/The Social Body of the Nation," that figure that since its inception so hinged on the identification of its Other, its enemies. It is this old formulation that the new, emerging assemblage coalescing around the problem of HIV/AIDS prevention and control took, decisively in those days, as its object.

Analysis of these early documents on HIV/AIDS prevention and control clearly reveal this figuration, that shared by the "social evils" apparatus, to be the object at the center of its operations. The People (*nhan dan*), the race (*noi going*), and the nation (*dan toc*) make appearances in these early Vietnamese HIV/AIDS legal and public documents, as those figures under dire threat, and in whose name the whole country, at every level ("every person, family, street, commune, office and organization" (CPVN 1995)) is being mobilized to preserve, or in the parlance of some of these documents, to "restore (to health)" (*khoi*). Government Decree No 16/CP of December, 1992, states its purpose: "To stem (*ngan*) prevent (*ngua*) and restrain/limit (*han che*) HIV and SIDA infection for the health of The People (*suc khoe nhan dan*) and the preservation (*bao ton*) of the race (*noi giong*)" (SRV 1992b), as do a number of other decrees

issued at this time, including Decree No 828/CNNgQLTN promulgated by the Ministry of Industry (SRV 1992a). The stated goal of Interministerial Circular No 02/TT-LB from 1993 is "to enhance (*nang cao*) awareness (*nhan thuc*)," providing "The People with the capability (*kha nang*) to protect themselves (*bao ve ban than*), their families and communities" from the rising threat of SIDA (SRV 1993b). Resolution No 20/CP, "Concerning Stepping Up the Mission of HIV/SIDA Prevention and Control," from May of that same year, identifies HIV/SIDA as having a "tremendous impact (*anh huong*) on economy, society, and the health of The People (*suc khoe nhan dan)* and the State (*quoc gia*)" (SRV 1993c). The borrowing of this figure, "The People as One," from the "social evils" apparatus, alongside its attendant mode of intervention (security/prophylaxis/enforcement) would have serious and long-lasting consequences as the loose assemblage emerging to deal with HIV/AIDS in Vietnam gradually coalesced into a permanent apparatus.

The clearest and most widely known of these was the tendency of these heavy-handed crackdowns to drive these risky practices underground. Practitioners of these high risk behaviors were certainly less likely to seek HIV/AIDS testing, medical and other social service support, or acquiesce to participating in health-data gathering programs if there was a possibility of serious criminal penalties, incarceration and a long painful stint in a remote reeducation camp. Journalist Robert Templer reports that these crackdowns produced a situation in which anxious sex workers, afraid of police raids, turned around clients as fast as they could, with less if any time devoted to taking (or negotiating for) safer sex measures, and in which injection drug users were more likely to frequent quick-service "shooting galleries," where a group would pay, tie off to plump veins and receive their doses one after the other with the same needle, certainly being less likely to worry about injecting with clean materials while under the threat of continual harassment by police (1998). The social workers I worked with even these days also routinely mentioned being harassed by the authorities, particularly while dealing with children in street situations or distributing condoms to sex workers. One woman from the Ho Chi Minh City Child Welfare Foundation reported that she had actually been taken to a police station and interrogated about her work for several hours, the officers taking not only her personal information, but that of her coworkers and even her family in a clear attempt to intimidate her. Other social workers reported being threatened with arrest if they carried out their outreach activities in particular quarters of the city, the seedy canal-front Cau Muoi area for instance. I myself observed a raucous late night sweep of sex workers from a well-known street corner by the feared *canh sat hinh su*, the plainclothes secret vice police, described to me more than once by former drug users and a current low-level dealer, as little better than gangsters themselves.

These policies were clearly marked throughout the 1990s in the international community as exacerbating the spread of HIV, the Associated Press reporting that when "workers in Vietnam were fired after testing HIV-positive (m)any infections went undetected as a result, because people did not want to be tested for fear of being ostracized" (2003). The stigma surrounding HIV/AIDS in this period was well known "to be closely connected to pre-existing stigmas surrounding sex work and drug use… The central thrust of the Government's campaign is to control AIDS by controlling the people and the behaviors that transmit it," reads a bulletin from the International Center for Research on Women (2002). "While the response may be understandable in this particular political context," the report goes on, "it could have the unintended consequence of increasing stigma and discrimination against those vulnerable to infection, thus worsening, rather than ameliorating, the epidemic" (ICRW 2002). Quoting a program director of a relief agency working in Vietnam, the San Francisco Chronicle stated that

"the government must move beyond its "social evils" campaign and focus on all high-risk groups… particularly… migrant workers and truck drivers who have sex with prostitutes and then pass the disease to their wives" (Schnayerson 2002). The article goes on to quote Laurent Zessler, the UNAIDS program advisor for Vietnam as saying that these campaigns put high-risk groups at greater risk "because (they drive) everything underground," adding; "(The government) associates AIDS with 'social evils.' We call it a health issue" (2002). Similarly, the UNDP representative to Vietnam was quoted as saying ""There needs to be a separation of HIV/AIDS from social evils. HIV/AIDS is not an evil, it is a virus," the article going on to state, "'Social evils' is the term used by the Vietnamese government to refer to drug addicts and prostitutes. Health experts have long criticized the government for focusing on AIDS as an affliction of these two groups, rather than raising awareness about the epidemic among the wider population" (Agence France Presse 2002). In a separate article, the Agence France Presse reported that ILO consultants, convening in Hanoi for a workshop on HIV/AIDS discrimination, "said ignorance about the disease is fueled by the communist government's policy of stereotypically linking it to "social evils" such as drug abuse and prostitution," the ILO survey of 200 workers revealing that "70 percent believed their companies should not employ HIV-infected employees, and 62.5 percent supported isolating such employees in separate work units" (2003b).

The constellation of HIV/AIDS and the "social evils" in Vietnam had, for a decade, been touted and reinforced by official state discourse and subsequent security efforts as contributing to the destabilization and erosion of society. The state's heavy-handed crack-down on these perceived "contagions," both literal and figurative, has been blamed, almost since their inception, in the international press and among international aid and non-governmental organizations, for driving them underground and even for the concretization of their linkages, spread and entrenchment. "HIV is spreading rapidly into Vietnam's general population," says a separate Agence France Presse article, "The state-controlled media downplays this fact, blaming HIV on drug users and prostitutes, a "social evils" approach that the UN, Western governments and international AIDS organizations are trying to convince Vietnam to abandon" (2003a). One of the effects of the campaign appeared to be "a widespread and irrational fear of a disease perceived to be a punishment for 'evil' behavior," concludes a UNESCO/UNAIDS report, encouraging respondents of their study "to hide their situation, as they feared rejection and abandonment by their community. Another effect seemed to be official approval of stigmatization and comprehensive rejection of anybody suspected to be infected or sick" (2003).

Review of the international press reports on the issue of HIV/AIDS epidemic in Vietnam reveals that mentions of the failures of the "social evils" campaigns and their detrimental effects on the "real" work of epidemic prevention became so ubiquitous in those millennial years that they tended to drown out the small, tentative (and of course short-lived) experiments of the time in the major metropolitan areas, especially Saigon, that included nascent needle-exchange programs (on the waterfront, shut down after a few years under suspicion of drug-dealing), condom distribution in hotels and karaoke bars (more persistent than needle-exchange but often discouraged through police intimidation), outreach, peer-education and self-support groups (few, not particularly well-organized, often badly staffed and subject to police surveillance), the quiet organizing done by religious groups, particularly in Catholic parishes and Buddhist temples, and the development of locally produced antiretroviral drugs, first available in May of 2002, though prohibitively expensive. These drugs cost 600 USD a year in a country where the 2007 per capita income was estimated at 832 USD by the US State Department. It would be a mistake to suppose that my analysis ignores these vital early experiments or the persons who, under tremendous

pressure and with limited material resources undertook them, despite their official disqualification or outright suppression. I do not mean to suppose that the organizations operating at the time to deal with the emerging HIV/AIDS epidemic were not staffed with progressive, forward-thinking medical and administrative personnel, nor do I claim that within these organizations there were not divergent opinions and struggles over the appropriate courses of action, intervention strategies, policy-prescriptions and the like that continue to this day. Furthermore, I do not wish to imply that those policy-makers at the highest levels or police officials were operating in bad faith, that this is a story that simply inverts the Confucian-inflected socialist pedagogical media projects of the era in the business of defining "evil actors and innocent victims" to tell morality tales. Certainly the consequences of the courses of action, discursive entanglements and policing practices and the like I have laid out above had serious and all too often deadly consequences for human beings in high-risk groups and otherwise, as I have demonstrated. What this analysis aims at is the level of a general form within which all of these responses to the question of "what should we do about the problem of HIV/AIDS in Vietnam?" whether they be "progressive" or "backwards," "reformist" or "conservative" were given, based on the kind of problem HIV/AIDS was taken up as, the political, technological and ethical regimes that pre-dated it as a problem in Vietnam, the kinds of linkages that were made to older apparatuses, representations and so forth, to understand how persons became caught up in historically contingent (but no less powerful for being contingent) schema of knowledges, normativities and relationships to the self.

"Closed Settings" and The Immoral Geography of HIV/AIDS

Perhaps the last serious gasp of this "social evils" apparatus as it related to HIV/AIDS came in 2001, when the People's Committee of Ho Chi Minh City commissioned the "Three Reductions" campaign, designed to eliminate crime (*toi pham*), sex work (*mai dam)* and drugs (*ma tuy*). *Tuoi Tre* (Youth) reported that the General Secretary of the Ho Chi Minh City Communist Party, Nguyen Minh Triet, stated that the city planned to have all drug users and a substantial portion of commercial sex workers (CSWs) brought into reeducation centers by the end of 2003, to have completed bringing all CSWs into 05 centers (the designation for those centers coming from the 1993 resolution mentioned above) by the end of 2004, and to focus this policy to apply to homeless people in the year 2005 (2003). In the same article Nguyen Chi Dung, the Director of the Ho Chi Minh City Police Department, reported that as of April 3rd, 2003, Ho Chi Minh City police had brought 25,156 people into these closed settings, including 21,669 drug users and 1,165 sex workers (Tuoi Tre 2003).

These "closed settings" (the *de rigueur* term for institutions whose populations are there involuntarily) belong to a long and lethal genealogy of carceral technologies employed in Vietnam since their import by the French during the conquest of Indochina in the late 19th century, a genealogy that I cannot do justice here, except in the broadest respects. According to Zinoman, unlike its metropolitan incarnation, the colonial prison did not evolve from the utopian fantasies of social or religious activists, its genealogy not traceable to the monastery, hospital or workhouse (institutions concerned with salvation, rehabilitation and reformation), but evolved directly out of the prisoner of war camp, a repressive, not corrective institution (2001). The intensity of the Vietnamese resistance in the initial period of military conquest generated an immediate need for fortified camps to hold anti-colonial rebels, and thus camps of confinement were constructed prior to almost any other colonial institution (2001). Thus, in place of a

reformist enthusiasm over the "promise of punishment" we find a mundane preoccupation with institutional security and profitable employment of penal labor. Moreover, vestiges of pre-colonial Vietnamese penal traditions, notorious for their chronic brutality, randomness, loosely structured spatial order that permitted the mixing of different kinds of prisoners and no provisions for food, clothing or medicine, invested the colonial system and kept it from approximating its metropolitan incarnation (Zinoman 1999). The scope and intensity of disciplinary power deployed by the colonial state paled in comparison to the disciplinary institutional innovations, a "virtual cult of discipline," of the communist regime that replaced it (Zinoman 1999, 2001). Post-1975 Vietnamese reeducation camps deployed techniques of behavioral modification, physical segregation, reformative labor and moral education within a theory of communist penology. Zinoman quotes Huynh Sanh Thong who explains that "The term "reeducation" with its pedagogical overtones, does not quite convey the quasi-mystical resonance of *cai tao* in Vietnamese," *cai* meaning "to transform" and *tao* "to create," signifying literal attempts at recreation and making over "sinful or incomplete individuals" (2001). With precedents in Vietnam at least since the June 20, 1961 passing of Resolution 49-NQTVQH by the Democratic Republic of Vietnam (the official name of North Vietnam) with the task of concentrating for educational reform "counter-revolutionary elements who continue to be culpable of acts which threaten public security," this apparatus was extended into the South following the Fall/Liberation of Saigon in 1975 (Sagan & Denny 1982). "Vietnamese Communist leaders argue that the system of reeducation is a humane alternative for those who deserve educational reform but not punishment," contend Sagan and Denny, "The main difference (between re-education and imprisonment), it seems, is that under re-education, the inmate is subjected to an indefinite sentence, with its length officially dependent upon how well the inmate submits to political indoctrination and 'productive labor'" (1982, parentheticals mine). A tremendous body of literature, from memoirs of incarcerated former Saigon-regime personnel (ie. Doan 1986; Metzner et al. 2001) to reports compiled by international watchdogs (ie. Denny 1990; Sagan & Denny 1982) and human rights organizations (ie. Amnesty International 1981) has attested to the horrifying ordeals of the inmates of these places, documenting institutionalized torture and brutality, unsanitary conditions rife with disease and malnutrition, and extraordinarily high mortality rates. In some instances the recycling of spaces and even personnel occurred. Metzner's collection contains references to Communist reeducation camps reoccupying former ARVN reeducation camps and prisons, and US and ARVN military installations, as well as a strange account of prisoners meeting old French army officers who had been exiled in 1954 to a remote northern village (2001). Doan's memoir also contains a similar and truly remarkable account of a particularly vicious torturer named Tu Cao, who had plied his trade under the French in their prisons as well as for the Diem and Thieu regimes before resuming his work under the communists (1986).

With the exception of small numbers of cases, by the 1990s most of these places were either put to the task of dealing with a new generation of "social parasites," those rounded up in the more recent "social evils" campaigns, or disused altogether. It is reported, for example, that a center in Yen Bai that was once run by the army and tasked with holding young criminals and draft dodgers during the Second Indochina war, was turned over to the Ministry of Labor, Invalids and Social Affairs (*Bo Lao Dong-Thuong Binh, Xa Hoi,* MOLISA) for the reeducation of sex workers exclusively (Lamb 1998). These centers, managed by MOLISA and run with staff support from the Youth Front, deploy classic Foucauldian disciplinary techniques; surveillance, confinement, time and space regimentation and mental training toward the goal of rehabilitation,

that is, with the aim of subjectivization and normalization (Foucault 1995). Inside, a highly structured regimen of physical labor, study, exercise, memorization and repetition is the order, with infractions bringing disciplinary measures that include hard labor and physical beatings. A San Francisco Chronicle article, reporting on one of these centers, said classes about AIDS focused solely on the anti-social nature of prostitution, and vocational training consisted of making tablecloths nine hours a day (Schnayerson 2002). These facilities conduct detoxification over 7-10 days employing diazepam or other tranquilizers and/or traditional medicines, as well as emphasizing "moral education," focusing on developing "moral strength" in resisting the evils of drugs, and stressing the legal consequences of continued use (Hammett, et al 2008). Conditions vary from center to center and from staff to staff, though generally speaking these are not comfortable places to be interned for any length of time, much less the more or less arbitrary stints performed by the majority of inmates. A number of former inmates and one government HIV/AIDS worker also reported that drugs were made available with alarming regularity by unscrupulous guards or staff members, sold to the inmates at marked-up prices. A government functionary whose position involved regular visits to these centers (and who spoke with me under the condition of anonymity) said she was appalled at how easily drugs found their way to inmates. Inmates were known to harm themselves using various means (swallowing small pieces of metal, in one instance) so that they could be taken to nearby medical facilities for treatment, increasing their chances of successful escape. Escape attempts and suicides are not uncommon.

Phu Van, a large plantation-style installation I visited, is located in Phuoc Long district, Binh Phuoc province in the remote, sparsely populated southernmost reaches of the central highlands near the Cambodian border. This place was said to have been built in 1976, just after the Fall/Liberation of Saigon, and the shabby facility of hard-packed dirt courtyards bounded by squat outbuildings, hot, dusty administration rooms, long lonely gravel drives and a tin-roofed canteen by a pair of ragged cement cisterns, looked every minute its 31 years of remote exile. In that area, between sprawling rubber plantations and sleepy cicada-buzzing hamlets settled by Kinh and Stieng (a highland ethnic minority), rounding a high bend on one of those narrow, rutted, red dirt roads, one could kill the engine of one's motorbike and see, amidst the high rolling green hills alternating between rubber trees, household garden plots and malarial jungle, the distant red tiled roofs of a handful of these centers, scattered and adrift in a tide of green valleys and hillsides. Weathered signs and unhelpful painted arrows point the way down dusty sun-baked roads to "Phu Van," "Trong Diem," "Duc Hanh," "Binh Duc," "Phu Duc" and "Phu Nghia," among other smaller, lesser known "reformatories" or "schools" and military installations. A Ho Chi Minh City People's Committee budget sheet from 2004 puts the numbers of persons, "trainees" (*hoc vien*), incarcerated in these six lonely places, at nearly 12,000 (PCHCMC 2006). These centers, along with others in the area and near Xuan Loc, and some in Saigon, such as the famous "Fatima" social education and labor center (in Binh Trieu, so named because it is supposedly on the grounds of a former Catholic seminary), and Nhi Xuan (a showpiece center in the Hoc Mon industrial and agricultural suburb) were where the majority of those Saigonese drug users and sex workers unlucky enough to get swept up by police have ended up.

A 2006 United Nations assessment noted that Saigon had 10% of the country's population, but 20% of its total HIV/AIDS cases, and that with a 1.2% prevalence rate among adults in the city, it was already in the throes of a generalized epidemic (UN Vietnam 2006). This same report also placed the national prevalence rate for injection drug users at 34%, with this percentage "much higher in Ho Chi Minh City, Quang Ninh and Hai Phong" (UN Vietnam

2006). The government's 2004 National Strategy puts this rate between 30 and 50%, and the HIV/AIDS prevalence among sex workers at 6% nationally (SRV 2004). Data concerning the size and HIV prevalence among these populations is understandably difficult to obtain, for the obvious reason that these behaviors bring with them serious criminal and social consequences and deter persons in high risk groups from coming forward. Additionally, data on these populations has historically been collected in these "closed settings" whose populations are subject to increase and decrease based on political or other factors, like roundups around national days or international events or the launch of new (but of course the same) campaigns targeting them. The latest, and perhaps most accurate, figures published by the USAID Health Policy Initiative places the HIV prevalence among injection drug users in Saigon at 54%, estimating 30,000 injecting individuals total (with about three quarters of these in the camps), among non-injecting sex workers at 11%, and among injecting sex workers at 60%, with the total number of sex workers estimated at 20,000 (2006).

Discussing these "closed settings" in the late 1990s, Templer wrote how in these places users were "expected to get clean largely on their own," that they were "offered almost no treatment except perhaps vitamins and an occasional massage" (1998). On top of having a population that was suffering from the effects of rapid, generally unsupported forced detoxification alongside physically demanding regimens of socialist-style reeducation and labor in a remote malaria-prone area, a huge percentage were also enduring the myriad infections and debilitations of HIV and even full-blown AIDS without the benefit of anti-retroviral therapy (1998). Following the HPI figures mentioned above, for injection drug users alone, in the dozen or so camps serving Saigon alone, today, we can expect to find at least 12,150 HIV positive inmates in settings were antiretroviral therapy is unavailable, except in the smallest fraction of the total number of these centers. Some reports estimate that there are about 50,000 inmates nationwide in drug treatment centers alone, with about 30,000 of these in and around Saigon (Hammett, et al 2008). Writing in the late 1990s, about a situation that is little better today, Templar lamented how "These centers have become dumping grounds for the abandoned and sick" (1998). It is not known how many people die during their internments in these places, though today it is certainly fewer than in the pre-ART days of the 1990s, but it is known that the augmenting of pre-existing facilities for the detention and re-education (*cai tao*) of sex workers and drug users to accommodate those infected with HIV/AIDS occurred. At at least one center, the infamous Trong Diem, a "Last Center" was designated to house those "trainees" in the final stages of AIDS infection, and a crematorium was constructed to dispose of the bodies, according to informants who spoke to me under the guarantee of anonymity, claims that I verified first-hand in the Fall of 2007.

Trong Diem (meaning "strategic/focal point") seems to be one of the newer, if not the newest of these centers constructed in the highlands of Binh Phuoc, built around the time of the enactment of the "Three Reductions" campaign. It differs in many respects from the older plantation-style centers, as it is a compact, well-secured installation, located on a something of a treacherous steep-sided peninsula that overlooks the Thac Mo (literally "Dream Falls") Lake, a strangely scorpion-shaped body of water formed after the damming of the Be river in 1995 for a hydroelectric project of the same name, carried out with Ukranian technical assistance (Chernyavskii, et al 1997). Two former inmates, one female and one male, reported that though conditions were not much better, in terms of medical care, nutrition or general care, than the other centers in the area, at least incarceration at Trong Diem, on its lakeside sliver of a plateau, did not allow for hard labor. They mentioned that in Binh Duc center, for instance, a short drive

away, inmates were forced to tend and harvest (with a quota of between 35 and 45 kilos per day per person) the cashews that were grown on the sprawling grounds. It is worth noting that Binh Phuoc province alone accounts for 44% of Vietnam's total cashew output, averaging over 150,000 tons yearly. This is difficult work under the best of conditions, and unbearable while dealing with stifling heat, insects (the region is a well-known malarial zone) and illness (both of my informants had been all but incapacitated by opportunistic infections resulting from unmanaged HIV during their internments at these various centers). Also, in contrast, the older plantation-style facilities, with their extensive perimeters of rusty and overgrown barbed-wire offered better opportunities for escape, as inmates could slip through and almost immediately be on a road, albeit in a particularly remote part of the highlands. The security of these older centers seems to have been based primarily on their isolation in an area that, in the intervening decades has become increasingly settled, though still by no means bustling. The town of Phuoc Long has grown and those paved roads leading into and out of it toward the Cambodian border are now dotted with roadside cafes, workshops and humble dwellings. Even so, one does not frequently pass other motorists on those old red-dirt roads that wind back and forth along the quiet hillsides, and the area retains a slightly menacing expansive silence. It seems that it is to this increasing presence of settlers that the designers of Trong Diem were responding when they chose a high peninsula whose steep sides tumbled into the treacherous waters of a lake, and offered a single narrow, easily controlled point of ingress and egress. An informant who had done a stint at Trong Diem reported that during one escape attempt, not only did the two inmates who tried to negotiate the steep cliffsides down to the lake get killed, but one of the pursuing guards as well, with another guard sustaining serious injuries.

In my conversations with former inmates, my brief visits to two of these camps and my stay in the surrounding hills, as well as my conversations with Saigon locals, it became clear that these spaces were operating, as technologies of government, on a range of unique levels. These spaces are particular type of institutions, camps, part-prison, part-clinic (though to what extent they are for rehabilitation is up for debate, as even government figures put recidivism rates as high as 80%), in which persons, within the ethical and political milieu we have spent so much time mapping above, are figured as deviant on three grounds; juridically (drug-use and sex work violate the law), morally (warranting re-education, "decontamination," "restoration"), and biologically (those infected with HIV/AIDS). These spaces sit at the very nexus of the processes, key representations, practices, logics, discourses and technologies we have traced in the period discussed above, the final expression and both the means and the meaning of "The People," a machine for making a work (bounded in space and regimented in time) from words and things, collapsing and folding bodies and metaphors within a single space of control.

As spatial technologies of control these centers proved to be effective on another register. For Rose, space is rendered a medium of governance through the distribution of "attractions and repulsions, passions and fears" across its face, by gathering "new facets and forces" together, thereby bringing new relations and intensities into being (1999). In Vietnam, these spaces operated and continue to operate in something like this capacity, doing their work as the exceptional space *par excellence*. Within this confused milieu of ethical and administrative regimes, the carceral technology of Trong Diem and its brethren stand out as exemplary. They are ambiguous; neither a prison, nor a hospital, not run by the police or the Ministry of Justice or Health or the military, whose terms of internment are more or less arbitrary and subject to the whims of the administration. In fact, contrary to official documents that stipulate sentences fall between six and 12 months for sex workers, and 18 and 24 months for drug users, the former

inmates I spoke with had at a minimum served five years, occasionally shuttled between the various camps in Binh Phuoc Province or the outskirts of Saigon. Terms of commitment in these centers may also be based on where one violates the law; typically five years for violators in Saigon and two years elsewhere (Hammett, et al 2008). Some commentators suggest that early failures and high recidivism rates prompted authorities to increase sentences from two to five years for drug addicts (Thu Vuong 2008).

These camps operate like strange inversions of those uniquely modern architectural technologies Allan Pred famously termed "spectacular spaces" (1995). Pred deploys the concept to describe the Stockholm Exhibitions of 1897 and 1930. For Pred, "spectacular spaces" are crucibles "emerging out of a series of ongoing structuring processes and - by virtue of being spectacular and hence attention-grabbing – dramatically contributed to the perpetuation of these processes," the transformation and reconstitution of "situated practices, power relations and forms of individual and collective consciousness." Pred describes how the construction and operation of these spectacular spaces was/is entangled in would-be hegemonic discourses meant to "maintain, restructure or consolidate domination by means of popular consent rather than coercion," legitimate or extend existing power relations, and produce relative stability within the political and economic domains. These spaces worked to "reinforce or newly inculcate a particular way of seeing," to make some particular things visible and others invisible, "rearticulating the social and cultural landscape" and the complex relations among state, economy and culture (1995). While these "attention-grabbing" spaces did their work primarily by reordering the field of the visible and articulable through their conspicuousness, the camps in Binh Phuoc seem to be effective by highlighting their ambiguity, their half-obscurity, acting as an only partially knowable cipher onto which a whole range of meanings and imaginings can be projected. They are semi-secret; few know where they are located or what precisely goes on there, but most everyone knows that they exist and what they are for. In this respect they operate as a kind of open space for speculation, rumor, about which everyone has strong opinions, but few have information. They clearly belong to the realm of the illicit, the marginal; they are populated with those citizens of the underworld (*xa hoi den*), associations with which disqualify one from polite company. They are positioned at the very center of a broader politico-ethical discourse, with historical underpinnings, concerning notions of contamination, vice, degeneracy and impurity, giving them great traction in the Vietnamese popular imaginary. Made geographically and discursively remote, these centers in which the criminal who is also a socio-political and moral deviant, and who may also be ill, is incarcerated together "with others like him/her" under ambiguous conditions and more or less in secrecy, activating (and reinforcing) among the general population (even those skeptical of government campaigns and programs), who already have a historical relationship to these kinds of spaces, a whole range of notions concerning contamination, the link between moral goodness and health, the role of the state as (capable or incapable) protector, and certainly Rose's "repulsions" and "fears," bringing these new relations and perhaps new figures into being.

It is clear that the figure at the center of this unique form of collective security and risk management, generated within these camps, had not previously existed in this precise manifestation. This new figure is a type of deviant who is all at once an (internal) enemy of the state, the embodiment of pathologies of the social, and the harbinger/carrier of potential (biological) catastrophe, the three objects of nation-state security, population security, and vital systems security, respectively (Collier, Lakoff 2006). It seems that what emerged from these unhappy crucibles, from this confused but somehow effective entanglement of biology,

citizenship and ethical value was a kind of citizen whose biological situation called into question not only their moral worth but their political designation as a kind of state enemy, their illness having "long-term impacts on the nation," and threatening "not only personal health, but also the community, labor resources, and national development" (SRV 2000). Whether or not these institutions were effective in "remaking" "social parasites" and turning out good communist citizen-subjects, they were working nonetheless, and with great efficiency. With its techniques and even the constitution of its population made illegible, it is precisely the secrecy surrounding it and the ambiguity of the institution that makes it, as a novel and extreme example of the zone of exception (Agamben 1998, 2005), so potent a technology of government.

These spatial technologies, policing and surveillance practices, and state discursive interventions indeed produced "immoral geographies" and populated them with these new contaminated "immoral" figures, extending these spaces by way of marriage to folk beliefs, historical representations of "The People" and the "Social Body" as well as historical relationships to these zones of exception into the moral imaginaries of the population. I borrow this term "immoral geographies" from the title of an American Anthropological Association panel I participated in at the 105th AAA meeting in San Jose, November, 2006. However, here I do not mean "immoral" in the conventional sense that in these places serious violations of international notions of human rights, dignity and justice took and are taking place, though this is certainly a pressing matter. I mean, additionally, and perhaps more pointedly, that particular instrumentalizations and configurations of notions of ethics, morality and "the good" clearly were and are some of the means by which these operations were and are undertaken, gained traction within their milieu, took and are taking hold. In short, it seems impossible to call this strategy and these technologies (however crude and violent) at work in these places "unethical" except in the narrowest sense of the word. On the contrary, they are concomitant with an ethics, and are precisely the grounds on which a certain ethics is written, performed, made manifest, through long-trusted techniques, in the name of a specific, historically contingent, Vietnamese object; "the People."

However, the weird figure produced in the most obvious way in the situation of these camps, through the entanglement of the apparatus for the combat of "social evils" and the emerging assemblage of HIV/AIDS prevention and control, was by no means a stable or desirable one. As the logical conclusion of the discursive and non-discursive practices that first were directed to protect and act upon "The People as One," this figure, "the enemy" *par excellence* of the post-reform era, generated significant difficulties not only for those local agencies working alongside the limited number of foreign NGOs and international organizations to stem the tide of the epidemic, but for a political establishment that had been working for more than a decade to promote Vietnam as a modern, industrialized, stable place for tourism and foreign investment, and the ideological and public security sectors which floundered for consistent explanations as the epidemic began to generalize into the population at large, outside these easy categories of exception. Since the early 2000s the most common transmission vector for new infections in Saigon had become heterosexual sex, especially husband-to-wife transmission, leading to increases in mother-to-child transmission (HPI 2006). Leaving aside for a moment the massive international discourse on the failure of this initial strategy and Vietnam's obvious attempts during this period to integrate itself politically and economically at a regional and global level, we can see how the operations and elements internal to the "social evils" apparatus and the HIV/AIDS assemblage themselves, those possible responses conditioned by the elements defined in a moment of problematization, both allowed for and limited the range of

possible action those in positions of authority could take. That is to say, by the end of the first years of the 21st century, this linkage between "social evils" and HIV/AIDS, so carefully cultivated and powerful, had run its course, outlived its usefulness (as, at the very least, initially inexpensive fear-based deterrent, ideologically consistent configuration, etc), could no longer offer compelling and viable explanations and was breaking down. The Ministry of Labor, Invalids and Social Affairs was finding uncomfortably high proportions of the "trainees" in its camps seriously ill or dying, its recidivism rates embarrassingly high (reportedly between 70-80%), and what is more, being made embarrassingly public, reports appearing even in the country's English language daily (Tuoi Tre 2007: VNN 2007). Granted, the last-ditch "Three Reductions Campaign," at least in Saigon, had succeeded in two ways. First, it reduced the rate of new infections among injection drug users, as incarceration radically reduced their injection risk and most of those sharing needles had already been infected (HPI 2006). Second, according to the deputy head of the HCMC PAC, Dr. Tran Thinh, who I spoke with in late fall of 2007, by concentrating upwards of 30,000 IDUs and sex workers in 05 and 06 centers it reduced the source of HIV infection in the community as well as the number of new addicts. These small gains might have had more effect if the epidemic had not already generalized, and if the processes involved in this gain (not to mention the neglect and death) did not set back the campaign against HIV/AIDS as a whole by contributing to the stigma and discrimination that continued to drive people engaging in high-risk behaviors underground. Outside of these nominal gains, this last campaign (and the extension of length of sentences for inmates) only succeeded in swelling the numbers of inmates and thereby degrading the conditions in the camps, even as the costs of their maintenance spiraled upwards. A moment of pause and reflection was clearly in order, though, of course, in the midst of a serious epidemic just crossing the threshold of exploding out of control, such moments were few and far between and necessarily brief. However, as they are wont to do, things happened.

From "The People" to "The Human": Two Events and a New Object

While in 2000, official government HIV/AIDS reports still contained references like; "With the help of foreign aid and cooperation, the Vietnamese government is instigating the fight against HIV/AIDS/STD and social evils" (SRV 2000), by 2004 something had clearly shifted. In a Committee evaluation from that year they identified that along with the robust characteristics of the HIV virus itself, the "negative impacts of the market economy" on moral values and lifestyles, and other such obstacles, the association of HIV/AIDS with "social evils" was itself hindering their efforts. "The HIV/AIDS epidemic is closely associated with social evils, particularly drugs and prostitution, thus increasing stigma and discrimination against HIV/AIDS-infected people and thereby greatly hampering HIV/AIDS prevention and the care for HIV/AIDS-infected people" (SRV 2004). Around the same time, high ranking Party and government officials began making explicit public declarations that HIV/AIDS was not in fact a "social evil," but a disease capable of infection regardless of association with "social evils." President Tran Duc Luong made the first visit of any Vietnamese president to an HIV/AIDS ward at Hanoi's Bach Mai Hospital in early 2004 where he was quoted as saying; "All of us should have a correct attitude and not discriminate against HIV/AIDS carriers. They should be able to enjoy all legitimate rights like other ordinary people" (AP 2004).

While conventional analyses may quickly link this shift to international pressure or the international media outcry we have seen above, or simply to Vietnam's desire to further integrate

itself into the political, social and economic systems at a regional and global scale, we should take care. Both of these assessments, while casually compelling, turn on a common theme, that of the general erosion of state power, sovereignty and the like supposedly brought on in our so called "era of globalization," an era of softening borders, weakened states, triumphant capitalism, unleashed potentialities and so on. There is no room here for visions of a post-national order of heterogenous units brought on by mass media and migration (Appadurai 1996), "end of history" hyperbole, or claims that nation state sovereignty has been replaced by a single logic and structure of rule (Hardt, Negri 2000). Our analysis is of a different order. While not denying the influence of these powerful outside factors, we have identified a number of reasons why the apparatus in question began to manifest difficulties because of *its own* elements, and how the formulations integral to its stability in a certain period were not suitable for work under new conditions in the period that followed. However, now, it is necessary for us to question whether failure really means failure within the novel form of collective security we have mapped above. Put more directly, it is important to examine how the extrication of HIV/AIDS from the constellation of "social evils" enabled new types of control, organized around new elements and with new modes of intervention exercised at different levels and in different places, to come into play.

Carruthers reads the "social evils" campaigns of the late 1990s as attempts by Vietnamese authorities to clarify the grounds and criteria for selection of cultural, economic, political, social and ethical elements in the post-reform era, establishing boundaries for the purposes of retaining control as the arbiter of cultural selection (2001). The "minor cultural revolution" campaigns of the mid 1990s, according to Carruthers, were not simple protectionism, but exercise of power in the mode of maintenance in the context of global cultural exchange and integration and the project of "cultural modernization," clearly demonstrating a desire on the part of authorities to renegotiate the terms of Vietnam's integration into "global culture," not disentangle it for good. Protectionist concerns were seen as occupying too much time and energy, taking attention and resources away from the pragmatics of the economic transition (2001). While interest in these kinds of campaigns has waned, and the moment of their link to HIV/AIDS prevention and control has almost certainly passed, what has remained and what should be clearly understood is that the Vietnamese authorities are certainly still in the business of selection and arbitration these days, albeit from a larger and perhaps more compelling toolbox.

SARS

In late February of 2003, a 50 year old American businessman, Johnny Chen, arrived in Hanoi from Hong Kong (after a stay at the Metropole Hotel) and fell ill, complaining of a high fever, a dry cough, myalgia and a mild sore throat (WHO 2003). He was taken to the French hospital there on the 26th. Unable to treat his rapidly deteriorating condition, he was then evacuated to Hong Kong where he died, March 13, 2003, a victim of, and Vietnam and the world's first brush with, a new disease called SARS (Mydans 2003; WHO 2003). The WHO called SARS "the first severe and readily transmissible disease of the 21st century" (2008). As far as the WHO was concerned, Mr. Chen's was the first recognized case of SARS, though it almost simultaneously revealed that the epidemic had broken out at least in November of 2002 in southern China, with the first cases identified by the Chinese at the end of that month (WHO 2003). In order to preserve public confidence the Chinese had restricted media coverage of the outbreak, not informing the WHO of the situation until February of the next year, about the time

Mr. Chen took ill and died in Hong Kong. The WHO dispatched agents to China in February to retroactively work "with Chinese health authorities to investigate an outbreak of atypical pneumonia that occurred in Guandong Province in November" and was "peaking" (WHO 2003). In Vietnam, there was a different situation altogether. Even before Mr. Chen's death, the Vietnamese were meeting with WHO officials, forming a task force, centralizing information gathering, mobilizing "virtually the whole government… to deal with the infection and its consequences," and moving to combat the outbreak "openly and aggressively" (Mydans 2003), two terms that would later become the watchwords in the international media coverage concerning the difference between the SARS strategies of Vietnam and China. By March 11, at the urging of Dr. Carlo Urbani, the Italian WHO doctor who first identified (and later, in Bangkok, would die from) SARS, a scant two weeks after Mr. Chen arrived in Hanoi, Vietnamese authorities had closed the Hanoi French hospital to new patients and visitors and quarantined the staff (Marshall, et al 2003; Vu 2004; Mydans 2003). The government required provincial officials to file daily updates, isolate patients and send them to two designated hospitals in Hanoi, as well as requiring health workers to trace and monitor hundreds of people who had interacted with workers or patients at the hospital (Mydans 2003). Additionally, the Vietnamese maintained stringent control of border entry points for the prevention of SARS re-entry, particularly those with China. Screening systems were set up, aided by hundreds of electronic thermometers and seven $50,000 infrared machines at airports and border crossings to detect people with high temperatures, for use by immigration agents.

By early July 2003, when the WHO declared human-to-human transmission of the virus to have been broken, there had been 8,098 probable SARS cases reported, along with 774 deaths in 26 countries, the majority in the Western Pacific (WHO 2008). China bore the brunt of the epidemic with 5,327 cases on the mainland, 1,755 in Hong Kong, and 346 in Taiwan. Singapore reported 238 cases, and Vietnam a scant 63, with only 5 reported deaths, a tremendously low figure considering its proximity to the massively and earliest affected areas of southern China, and it having been the place where the (ostensibly) first cases came to light. In fact, months earlier, on April 28, the WHO had declared Vietnam the first nation to contain and eliminate the disease, going the requisite 20 straight days without a new case (WHOMC 2003; Mydans 2003). With this declaration came a flood of praise in the international community. "Vietnam has been able to show the world that there is hope that SARS can be contained," said Pascale Brudon, the World Health Organization representative for Vietnam (WHOMC 2003). ""It was the speed, the leadership, the transparency, the flexibility, the intensity with which they educated people what to do," said Aileen Plant, leader of the WHO's anti-SARS program in Vietnam, "It all sounds a lot easier than it is" (Mydans 2003). On a less gushing note she added that the country's success was not a miracle, but the result of "real, old-fashioned infectious disease containment. It all comes back to the same thing, which is stopping infected people from infecting other people" (Mydans 2003). The LA Times also noted Vietnam's "speed of action, leadership and transparency" as the most important factors in their halt of the disease (Marshall, et al 2003). These commentators, and the Vietnamese themselves, were not above taking implied shots at the less successful strategy employed by China, couched in a rhetoric of cooperation, openness and exchange. "Viet Nam has effectively worked in partnership with other governments, WHO and WHO's partners to stop its outbreak of SARS," said David Heymann, Executive Director of the WHO's Communicable Diseases Cluster, adding, "We are pleased that other countries in the region with local transmission of SARS are also following appropriate detection and protection measures, and *cooperating* with each other to do so" (emphasis mine, WHOMC 2003). Policy

recommendations to minimize economic losses from the IMF called on Vietnam to "maintain strict border control with China" and better air travel screening, "advertise broadly the successful containment and availability of modern medical facilities," create "targeted tourism packages" for tourists from "non-affected countries," and "offer advice to other countries on containment measures. Vietnam should be put up as a model for quick, effective containment" (Adams 2003). The Vietnamese embassy published its statement days later, echoing these points, their success against SARS dependent on the "immediate release to the public of SARS updates as well as preventive measures," reporting that all of their SARS activities "were conducted in a timely and comprehensive manner with the participation of all walks life under the leadership of the Government Steering Committee on SARS headed by a Deputy Prime Minister" founded, they could not help from adding, "*immediately* after the outbreak of the disease," "taking a proactive part in the international fight against SARS" (emphasis mine, EOVN 2003). They did not fail to mention that tourism, trade, exchange and investment had returned to normal, and acknowledge "with gratitude the active and precious *cooperation* from the World Health Organization and other countries in the process" (emphasis mine, EOVN 2003). The BBC reported that Vietnam had shown "strong commitment at the highest levels from the beginning of the outbreak," and that "the pneumonia-like virus had also passed its peak in Canada, Singapore and Hong Kong, but not in China – where SARS first emerged last year," (2003a), singling out China and offering a strange (perhaps unintentional) contemporary geography of former empire. Months later the BBC reported that China was facing intense criticism for failing to report the full scale of its early outbreak, that it had concealed hundreds of cases for nearly three months, that the government "apologized for its slow response" and had fired the mayor of Beijing along with the national health minister (BBC News 2003b). The same article hails Vietnam as a "model case in the fight against SARS," praising it "for its international *cooperation*, *openness* about the issue, and for health authorities' swift action" (emphasis mine). Agence France Presse went so far as to say that China's negligence and proximity was "the biggest threat to Vietnam's clean bill of health," and that despite its "drastic measures" China was still on its "back foot" with regards to the epidemic (2003). So pronounced was the Vietnam/China disparity over SARS that medical and social scientific articles and books were written using them as examples of failed and successful epidemic management strategies (Quah 2007a; Ohara 2004), and academic articles have taken it up as an example of news coverage and image construction in the contemporary (Leung, Huang 2007; Quah 2007b). Criticism of China ranged from measured if worried reports about the possibility of SARS resurgence in the wake of China's misplaced priorities (Beech 2003), to shrill right-wing screeds against "totalitarianism" and the unimpeachability of "democratic, accountable" governments (Bork 2003). It bears mention that the nature of the SARS coronavirus, its means and vectors of transmission, along with disease multipliers such as frequency of air travel and so on, lent it to the kinds of rapid spread witnessed in early 2003, but also made it amenable to the kinds of well known disease prevention measures Vietnam in particular excelled at. The health strategy deployed against the contagion was of a decidedly molar, rather than molecular, nature, consisting of "quarantine, travel restrictions, and the policing of space that has been familiar," writes Rose, "since the medicine of the plague" (2007). While not downplaying China's massive failure as regards SARS, or diminishing Vietnam's success, it is important to remember that Vietnam dealt initially with a single infectious individual (albeit promptly and efficiently) with a WHO doctor on hand, in a single, isolatable medical facility, and that this individual was a well-to-do foreigner who could seek the kinds of costly medical treatment available at the French hospital.

What emerged when the dust finally settled from the SARS outbreak for the Vietnamese authorities was a new awareness of the economic profitability and benefits to Vietnam's international image inherent in swift, "cooperative," "open" combat of epidemics. SARS had not only touched off a global interest in "the next big pandemic," but had revealed the weaknesses in the existing disease surveillance system, and the vulnerability of governments and economies to sudden outbreaks, as well as recasting the problem of existing epidemics, such as HIV/AIDS. The example of China was clear enough. Among the myriad casualties of the SARS epidemic there you could count the political careers of a number of high ranking officials, as well as China's global and regional standing, contributing to a sharp curb on their economic growth as investor confidence fell and WHO travel restrictions and the like disrupted trade. "SARS prompted recognition of the economic consequences of infectious disease. HIV is now viewed as a disease that could threaten… prized economic growth and denial of or failure to address the problem is no longer considered a strategy for protecting economic growth" (Hammett, et al 2007). The IMF office in Hanoi immediately prepared a report days after Vietnam was declared SARS-free by the WHO assessing the short-term economic losses as a result of SARS (to tourism, retail and external trade sectors), the longer-term loses (to manufacturing, financial services and foreign direct investment), as well as psychological and social impacts (Adams 2003). Because Vietnam had contained its SARS outbreak to a single fiscal quarter the IMF representative predicted only a small drop of 0.25% on growth, but warned that the deeper impact of SARS on Vietnam's neighbors could "create second-round negative shocks for Vietnam" recommending Vietnam offer containment advice to other governments (Adams 2003). Infectious diseases were suddenly viewed not only as substantial threats to individual lives, but to states and economic and political stability. The psychological impact of an epidemic like SARS clearly bore consequences for local and international confidence in regional governments. Governments' capacities to deal with epidemics and public health crises came to the fore as litmus tests of their overall capacities to govern.

When SARS struck there was no institutionalized regional system to deal with it. Following the waning of the outbreak, a chastised China joined ASEAN, South Korea and Japan (to form the so-called "ASEAN +3") to institute a fund to combat infectious diseases in the region and strengthen regional capabilities to deal with pandemic, strengthening national and regional institutions, stressing "preparedness" and "collaboration." In a talk at UC Berkeley in the spring of 2007, Dr. Mely Caballero Anthony from the Consortium on Non-Traditional Security Studies in Asia noted that these agreements took up a self-consciously international or global approach, seeking to bring together global actors to secure the "global public good." We see a sudden proliferation of these regional and international public health activities, workshops and conferences, as well as greater openness to international evidence on the effectiveness of new programs and interventions. Though the nature of the SARS coronavirus, its means and vectors of transmission differed quite greatly from that of malaria or HIV/AIDS or other infectious diseases it is easy to see how SARS, as an event, touched off a rethinking of the meanings and consequences of, as well as the modes of intervention against, epidemics of all sorts. Vietnam and its regional neighbors became ensconced in new partnerships, with new benefits to enjoy and responsibilities to live up to, within newly formed and/or reinvigorated international and regional networks.

Vietnam itself emerged as a model for quick effective epidemic containment, at least partially at the expense of China, riding the wave of this new international good will. In terms of its HIV/AIDS programs, with the "Three Reductions" campaign swelling its camp populations of

injection drug users and sex workers, key Vietnamese officials embarked on study tours (to Australia, the US, China and elsewhere), engaged in and promoted workshops, training sessions and conferences on harm reduction and related HIV prevention topics, and considered and disseminated evidence from international and domestic projects, many of these activities funded by international donors and NGOs (Hammett, et al 2007). Hammett and his collaborators note that the Vietnamese officials from this period "seemed more willing to be swayed by international evidence of the effectiveness of needle/syringe programs than their Chinese counterparts, so there was less pressure for indigenous pilot projects to test this intervention," though the Vietnamese, skeptical about methadone programs (after failures in China), called for such pilot programs before any scale up of methadone was to occur (Hammett, et al 2007). The results of this period of consideration were those events mentioned above, the public visits by high ranking officials to HIV/AIDS wards and their public declarations denouncing the link between the disease and "social evils" and calling for the reduction of stigma and discrimination, greater care for, and acceptance of, persons living with HIV/AIDS. These media events culminated soon after in the groundbreaking "National Strategy on HIV/AIDS Prevention and Control till 2010, with a Vision Until 2020," approved by the Prime Minister on March 17, 2004. The strategy specifically calls for a fight against stigma and discrimination, commits Vietnam to implement international agreements on HIV/AIDS prevention and control and ensure that its national laws "conform to the principles of international laws" (*phu hop voi cac nguyen tac cua phap luat quoc te*), promote multi-and bilateral cooperation, and expand cooperation with neighboring countries in the region and world (SRV 2004). It goes farther than any HIV/AIDS decision preceding it, calling for Vietnam to "step up harm reduction intervention measures" (*day manh cac bien phap can thiep giam thieu tac hai*), promote counseling care and treatment for HIV/AIDS infected people, and strengthen program management, monitoring, supervision and evaluation capabilities throughout the country (SRV 2004). Its main objectives were the limitation of HIV/AIDS prevalence in the general population to 0.3% by 2010 with no further increase thereafter, and to "reduce the adverse impacts of HIV/AIDS on socioeconomic development" (*giam tac hai cua HIV/AIDS doi voi su phat trien kinh te-xa hoi*) (SRV 2004).

This strategy is exceptional on a number of other levels as well. As may be evident from my brief gloss above, it does not only differ greatly in language from the other such documents we have examined, and that indeed make up the archive of official positions and strategies regarding HIV/AIDS in Vietnam, but takes steps to reformulate the very problem of HIV/AIDS in the post-SARS period, and rework what its combat means. "Investment (*Dau tu*) in HIV/AIDS prevention and control is investment contributing to generating sustainable development (*su phat trien ben vung*) of the country, which will bring about both direct and indirect economic and social benefits" (SRV 2004). It also performs a subtle, but vital shift of object. The 2004 strategy identifies HIV/AIDS as a threat to the state's economic development, social order and safety, and the "future generations of the nation," as we have seen and become accustomed to throughout the earlier documents. It also identifies HIV/AIDS as a threat to the health and strength of persons, as we have seen before, but of a slightly different formulation of "persons." HIV/AIDS has suddenly become a threat to the health and disposition of "human beings" (*con nguoi*), not "The People" (*nhan dan)* as we identified so often before (SRV 2004). The national strategy goes on to say that "HIV not only affects the health of human beings (*suc khoe con nguoi*), but also undermines security (*an ninh*) development (*phat trien*) and the human race (*noi giong cua loai nguoi*)" a formulation that is found in no prior documents of this kind (SRV 2004). The Vietnamese word *con nguoi* which I have translated in the above instance as "human beings" is

actually a complex formulation that can mean variously "human being," "Man" (as in the construction "Man versus Nature," *dau tranh giua con nguoi va tu nhien*), or "human" (as in the construction "human nature," *ban tinh con nguoi*). "*Con*" is a generic particle in Vietnamese denoting an animal or an animal-like thing, while "*nguoi*" means a human person. This is sometimes "the human" in constructions of "human rights" (*quyen con nguoi*), though more often people opt for the more sonorous and official ring of *nhan quyen* (as in *Uy Ban Lien Hiep Quoc ve Nhan Quyen*, United Nations Commission on Human Rights). Similarly, the word *loai nguoi* means "human," the particle "*loai*" meaning something like "kind," "category," or "species," *loai nguoi* used in such constructions as "crimes against humanity" (*toi ac doi voi toan the loai nguoi*, literally "crime against the whole of the human/humanity"). By contrast the term *nhan dan*, "the People," distinct from "persons" generically (*nguoi*), human/Mankind/human species (*con nguoi*, *loai nguoi*) or "population" (*dan cu*, literally "persons dwelling/living") retains a quasi-moral significance, preserving the Marxist inflection of "the multitudes" or "the masses," and is "the People" spoken of when one discusses the People's Committee (*Uy Ban Nhan Dan*) or the People's Army (*Quan Doi Nhan Dan*). Beginning in 2004 with this National Strategy, the assemblage of "discourses, institutions, architectural arrangements, policy decisions, laws, administrative measures, scientific statements, philosophic, moral and philanthropic propositions" (Rabinow, Rose 2003) directed toward HIV/AIDS prevention and control began to definitively pull away from the apparatus for the combat of "social evils," the object of the ensemble no longer exclusively "The People," that old, well-worn, troublesome figure it had shared with the "social evils" apparatus that had generated difficulties so recently, but "The Human," a figure selected in the post-SARS period of regional and international purposeful exchange and openness around just these sort of problems. Of course "The People" as an object remained a durable selection, and it was certainly not abandoned wholesale, nor was it, of course, abandoned by the other sectors of government that had been implicated in the assemblage of HIV/AIDS prevention and control through its lengthy entanglement with the "social evils" apparatus. These included the military and the public security sector, as well as the Ministry of Labor, Invalids and Social Affairs to name the most obvious, but also some of the various social groups, the Veterans Union, the Youth Front and the like. These entities certainly did not give up "The People" as the object upon which and in the name of which they operated, and as they continued (and today continue) to play roles in the work of HIV/AIDS prevention and control in Vietnam, it was (and continues to be) along this and other lines that serious disagreements concerning appropriate modes of intervention, political and ethical considerations occur in the contemporary, issues that we will touch on in later sections.

US President's Emergency Plan for AIDS Relief

In May of 2003, the U.S. Congress approved, and former President Bush signed into law, the "United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003," approving expenditure of up to $15 billion over five years and initiating the largest international health initiative in history by one nation to address a single disease. Prior to the initiation of PEPFAR, most US government international expenditure on HIV/AIDS was conducted through bilateral agreements, the majority of which were continued under the auspices of PEPFAR. The first PEPFAR funds, $350 million, were made available by Congress in January, 2004, with full implementation of the program beginning in June of that year. Vietnam was designated a focus country June 23, 2004, after calls from US legislators to expand the program outside of Africa

and the Caribbean. The "Consolidated Appropriations Act, 2004" called for the program coordinator to "ensure that assistance is provided for activities in not fewer than 15 countries, at least one of which shall not be in Africa or the Caribbean region" (USG 2003). As such, Vietnam, a little over three months after passing its new National Strategy on HIV/AIDS prevention and control, became the sole Asian PEPFAR focus country, though the US government certainly supports HIV/AIDS prevention, care and treatment programs elsewhere in Asia. Indeed, it bears mentioning that the choice of Vietnam as a recipient nation of PEPFAR aid was surprising and controversial as it was expected that such aid would go to India or China, both of whom had arguably more serious and widespread epidemics underway. India was the expected choice, with twice the HIV/AIDS prevalence of Vietnam and 30 times the number of people living with HIV/AIDS (KDH/AR 2004). According to the Consortium on Non-Traditional Security Studies in Asia, this unusual selection was made on the grounds that the situation in Vietnam was one in which containment of the disease and possible success was most probable. At an HIV-prevention conference in Hanoi former U.S. Health and Human Services secretary Tommy Thompson said Vietnam could "stamp out HIV/AIDS very quickly," and be the first country under PEPFAR to eliminate the disease, saying: "I think the international community is waiting to see if we can actually win a battle against HIV/AIDS," adding, "I believe that Vietnam can give us that victory if we all work as hard as we possibly can, if we raise the dollars and if we do what is necessary together" (KDH/AR 2006; XNA 2006; VNBS 2006). WHO Vietnam Representative Dr. Hans Troedsson said that US officials "realized that Vietnam has a lot of potential to absorb financial resources like this. They have a national strategy on HIV/AIDS, which is very comprehensive" (KDH/AR 2004). A PEPFAR Vietnam project officer I spoke with said its designers wanted to make the program "truly global" by selecting an Asian country, and because of poor diplomatic relations with China at the time, and because the HIV/AIDS situation in Vietnam was vastly simpler than that in India, Vietnam was selected. The project officer said this also reflected Vietnam's inevitable entrance into the WTO. Under PEPFAR, Vietnam received more than $17.3 million in fiscal year 2004, $27.6 million in FY 2005, $34.1 million in 2006, $65.8 million in FY 2007 and nearly $90 million in 2008 to support comprehensive HIV/AIDS prevention, treatment and care programs. Under PEPFAR, Vietnam has ramped up its HIV/AIDS prevention and control programs and developed new programs at an almost unprecedented pace and scale. PEPFAR provides funds and technical support in virtually every domain of HIV/AIDS prevention, care and treatment. These include programs in intensive and targeted behavior change, controversial "abstinence and be faithful" interventions, reduction of stigma and discrimination, injection safety, prevention of mother-to-child transmission (PMTCT), peer education, and blood safety programs, at all levels, collaborating with the Vietnamese government and local and international non-governmental organizations. PEPFAR supports counseling and testing (CT), clinical and home-based care, basic palliative care, the integration of tuberculosis and HIV programs, and programs for orphans and vulnerable children (OVC), and comprehensive, integrated HIV prevention, treatment and pre- and post-release services for residents from rehabilitation centers, providing psychosocial support and addiction counseling. PEPFAR funds support for antiretroviral therapy (ART) including the establishment of effective drug procurement and dispersal systems, policy development, the strengthening of laboratory infrastructure, enhancement of human capacity, and effective monitoring and evaluation systems, as well as building and managing disease surveillance systems and strategic information institutional and human capacity, establishing certificate-based training curriculums, and providing technical assistance and training for

evidence-based analysis and decision-making. Official tallies of PEPFAR program areas can go on for pages, but what is important is an understanding of the massive scope of the program and the unprecedented amount of funding that began pouring into Vietnam, so much, so quickly that one PEPFAR program officer told me half-jokingly over drinks in an upscale Saigon Thai restaurant that the pre-existing Vietnamese public health infrastructure almost could not handle the volume, that is, could not even find ways to spend it. While this is something of an exaggeration, it points to real difficulties generated by the huge influx of dollars as state agencies began to compete with one another and international NGOs for their shares, as new opportunities for career-making or breaking arose at all levels, as I will discuss more in the following section. If SARS reproblematized the difficulties of HIV/AIDS in Vietnam, and the 2004 National Strategy was an expression of the elements and objects Vietnam's new solution attempted to gather together and respond to, then PEPFAR was a major contributing factor to the development of the conditions in which this response was to be given in the contemporary.

Conclusion

Some analyses characterize the shift from targeting "social evils" to the integration of the state's existing reeducation centers into a broader campaign that included AIDS education, condom distribution, needle/syringe exchange, methadone maintenance and other harm reduction measures along with other forms of intervention by both state and non-state, international and domestic actors (modes of intervention that had been ignored or outright disqualified even several years before) as a sign of the general erosion of state power, or a concession in the face of neoliberal pressures or international demands. The reality of this shift is clearly far more complicated. It is clear from the long story told above that at nearly every turn those in positions of authority were making conscious decisions, searching for solutions to problems, from consistent positions, to paraphrase Carruthers as "arbiters of selection," cultural, political, economic, ideological and so forth, exercising power in the mode of maintenance and selection, not brute protectionism as other analyses would have it (2001). We have seen quite clearly that the assemblage that arose to deal with HIV/AIDS in Vietnam shared a number of important elements, key representations, and the like with the apparatus for the combat of "social evils," especially the object "the People as One," so dependent on the identification and eradication of its other. The problem of epidemic prevention prompted the mobilization of a renegotiated but long-trusted spatial technology of control alongside a strategic surveillance and targeted policing program and a pervasive and powerful new discourse. We have seen how, through unfortunate slippages and powerful discursive, policing, and spatial segregation practices these two ensembles were interwoven, rendering HIV/AIDS a biological marker of socio-moral contagion. As the "social evils" apparatus occupied the ground upon which three "blocs" (economic, security, ideological) were vying for jurisdiction and access to the spoils of new economic liberalization (Nguyen-Vo 1998, Robert 2005), so too did the HIV/AIDS assemblage implicate departments and actors from these three sectors. This linkage with the "social evils" apparatus produced myriad new problems, the entrenchment and forcing underground of illicit activities leading to the spread of HIV/AIDS infection, and the generation of a new figure in the camps, "the enemy/other" *par excellence* of the reform-era, one who was an enemy on biological, moral and political grounds at once.

To put it in general terms, a new difficulty (that of HIV/AIDS) was taken up as specific kind of problem conditioned by pre-existing technological, political and ethical regimes, by a

work of thought. How this problem was taken up, the definition of its elements, objects, logics and the like, in turn, conditioned the construction of the assemblage meant to deal with this problem, in a specific way, that is, with a mode of intervention particular to the kind of problem it was taken up as, and the elements then in play. It is clear that in the assemblages we are dealing with there is a specific relationship between the object that formation takes up and the modes of intervention that are available to put to work on, and in the name of, that object. The object at the center of both the HIV/AIDS and "social evils" ensembles, "The People," both facilitated the marriage of the two and gave birth to the weird new class of enemy, as it is a figure that requires, literally by definition, the identification of its other. By the end of the first years of the 2000s, the linkage between "social evils" and HIV/AIDS, had outlived its usefulness, could no longer offer consistent and viable explanations and was breaking down. This unique assemblage and its attendant rationalities proved unfit for dealing with the implications of the novel figure it produced, nor could it operate under the new epidemiological, economic, political, and social conditions it found itself in, nor do anything to extend sovereign power to new registers and locations, making reconfigurations necessary. The outbreak of SARS and Vietnam's rapid success in eliminating it generated a situation in which renewed attention was given to epidemics, stressing partnerships and cooperation on regional and global levels, and providing Vietnam with new responsibilities, commitments, networks and contacts on these levels, as well as new incentives for engaging them. Health-and-security assemblages which take "The Human" as their objects, became consistently more available for reflection by the Vietnamese authorities. That is, assemblages of The Human, with their quite different targets, technologies, modes of intervention, etc, became increasingly up for consideration by the Vietnamese. Around this time a serious move to extricate HIV/AIDS from the complex of "social evils" was taking place at the highest levels of government, and "The Human" slips in as a new object in the 2004 National Strategy on HIV/AIDS Prevention and Control.

By incorporating this new object into their unique assemblage, and displacing the primacy of the old one, "The People," new modes of intervention presented themselves, or rather, became more feasible, which at once could deal with the new regional and global health situation, incorporate new elements, or organize new relations, under new social, political, or economic conditions. First, "The Human" does not depend on establishing an enemy to establish its own identity as "The People" does, its selection enabling a shift in the mode of intervention from one of security, that is, generally speaking, enforcement, to one of tactical containment, the curb of migration or spread of the epidemic, a mode of adherence based on expert knowledges. Second, it is simply not feasible to administer to or protect "The Human" exclusively within the confines of the exceptional space of the camp, and with an old moral discourse, a "social evils" logic, whose object was "The People." The Vietnamese are finding that their interventions must necessarily occur outside both these morally and geographically exceptional spaces, and the limits of quasi-military and police action (a situation not necessarily true where the assemblage takes "The People as One" or other figurations as its object). Additionally, as we shall see later, this new configuration still conserves or even extends the pervasiveness of state power over a broader range of its citizens, into other sites and at other registers, for longer durations (rather than just "social evils" offenders, in just the camp or targeted/surveilled sites, for the limited terms of their internment). New relationships between citizens and the state, citizens and non-state actors, new logics, notions of health and ethics, knowledges and truth discourses are in formation. This is not to say that these old techniques, logics and spaces have been done away with. On the contrary, as we have seen, the various government Ministries and social groups

implicated in the assemblage of HIV/AIDS prevention and control during its period of linkage with the "social evils" apparatus clearly retain the old object of "The People," and the old mandates and modes of intervention appropriate to its maintenance. Thus, it is clearly evident why these entities are the most reluctant to get behind the new experiments in epidemic prevention and governance, without resorting to charges of acting in bad faith, or simply claiming they are "reactionary" or "conservative" elements. It is indisputable that these entities are the primary obstacles to the new programs in the contemporary, much to the chagrin of those self-styled "progressives" working in these programs, in positions of authority, or in the international press. However, as reforms obtain in other areas of the assemblage, as the effectiveness and cost-efficiency of new programs is demonstrated, and as local officials at the ward and district levels come to envision the problem of epidemic, drug and prostitution prevention differently through increased dialogue and partnerships, particularly in Saigon, we are seeing a gradual acceptance of these new modes of intervention on the ground from these "conservative" elements. The problematic linkages forged in the recent past along key shared elements that generated so much trouble, may be the very lines along which reforms, in the near future, pass back to the source. Those old frustrating linkages with the public security sector and the Ministry of Labor, Invalids and Social Affairs, for instance, may be leading to broader reforms in a wider domain than even previously considered. The old techniques, logics, even spaces (as we shall see) are being remediated and reconfigured into new forms, set into motion with new elements, content, and relationships. So we conclude our minor history, and turn with the Vietnamese to the contemporary. It is precisely here that in their current experimentations the Vietnamese and their partners are seeking to overcome the problem of how (now) to intervene.

Chapter Three
HIV/AIDS, the Problematization of Government, and the Uses of Corruption

> "Some died in neglect, others in the midst of every attention. No remedy was found that could be used; for what did good in one case did harm in another."
>
> -Thucydides, *History of the Peloponnesian War*, Book 2, Chpt 51

As we have seen, the assemblage that arose to deal with HIV/AIDS prevention and control in Vietnam, through its initial linkage with the apparatus that was establishing, identifying, and processing so-called "social evils" offenders throughout the country, throughout the 1990s found that some of its elements included not only public health and social services entities, but those involved in public security, the military, and the economic and ideological sectors as well. This, as we have seen, was due to the fact that the "problem of 'social evils'" was the ground upon which three competing "blocs" (economic, security, and ideological) were at the time vying with one another for jurisdiction over an evolving Vietnamese society and access to the windfall from the recent market reforms (Nguyen-Vo 1998; Robert 2005). With the outbreak and containment of the SARS epidemic, new conceptualizations of the consequences of infectious disease combined with new incentives to engage in close partnerships with regional and global actors, as well as the establishment of such networks. This created a situation in which Vietnamese health and political authorities were willing to go farther than in the past. So disposed, they "include(d) language and ideas from an informal working group of international organizations" in their 2004 National HIV/AIDS Strategy (Hammett, et al 2008), displaced the primacy of old objects ("The People as One") and old modes of intervention (linkage of HIV/AIDS with "social evils," roundups, detention) that centered around external *enforcement*. In their place they took new objects ("The Human," "humankind") and new modes of intervention (methadone maintenance, needle exchange, harm reduction, voluntary counseling and testing, ARV therapy, etc) that centered around instilling individual self-government by cultivating *adherence*. Additionally, the provision of massive PEPFAR funding for Vietnam's fight against HIV/AIDS both provided the material and technical bases for these expensive experiments, as well as establishing direct partnerships at virtually all levels between the US government, its battalions of subcontractors, technical advisors, and consultants, and Vietnamese political and health authorities, local health professionals, religious and non-governmental organizations.

Under these unique conditions, this specific problematization of government is playing out in conflicts along a pair of axes in the contemporary. First, conflicts are arising between different sectors of the apparatus to control and prevent HIV/AIDS. On the one hand we have those health and welfare entities beginning to implement the provisions of the new laws. These include local self-support groups engaging in outreach with sex workers or drug users, health professionals and peer educators carrying out pilot needle/syringe programs, local NGO workers engaging streetchildren and other vulnerable populations, health workers and technical advisors setting up the first methadone clinics in Vietnamese history, or legal personnel working to secure the right of HIV/AIDS infected detainees to be granted leave from the camps to receive ARV treatment, or to prosecute stigma and discrimination cases. On the other hand are a set of public and social security entities working under different pressures, with different objectives, and a clear mandate to "sweep away" or "stamp out" public threats, for whom the primacy of the old object, "The People as One," remains. These include, not surprisingly, the ministry of Public Security, the police, and the Ministry of Labor, Invalids and Social Affairs, and to a certain

extent the Ministry of Culture and Information. Alongside these obvious agencies are smaller groups such as the Youth Front, which provides personnel to support the Ministry of Labor, Invalids and Social Affairs in the running of reeducation camps, as well as in certain cases to the police to deal with traffic and crowd control, and the Veterans Union, a highly vocal and influential group (particularly in rural provinces) which tends toward hard-line traditionally "conservative" positions. Second, we have conflicts among the health and welfare entities themselves. With prestige, influence, and a tremendous amount of newly injected capital at stake it is inevitable that turf wars erupt between groups ostensibly on the same "side" of the more obvious "culture war" (as it tended to be described to me) I have touched on above. This was evident in the tensions between local Saigon NGOs vying for limited sponsorship from foreign NGOs, in tensions between Saigon groups and their provincial counterparts, and most clearly the ongoing dirty war between the Ho Chi Minh City Provincial AIDS Committee and the Ministry of Health. It is this last case that I will spend the most time discussing, as it is a case that turns on a number of important factors, as well as complicates the easy distinction between the licit and illicit, and the category of practices generally termed "corruption."

One final point of orientation. As we all know, the scholarly literature concerning the relationship between government and epidemics has long rested in a particular posture. It trains its eye on the effectiveness of the governance of epidemics and other health crises in a given country as reflections of the effectiveness of that country's overall governance (Quah 2007). It focuses on "impacts." The analyst uses the epidemic to identify and accentuate deficiencies in the governance system, and in the best instances, includes discussion of "responses," that is, how "some individuals or groups in high places, or with enough clout and determination, might decide or attempt to correct those deficiencies" (Quah 2007). In any case, the analyst then gives themselves the task of adjudicating between various strategies of government, and in the final instance selecting the most appropriate. This work abounds in strong, good faith policy claims that take, as their indices, lives lost, "opportunities missed," possible successes thwarted. One example is that of the assessment by the Consortium on Non-Traditional Security Studies in Asia, which calls for the securitization of the HIV/AIDS issue in Asia to mobilize greater resources, interest and support to combat it (Ramiah 2004). For the CNTSSA this involves "actors" and "speech acts" designating an "existential threat requiring emergency action or special measures and the acceptance of that designation by a significant audience" (Ramiah 2004). It is clear that this approach has merit under certain international relations-style analytics. However, in certain respects "securitizing HIV/AIDS" is exactly what the Vietnamese did in the early 1990s around HIV/AIDS with serious consequences, taking HIV/AIDS up in this form but with very different notions about the object of this security apparatus ("the People") and what "emergency action" or "special measures" were suitable for its protection (linking HIV/AIDS with "social evils," police action, fear-based informational campaigns and ongoing internment of IDUs and sex workers). Furthermore, this kind of analysis does nothing, of course, to explain how an HIV positive Vietnamese drug addict who went into the reeducation centers in the roundups of late 2002 and early 2003, at least in Saigon, can find themselves being processes for release in 2008 from these places that have themselves been subject to rehabilitation, that are beginning to operate under a very different set of governing (if not usually material) conditions, with a new mandate, new goals, capacities and so on.

The move we want to make now is something quite different from rehearsals of what "*we* think *they* should have done" or what "*we* think *they* need to do now," producing a self-sure litany of well-meaning prescriptions. It is, for instance, an inquiry into what "security" meant for

Vietnamese authorities in late 1990 (what was its object, logic, key representations?), what it means in 2008 (again, object? strategies?), and how this shift came about. In fact, as the above example demonstrates, the status of certain terms caught up in these processes are not only troubling, but themselves troubled, as I will try to show, in greater depth, in my discussion of the ethical status and uses of "corruption." In terms of the relation between governance and epidemic, this inquiry involves establishing the elements and processes that formed the political, ethical and technological conditions into which epidemic erupted, by which it was taken up as particular kind of problem, not that gave a lie to government, but that problematized it, that provoke difficulties for the prevailing configuration of territory, authority and population. The task of the analyst becomes not a simple adjudication of "right" or "wrong" methods of dealing with an epidemic (though there is ample room for such), but an ongoing investigation of events and conditions that both constrain and enable certain types of action both for those whose job it is to act, and for those subject to those actions. And so we turn again to the street.

"Nothing can ever change."

The Pham Ngu Lao backpacker quarter in Saigon's downtown district is no longer the unaccountably seedy and dangerous place I remembered from 2002, where one was about as likely to find broken syringes as fruit rinds in the gutters, and the maze of alleys and cut-through streets bristled with dank bars, *bia om* and *bia hoi*, and low-rise living quarters that boasted rooms for as cheap as two or three dollars a night. Soup and noodle vendors, bar barkers, cyclo and *xe om* drivers, "gap year" British and Aussie backpackers, American tourists, sex workers, drug dealers, massage boys and the like shared the lurid neon stretches of Pham Ngu Lao, De Tham and Bui Vien, streets made more famous by their real and imagined contemporary associations with vice, than for the old heroes they named. In the adjacent Twenty Three September Park one could find heroin injectors or discarded needles at nearly all hours. Bands of dusty, patchwork-clad Khmer streetchildren roamed the shop and bar-fronts and travel cafes, camping in the early hours of the pre-dawn morning in the nearby Cau Muoi market or along the filthy shanty-lined waterfront of the Ben Nghe canal, the old "*arroyo chinoise*," that divides District One from District Four and connects the swift brown waters of the Saigon River with the bustling quarters of Cho Lon. Local complaints about the young backpackers who bought and took drugs nearby, vomited on doorsteps or inevitably belted drunken versions of "Hotel California" and the like or got in brawls into the wee hours, were dutifully taken up by the ward police and ignored. Only in periodic raids, most frequently to curb the numbers of streetchildren, but also to enforce the late-night curfew (this during the height of the Three Reductions Campaign), did one see police moving in force, with the effect that the most raucous establishments reined in their curbside presence, hushing the DJ, while someone went out to deal with the jeep-full of cops, the parties almost always eventually continuing inside unabated.

But by 2008 much had changed. In 2005 the quarter received a special designation as a "Free-Tourist Zone," a reporter from the Saigon Times with whom I was then in contact told me this meant that certain restrictions on zoning, building, the creation of lodging establishments, rules against the intermingling and inter-lodging of foreigners and locals and so forth had been relaxed, with locals now able to receive certain loans and tax breaks for small enterprises. The designation also made provisions for a special "Tourism Police" to be established and to go on permanent patrol in the quarter. This move coincided with ongoing plans to rehabilitate the waterfront. The shanties that lined the Ben Nghe canal for decades were razed in preparation for

the construction of the new Saigon East-West Highway. The bridge itself across to District Four was renovated, facilitating easier access to the Bac Nam road, the artery that links the city center to the bourgeoning "Saigon South New Urban Area," a new mixed commercial and residential urban development that replaced 3,300 hectares of former wetlands with high-priced condos, track housing, gated communities, corporate offices and shopping and leisure centers "exclusively serv(ing) the needs of the beneficiaries of transition, Vietnam's Nouveaux Riches, who follow an upscale Western lifestyle and value security, orderly neighborhoods, and comfort" (Waibel 2006). Even the notorious Cau Muoi market where I did a great deal of my fieldwork in 2002, a place I was told was under the sway of local gangsters, where even the police dared not go, was broken up and relocated to Hoc Mon and Thu Duc Districts, rural-industrial zones in the outskirts of the city. Plenty of the displaced residents either dispersed to districts where the rents were still low (Binh Thanh, Go Vap) or remained as squatters on the doorsteps of their old neighbors. These days the dark, narrow, airless maze of alleyways and apartment blocks, the garbage collection point and the filthy shade of the bridge bear only the last holdouts of vendors selling limp vegetable, sacks of nuts and rice, clams, fish, eels and other brackish water species squirming and gasping in shallow pans on the dusty pavement.

On rounds in the Pham Ngu Lao quarter with my friend and colleague Binh, a senior social worker and educator (*xa hoi vien*, *giao duc vien*) for a well-known and established local NGO, even her trained eye and instincts were hard-pressed to pick out the remnants of the old order of things. Twenty Three September Park had been mostly cleared out as a heroin shooting gallery. The old cheap flop-houses, *bia hoi* and divey eateries had been squeezed out by or renovated into high-rise motels with pristine air-conditioned lobbies, chain bars, and fast-food joints like Le Pub and Lotteria, packed now with as many moderately appointed expats as grungy backpackers. Even teams of school uniform-clad Vietnamese kids hawking chewing gum and flowers, gregarious and joking in English, had replaced the mute, sorrowful bands of Khmer streetchildren. Binh and I roamed the streets and alleys and the park most every Friday night, checking in with these kids (enrolled with the NGO, many of whom were my English language students) and sometimes their guardians, making contact with children Binh did not recognize, newcomers generally from the countryside or the coast. In October of 2007, in the wake of the global Interpol-led manhunt for Christopher Neil, the Canadian teacher accused of the sexual abuse of children in Vietnam, Thailand and Cambodia, we conducted these rounds more frequently. We would walk the circuit of the quarter, park ourselves on a certain corner, Binh engaging some of the working children, taking their information and giving out hers, encouraging them to visit the NGO for medical or social services, for educational or leisure activities, as I tried to pick up the vernacular of the Saigon street, to work out who was who, and to learn the tells those like Binh accepted as second nature. I worked hard to anticipate, for instance, which of the foreign men languidly sipping drinks in the street cafes were sex tourists (or "sexpats" as one expatriate health NGO worker termed those in more than temporary residence in Saigon), or which of the local men standing by their motorbikes were *xe om* drivers and which were watching for an opportunity to gun their engines past a group of slow moving tourists and snatch purses and pendants, something that happened perhaps every third time we went out.

One night, taking a break near midnight on the southern edge of the park, Binh and I, sharing a bench, fell into that old game of "remember when," a game by which we competed to recall what had been where in the past years of the quarter, or the strange adventures we had been on in those days. "Do you remember when I called you to help me with that boy at the

police station in Cho Lon?" "Do you remember when we tried to find that girl from Phan Tiet for two days after the shelters wouldn't take her?" and on and on. A squad of bored baby-faced Tourism Police in their baggy bright green uniforms ambled past, thick wooden batons dangling like an afterthought from the bands about their wrists. "*Troi oi*, we have been coming here and working for a long time already, and still nothing is finished," Binh half-joked half-lamented. "Look around," I said, "do you remember how it used to be here? There are even fewer rats!" We laughed. "But of course there are *still* rats," she snapped back. I gave a rather lame and unsatisfying academic reply about how work with streetchildren and around other social issues was complicated by a number of factors, demographic, social, political and of course economic and how gains and successes were difficult to quantify and so on. She laughed and scolded me. "If you stay here a long time you will understand," she said, and launched into a story a version of which I had heard before and would hear many times again.

Binh's NGO had applied for and received substantial funding from UNICEF to carry out a program in support of working children in the Cau Muoi and Pham Ngu Lao areas, zones over which Binh shared responsibility with one another social worker from the NGO. These working children were primarily from poor families in the countryside in central and southern Vietnam, who were living with and working for distant relatives or family acquaintances in Saigon and remitting money back home. These children, ranging in age from 8-17, worked selling trinkets and chewing gum from just after dusk until three or four in the morning, seven days a week. The program coordinator of this NGO said that they were invited to participate in the program by UNICEF, the police and ward People's Committees for the areas. The main goal of the program was better management of the working children in the area, that is, not only offering them protection from the dangers inherent in working long nights in rough parts of the city, from thieves and sexual exploitation, but to shield them from harassment by the police themselves, with the final goal of enrolling them in local schools or vocational training programs. The NGO scaled up its networks in the two areas, contacting the families and relevant government agencies for the necessary paperwork, supporting a number of the children in bartending or hair-dressing school. However, after a few months and what in the bureaucratic situation of Saigon was a tremendous amount of labor, they came to an impasse. The police of the two wards requested a list of names and addresses of the children and their families, ostensibly, they said, so that if they were "mistakenly arrested" they could be identified and released immediately. The NGO wrestled with this request for a time, its workers as well as the children themselves, skeptical of the use such a list might be put to. After receiving pressure from the funding agency and reassurances from the police and ward People's Committees the NGO acquiesced. The NGO's program coordinator told me that several weeks later, they received a barrage of phone calls and letters from the rural families of their enrolled children who reported that they had been contacted by the police and told that their children would have to leave the city within the week, or face arrest and fines. "They think the best way to protect children is to round them up with the police and force them to quit selling," the program coordinator of the NGO told me, exasperated after an afternoon of dealing with this problem, "But everyone knows that only drives children to work in other parts of the city, more dangerous parts because there not even we can reach them or know what goes on." NGO social workers told me that the People's Committee of the Cau Muoi ward also subsequently announced it was blocking the project completely, and what is more, that it would instruct its police to arrest any outreach workers who persisted in carrying out work in their ward.

Why would the authorities block a program that was completely externally funded, whose work was being carried out almost entirely by this NGO, that was being conducted for a reasonable purpose (the protection and management of working children in their areas) with nearly no inputs being requested of the government proper? Three reasons, answered my colleagues at the NGO. First, having social workers operating in their wards means they have disenfranchised people there which in turn besmirches their status as good administrators, and can bring with it additional and unwelcome scrutiny from above. Second, a good percentage of the residents, particularly in the Cau Muoi ward are not legal residents of the city (but are rather legal residents of rural provinces) and have no official status as such. Many were displaced in the razing of the shanties mentioned above and are more or less squatters or informal residents. Enrolling them in a program that ties them to the ward gives them some claim to status there, even if it is "unofficial." Third, plans to develop this waterfront area are in the works and ward authorities looking to take advantage of the real estate boom to promote themselves as administrators saw no need to provide support for persons who were going to be further displaced in the coming years anyhow. Apart from having been put in a situation in which they had endangered the livelihoods and well-being of their charges and workers, apart from being deeply embarrassed, the NGO had also suffered a huge blow to the trust they had built up over the years with the children and their families. Emergency meetings between families, children and NGO representatives in locations just outside the ward were called, apologies issued and some discussion of how to recoup parts of the program were underway. After inquiries I myself came into possession of a copy of a spreadsheet in March, through other channels, supposedly compiled by civilian collaborators and provided to the People's Committee of Pham Ngu Lao ward that listed names, addresses, birthdates and "circumstances" (*hoan canh*) for nearly 200 ward children. These "circumstances" ranged from the quite specific (mother or father "addicted to" or "selling drugs," "imprisoned," "child living with relatives," "mother suffering from breast cancer," "father dead" and so forth), to the quite general ("born and living in a household with social evils"). That night on the edge of the park, uncharacteristically disheartened, exhausted by more than our usual rounds through the quarter, Binh looked out into the bustling street, gestured across to the howling neon of the packed bars and the florescent gleam of new hotels, said "So you see. *Nothing can ever change*."

These types of on-the-ground blockages and impasses are even more common when one looks at programs that are explicitly linked to HIV/AIDS, rather than those like the one described above that seek to care for and manage potentially vulnerable populations. In addition, the major urban centers of Vietnam (Hanoi, Haiphong, but in particular Saigon), because of high concentrations of HIV/AIDS infected and affected persons and relatively high levels of material resources and political will when compared to the rural areas, have become something of testing grounds for controversial new experiments in HIV/AIDS prevention and control, and as such, battle grounds between sectors implicated in the emerging apparatus. After the establishment of the 2004 National Strategy on HIV/AIDS prevention and control which made provisions for just this type of street outreach and organization by non-governmental entities, and what is more, sought to clear a space for needle/syringe programs, condom distribution, peer-to-peer education, methadone maintenance and other harm reduction strategies, such clashes, frustrations and general confusion proliferated. In response, political authorities, now emboldened by promised long-term partnerships and flush with new PEPFAR dollars, began the process of developing the new comprehensive HIV/AIDS law. "By that time," write the authors of one account, "there was much more receptivity to open dialogue with stakeholders, including international organizations,

NGOs and groups of people living with HIV/AIDS, and these were all involved in drafting and reviewing the law" (Hammett, et al. 2008). The authors argue that this "higher level of involvement and dialogue with civil society in the development of HIV prevention policy distinguishes Vietnam from China" (Hammett, et al. 2008). Demonstrating how the Vietnamese National Assembly and the Communist Party became involved in the process (the Assembly sponsoring public debates on the new law and its aspects, and leaders of Communist Party Commissions emerging as strong early proponents of harm reduction), the authors assert that these entities became forces for positive policy change in HIV prevention, "in contrast to what had occurred in other Communist states such as Cuba and the Soviet Union, which adopted policies such as mass mandatory HIV testing and quarantine that arguably violate human rights" (Hammett, et al. 2008). Research findings that demonstrated that mass commitment of drug users to drug rehabilitation centers for lengthy terms is not as cost-effective as cheaper, community-based HIV prevention strategies, prompted the Ministry of Labor, Invalids and Social Affairs which runs the camps to "take a fresh look at these policies, and a new approach based more on community-based rehabilitation may be emerging" (Hammett, et al 2008). The new law, passed in June of 2006 and heralded as "one of the strongest pieces of AIDS legislation in the world" (Knox 2007), went into effect on January 1, 2007. Vietnam "now has an overarching national policy framework that supports access to treatment, care, and support; strengthens prevention efforts; and seeks to address stigma and discrimination" (USAID Health Policy Initiative 2007). Despite the optimism of some commentators, for whom the stifling penetration of sovereign power and surveillance by Vietnamese authorities into every level of society was suddenly a positive force ("In most places, social change isn't as easy as passing a law. But in Vietnam, from the National Assembly down to the local commune, village and hamlet, society is highly organized. So when government wants things to change, it often is able to make it happen" (Knox 2007)), garnering larger support for unpopular programs, and instantiating the kinds of popular transformation being sought in the law were and continue to be battles largely fought on the contested grounds of governance.

"It's not 'very bad,' it's illegal!"

In April, 2008, at the inaugural "First Fridays" PEPFAR partners meeting in the comfortable 8th floor offices of the gleaming Diamond Plaza building across from the famous twin French spires of Saigon's landmark Notre Dame Cathedral, this contest was clearly at the fore of everyone's concern. The topic was the nascent methadone program. Checking in, surrendering cell phones and recording equipment, passing through Department of Homeland Security metal detectors (the offices are an annex of the US Consulate), I found myself in a secure ante-room with representatives from Family Health International (FHI), the Ho Chi Minh City Provincial AIDS Committee (PAC), Catholic Relief Services (CRS), Pact, the Mai Hoa Center and others, many of whom I had met and even worked with during the previous year. Though a sizable and diverse group in terms of mission, it was not uncommon to run into the same people from time to time at the various trainings, roundtables, health centers, local self-support group coordination meetings, at the Ministry of Health or PAC offices, at parties and even, on occasion, funerals. Saigon, as I heard repeated many times, though a sprawling city of many millions, could be quite small. We were ushered into a small conference room, greeting and introducing each other to the USAID, CDC and PEPFAR personnel we knew. The presentation was a teleconference with the PEPFAR Hanoi office, and in English (US personnel

in the PEPFAR office do not receive the same intensive language training as the diplomatic corps), through a translator, provided general information on methadone programs and the structure such programs would take in Saigon. Three sites were being developed, one in Binh Thanh district, supported through FHI, and one each in districts 4 and 6, both supported through the CDC, with the goal of enrolling 750 total clients. The objectives were straightforward enough; "to reduce HIV-transmission rate and HIV high-risk behavior among those enrolled and to reduce frequency of drug user with an aim of complete removal of opioid drug use among those enrolled," and to "improve the patient's general health and well-being (psychosocial functioning) and reduce drug related crime." The presenters in Hanoi introduced statistics showing the reduction these programs have in criminal activity (reducing property theft by 64%, over-all arrest by 54%) and medical costs (reducing emergency room visits by 65%, psychiatric hospitalization by 55%). In a small slip of the tongue the PEPFAR presenter said methadone programs reduced crime and drug use by handling the "supply side" of drug trafficking, quickly correcting himself, saying he meant "demand side" (that is, reducing demand for drugs on the street), a gaffe that elicited immediate grins and laughter from the English-speakers and moments later from the rest of the audience as the embarrassed translator was asked to repeat the "joke" in Vietnamese. The presenter outlined the schedule of trainings for doctors, counselors, pharmacists and dispensers, described how the drug works compared to buprenorphine, and how it works against heroin. They assured the audience that the drug was nearly impossible to divert, FDA-approved, imported from the US and that PEPFAR would manage the procurement and logistics (SCMS, supply chain management system) of methadone just as it was doing for ARV therapy medications. "It even tastes like cherry!" joked the presenter, and, after the delay of the translator, a wave of chuckling ran through the Saigon audience. It was clear, though, that the above was a bit like preaching to the choir, that is, to a group already convinced of the effectiveness of the program and invested in its inauguration and rapid scale up.

However, in place of chuckling, audible groans could be heard after the translator, in a section on "site organization" said that they would have to work "in close collaboration with police, MOLISA (Ministry of Labor, Invalids and Social Affairs, which runs the reeducation camps for IDUs) and other related offices," as well as when the presenter ran through the steps necessary to enroll a client, which I will reproduce here, verbatim.

"(1. Clients register with ward/commune health center. (2. Commune Selection Committee (SC) selects clients based on priority criteria and target set by the methadone maintenance therapy (MMT) clinic in question, sends list of selected individuals to *District* Selections Committee. (3. District SC reconciles lists sent by Commune SCs, makes one shortened list, sends to MMT clinic. (4. MMT clinic screens and assesses clients on District SCs' lists to find individuals clinically eligible for MMT, sends list of eligible clients to *City* SC for approval. (5. City SC review and approve list sent by MMT clinics. (6. Clinics start MMT for approved clients" (PEPFAR 2008, emphasis mine).

"Oh, I forgot to mention," the PEPFAR presenter said from the Hanoi office, "First the clients need to have a recommendation letter from the People's Committee of their commune." The translation delay gave way to another round of chuckling, though this time one of sarcasm and incredulity. Nonplussed the presenter continued. "So we can see," he said, "it's very strict." "Isn't it clear that there will be confidentiality and stigma and discrimination problems?" asked a French doctor with Medicins du Monde who was working in one of the CDC supported clinics, first in English, and then in Vietnamese for the benefit of the audience growing weary of the translation delay. More groans ensued when it was clear that the selection committees at the commune, district and city levels had permanent places for Public Security and MOLISA

representatives, but would almost certainly not include representatives or advocates for drug users. "We worked very hard to try and include them," interjected another PEPFAR doctor in the Hanoi office, "but the government decided to leave it out."

The discussion session following the presentation was more pointed, and five of the six questions had to do with conflicts audience participants foresaw with the public security apparatus (the sixth had to do with who would supply the technical support at the clinics in the two months before scale-up, the answer; PEPFAR and the WHO). "If the selection committees at all the levels have public security members on them, when people apply for the program the police get their names and information," asked an audience member, "how can we prevent the police from abusing this?" Someone else in a back row of the conference room followed up this question immediately asking, "And how do we convince clients that they won't abuse this?" The PEPFAR representative gave the unsatisfying response that of course this was a "tricky situation," that even if clients are not accepted by the program the police still have their names, and even if people simply showed up to the clinic the police would know they were drug-users. The PEPFAR presenter said these questions would best be addressed to the PAC at their training the following week. "If one of the clients is arrested and made to take a drug test, do the tests distinguish between our methadone and illegal heroin?" asked another. "Will a person caught by the police using drugs be guided to the clinic or taken to the police station and the 06 center?" insisted a member from Catholic Relief Services, a while later. This was an easier question and the PEPFAR representative stressed that the MMT program was voluntary, that the program was only developed for treatment and had nothing to do with telling "the police what to do about catching drug users." At this a PAC representative responded that when the Ministry of Health made the implementation plan they worked with public security to ensure that patients of the clinic were not arrested or sent to 06 centers. "So the committees always have security members," she said, "They have the list to ensure the patients are not sent to 06 centers."

But the questions about the misuse of lists and other surveillance possibilities persisted. In a kind of reversal a representative from the FHI supported MMT clinic reported that a percentage of their enrollment had come from the police using a list of former and current drug users, and he asked whether "we were gathering patients from the existing list as a rule." The PEPFAR representatives said the use of "the existing list" was the result of the Ministry of Health trying to get the methadone programs online as soon as possible, eager to have something to show in anticipation of the visit by the Deputy Prime Minister in the following weeks (this visit was also prompting the quick scheduling of trainings and causing tremendous anxiety for US and Vietnamese government personnel at all levels as the first consignment of methadone, I found out later, wasn't even in Vietnam yet, but stuck because of customs issues, in a Chinese sea port). "So we'll use the existing list to get the first batch of clients, but in the future," the PEPFAR representative assured us, "we'll go back to the normal procedure, the registration in ward/commune health centers. We know it is very bad." "It's not 'very bad,'" the French doctor from MDM retorted, "it's illegal!" He launched into a screed he had clearly been waiting to give, concerning cameras at his clinic.

It seemed that the Ministry of Health, in concert with public security had planned to install video surveillance equipment in every room of the clinic as well as the front entrance (in addition to the three security guards on permanent staff at all times). These clearly represented breaches of the new HIV/AIDS law regarding protection of client confidentiality, and audience members were worried the presence of these cameras would make assuring clients they would not be tracked down by the police a hard if not impossible sell. The French doctor and the other

clinic workers had managed to negotiate cameras out of the counseling and examination rooms as well as the front entrance, but were at an impasse on the cameras on the waiting, dispensing and storage rooms. A PEPFAR representative said she was aware of the problem and again assured us that they "had worked hard to ensure that information from the cameras would not be shared with anyone outside the system," (that is, private citizens, though this assurance did not address misuse by public security officials who were clearly "within the system"). Another PEPFAR presenter added, "If we continue to fight this point the program may be *delayed forever* and we'll never get methadone in Vietnam." Over the grumbling and scraping of chairs in the audience that ensued (and was surely audible over the teleconference) she shrugged, adding, "We had the fight, but were unsuccessful."

The conflicts I have outlined above, and will continue to mention throughout this study, point to an emerging problem, a disjuncture between a prevailing mode of governance as regards HIV/AIDS prevention and control, and a set of newly authorized intervention strategies and tactics, selected from what can only be described as a "global toolkit" of so-called "best practices," that operate within a quite different mode. The earlier mode was one of *enforcement*, that is, resting on the identification, concentration and remaking of problem spaces, populations and risky activities (Valverde, Mopas 2004), through a linkage of HIV/AIDS and "social evils." This "targeted governance dream" (Valverde, Mopas 2004) involved fear-based informational and propaganda campaigns, designation and patrolling of "social evils" versus "cultured" urban areas, raids and roundups of "social evils" offenders, long-term detention of such offenders in remote reeducation camps and so forth. For the reasons discussed in the previous section, this "dream" proved unfit for the problem in the contemporary and broke down. The epidemic which had for the better part of a decade obtained in marginalized and easily targeted populations had generalized into the population at large. It seems not only logical but necessary that the watchword today, within a variety of different regimes is *adherence*. This is particularly true as regards methadone maintenance programs which stress management, care packages tailored to the individual clients' medical, dependence and psychological needs, the "constant review" of dosages, counseling and care, "constant evaluation" of outcomes and monitoring of clients, with planners and trainers constantly stressing the voluntary and non-coercive nature of the strategy, as though themselves recognizing the easy slippage that could occur between this mode and the earlier mode around this intervention. MMT programs were also strikingly unique in that they complicated the conventional gauges for assessing success and failure. "Recovery is a process," we were assured by PEPFAR and other experts at this (and each) discussion, "Just because they stop using doesn't mean they're 'cured.' Addiction is a chronic relapse disorder, which could mean that relapse is part of this disorder." By building in a place for relapse that was not to be characterized as "failure," this does something quite different than the old mode of enforcement. In the mode of enforcement there is clearly a shadowy space, a space where its agents and surveillance have not yet penetrated, that "underworld" (*xa hoi den*) to which all those evading its grasp and gaze have recourse, and into which enforcing agents dip to procure those bodies and figures that legitimate the discourses, strategies, logics and operations of this apparatus. In the new mode of adherence there is no "outside" to governance, or, more precisely, the only "outside" is dictated by the reach of the program and the size of its enrollment. "Failures," in the conventional sense, can literally occur only "outside," never within, and even "successes" in the conventional sense, are sustained only on the grounds of individual interface with the program, the internalization of adherence to a regimen based on expert knowledges. This word comes up not only throughout discussion, planning and evaluation of methadone maintenance programs,

but clearly in anti-retroviral therapy programs, trainings on health, safe sex and safe injection practices, and the like. In the same way that peer and outreach programs maintain contact with and a measure of influence over populations of heroin injectors and sex workers, street children or working children and so forth by increasing frequency of interaction between group and individual, new networks are being built to increase such interaction between persons living with HIV/AIDS (PLHA), self-support groups and PEPFAR programs. As a Vietnamese doctor, the program officer from the USAID Health Policy Initiative in charge of one such network in Saigon told me, providing PLHA, former drug users and sex workers with meaningful positions as officers in their self-support groups and in the network does not just help the program get valuable feedback from these communities, it bolsters these individuals' self-esteem, their commitment to the programs, to their own adherence, which in turn enhances vital peer-to-peer interaction and recruitment. He joked that when a certain man first came to the network he was very shy and silent, but that after being elected head of his self-support group came out of his shell. "You should see his signature, now," the doctor laughed, miming signing a document with grandiose flourishes, "it's like (Vietnam president) Nguyen Minh Triet's!"

We can see in a wide range of newly authorized practices a common disposition away from externally imposed *enforcement* (by authorities) to internally-assumed *adherence* (by oneself, to ARV regimens, methadone treatment, health and safe sex and injection practices, peer education and self-support groups and so forth). More precisely, in a situation where an older mode was coming unraveled and in which the epidemic was rapidly generalizing outside the long "taken for granted" bounds of populations of sex workers and drug users (easily marked and long-targeted), a calculated shift is under way. The contemporary mode of HIV/AIDS prevention and control in Vietnam is one of cultivation and maintenance of adherence in persons, the inducement of voluntary commitment to regimes based on international standards of "best practices" and international scientific and expert knowledges; in short, a mode that operates by redefining the relationship individuals have with themselves (in terms of their practices, self-management, risk calculations, susceptibility, etc), based on interface at a dazzling new range of locations and levels with political and scientific authorities. These, in turn, are of course conditioned by the constraints imposed not only by the technological, ethical and political regimes of Vietnam itself, but as I will discuss in the next section, by those of the funding organizations as well, particularly the well-known and much-challenged constraints imposed by PEPFAR. Moreover, as I will take up again in the final section of this study, with this shift from enforcement (a present and past-oriented mode) to adherence (a mode that moves from the present moment forward), the near future has become a target of and problem for government in the PEPFAR period.

The disjuncture between these two modes (and the different objects at their centers) helps illuminate the point of current contention in the governance of HIV/AIDS prevention and control in Vietnam without recourse to claims that certain parties are acting in "bad faith," or couching this scenario as a battle between "progressives" and "conservatives." The tricky balance between civil rights and public security is certainly not new to governance in general, nor is it new to the governance of epidemics (Balint, et al 2006; Edelson 2006; Ries 2006; Scheper-Hughes 1993, 1994). What is new about this case, and what my analytic has tried to excavate, is that the shift is emerging within and from sectors of the self-same apparatus, in the elements implicated in the problem itself, and among competing ethical regimes that are far from settled and are, in fact, being refashioned in the process. Put more concretely, new additions to the legal code, for instance, offer long-standing protections (against stigma and discrimination, safeguarding

confidentiality, voluntary enrollment, etc.), but also authorize new interventions that belong to a mode drastically at odds not only with the mode of the past, but that mode still obtaining in sectors of the apparatus in the contemporary. And what is more, those very same legal additions clearly define spaces for public security and agencies such as MOLISA to play not-always-clarified roles. This is how, for every Medicins du Monde doctor crying "It's illegal!" I found three Vietnamese doctors who in private conversations laughed, shrugged and said "Well, this is Vietnam!" This is how PEPFAR representatives in Hanoi can teleconference with their partners in Saigon and say, wearily, *truthfully*, with a half-measure of resolve and a full measure of finality, "We had the fight, but were unsuccessful."

"Just-out-of-time Production"

So I turned my attention to the very meeting point of the new HIV/AIDS law and its enactment. Spearheading the effort to transform the policy framework set out in the new law into practice, are two entities with which I had the opportunity to work closely, the HIV/AIDS Legal Clinic, based in Saigon, and the HIV/AIDS Hotline, based in Hanoi. The USAID Health Policy Initiative, with PEPFAR funds, helped establish these entities alongside a local NGO called the Center for Consulting on Law, Policy, Health and HIV/AIDS, as well as the Vietnam Lawyers Association, just as the new law was coming into effect. Almost immediately the lawyers and peer educators involved with these two programs found themselves ensconced in the conflicts at the interface between the health and welfare entities seeking to mobilize newly authorized measures, and public and social security agencies operating with different mandates and in different modes (as we have seen), and lacking clear guidelines, inter-office coordination and communication to properly implement the new policies. I worked as a consultant to USAID/HPI on these projects, and over the course of a month conducted numerous and lengthy interviews with lawyers, clients, directors, peer counselors and other stakeholders in the Saigon and Hanoi legal clinic and HPI offices (HCMCWeb 2007). I sat for hours with my informants in the empty conference room in the downtown Saigon office, above the office of the Ho Chi Minh City Lawyers Association, under the watchful eyes of a tremendous bust of Ho Chi Minh and a broad banner that proclaimed "Communist Party of Vietnam Glorious Forever!" (*Dang Cong San Viet Nam Quang Vinh Muon Nam*!).

According to the results of my inquiry, lawyers were spending, on average, about 20% of their time offering legal assistance, and 80% of their time providing legal advice. Lawyers reported that the most common types of cases handled are those involving 05-06 center returnees, stigma and discrimination cases, and social/health related cases, with a general success rate of 30%, 30%, and 90-100%, respectively. The services provided by the lawyers at the legal clinic were consistently rated highly, with most respondents rating the legal advice and assistance of the lawyers at nine and ten (on a scale of 1-10, ten being the highest). All clients interviewed gave perfect ratings, impressed with the attention, tenacity and sensitivity of the clinic lawyers. In three cases, ratings of seven and eight were given, but the respondent was quick to point out that this was not due to the quality of the service provided (this, when pressed, they rated in accord with the other respondents), but rather a reflection of the effectiveness of the work under the bureaucratic conditions of Vietnam itself. Nearly all respondents reported that even though the new HIV/AIDS law in Vietnam is specific, in its on-the-ground implementation there are few consistencies, with different government offices and departments "running themselves" (in the words of one lawyer, taken to mean, in isolation, without much regard for

other agencies or departments) with poor coordination and cooperation between them. Respondents from the self-support groups for persons living with or affected by HIV/AIDS (PL/AHA) noted that these inconsistencies, the tremendous difficulty and slowness of dealing with multiple government offices, departments and the byzantine bureaucracy, hindered the office in terms of their ability to successfully resolve cases, despite the good effort and high quality of service provided by the lawyers. One PEPFAR program officer I was in contact with joked over lunch downtown one afternoon that it was a full time job just to keep track of all the agencies and entities that made up the city bureaucracy. "There's the 'department of this,' the 'standing committee of that,' the 'bureau of this,' the 'People's such and such'," he said, "And then it's like that at the city level, the district level and sometimes at the ward level. It's ridiculously complicated and on top of that they don't always get along." One lawyer in particular estimated that perhaps 20% of all cases taken on proceeded smoothly, start to finish, that 40-50% of cases went through long periods of waiting pending approval from some government office, and that a full 30% (nearly one in three cases) were unsuccessful, or fell through during just such a limbo period as clients waited on official stamps or approvals. The consistently high ratings from respondents from every group on the service provided by lawyers, per se, and the consistent caveat-offering by respondents from all groups in terms of final effectiveness, as well as the general feeling of frustration around these two points in particular, indicated that these were major obstacles to the effective operations of the clinic itself. I urgently recommended more frequent and effective liaisons be undertaken with other government agencies and departments to improve inter-office coordination, and facilitate faster turnaround for the processing of approvals and documents.

This was for a number of important reasons. It was clear that the office deals with a high volume of 05-06 returnee cases, some respondents reporting that these constitute about half of all cases taken up by the office. These cases involved internees in the reeducation camps for injection drug users and sex workers discussed earlier. Under the law, if these internees are found to be HIV positive and are showing signs of illness they are allowed to leave the camp to receive treatment at a facility back home. However, these are also the type of cases most difficult to resolve (with an estimated successful resolution rate of 30%). Contributing to this difficulty is the fact that these are the types of cases most likely to require the kinds of inter-departmental coordination so badly lacking here, and which, in turn, leads to the long, frustrating and costly delays reported by lawyers, PLHA counselors and clients. Unfortunately, it is these cases which are usually the most urgent, involving a returnee's ability to receive proper (and in many cases life-saving) antiretroviral treatment (ART), where expedited processing of documents and official approvals can quite literally mean the difference between life and death. These cases usually involve the internee having to prove officially that they are HIV positive. Not all camps are equipped with testing materials and camp authorities most often request test results from specific centers, such as the Tropical Diseases Hospital in Saigon, and will not accept results from other facilities. One former internee told me that as internees are clearly not able to travel freely, such tests results can only be garnered while the internee is on leave from the center, which, depending on good behavior and the whims of the camp director, the internee can receive after serving their first 36 months. Compounding this is the necessity to coordinate between the Ho Chi Minh City Ministry of Health, the HCMC Provincial AIDS Committee, the HCMC People's Committee, the Ministry of Public Security (police), and the Ministry of Labor, Invalids and Social Affairs (MOLISA) to file and get stamps for the necessary paperwork. Another HIV positive former internee and legal clinic client I spoke to made it clear that he was alive today

only through the timely involvement of the legal clinic which worked with the client's elderly mother to arrange for his release from an 06 center where, because of the conditions and unavailability of ART in the center, his health had already deteriorated to the point where he was unable even to eat. The clinic lawyers helped the mother draft the necessary letters, get the paper work pushed through, and arrange a second HIV test for her son at the Tropical Disease Hospital (the first HIV-positive test result from a district health center in Thu Duc was disqualified) a process which took a full two months, even with the free legal support of the clinic. Holding back understandably powerful emotions in that long silent conference room with the bust and banner, the former internee, in measured tones, told me that he knew lots of people who had been in his place who died simply because they did not know about the opportunity or procedure for returning home for treatment. A clinic lawyer reported that in these instances where "departments have to wait for other departments," the success of a case rests not in the skills of the lawyer, but on outside factors and something like providence.

These kinds of apparently incidental structural incompatibilities can also be found in the way non-governmental organizations are organized and controlled in Vietnam, that is, primarily through the granting or withholding of official status documentation that confirms or denies local NGOs the right to hold their own official stamps and seals, group bank accounts, and enjoy legal status and greater stability as entities. I worked closely with two local Saigon NGOs throughout the course of my fieldwork (both, founded by the same semi-legendary local figure, a rehabilitated former heroin addict and street-person), a well-established group devoted to the care of streetchildren generally (founded in 1992), and another group charged with caring for children infected or affected by HIV/AIDS (founded in 2005). The older group, a group that, on the charisma of its late founder also enjoys a comfortable bit of international fame, maintains itself under the umbrella of the Ho Chi Minh City Psychology and Education Association, the former vice director of which, a famous pre-1975 Saigon social worker, Nguyen Thi Oanh, maintained a number of "shelters" under the auspices of this association to legitimize the work of various grass-roots social work groups. Madam Oanh, now in her late 70s, was credited with gathering an old generation of social workers in the turbulent years after the Fall/Liberation of Saigon, organizing them into grassroots groups legitimated under the auspices of the department of women's studies, and then the department of sociology at the Saigon Open University. Madam Oanh, apparently something of a firebrand, not afraid to openly criticize the government in public meetings and workshops, never married, and retired in the 1990s. This was, according to Ms. Trang, the current director of the NGO for the care of streetchildren told me, "to let younger generations take up the work." She then paused, laughing, "But look, we are not so young anymore!" Trang's NGO receives its operating budget from Japanese and French NGOs as well as from UNICEF and private donors. Because it still lacks official status and thus permission to establish its own bank account, this group has been forced to ask donors to send funds to the Psychology and Education Association, which then distributes funds to the group. This group has applied for official status a number of times, most recently in 2003, when, after negotiating the extensive bureaucratic nightmare of ward and district People's and Public Security committees, they were told everything was in order but for one small point. The group was then operating a house for the care of a small number of homeless HIV/AIDS sufferers and drug addicts in which they counseled the residents and gave out some medications. Government officials said they were not authorized to conduct these activities, but assured the group that if they closed this house and signed an agreement never to conduct a program of this kind again they would receive approval for their license application. The group closed the house. "And you

received your approval?" I asked the NGO program coordinator, one evening as we were straightening up the office. She, formerly an administrator for a Saigon construction firm, paused, looked at me with a half-skeptical half-amused smile. "*Chua*!" she laughed (Not yet!). She went on to say that the reason their application has been pending so long (never denied, but in effect "dead") is that agencies like MOLISA were worried about their inability to exercise control or oversight on group activities, only wanting to authorize and take responsibility for programs over which they could exercise unchallenged authority concerning techniques, treatment methods, and message. She spoke about the deadly consequences of inefficiency in the governing system, a long veteran of such ponderous bureaucracy from her time with her old firm, coming back specifically to cases where children under the care of the group needed emergency support that was held up pending approval by different committees at various levels of government, children who died waiting for paperwork approvals. "We do our work freely," she said, "but in the end (our group) is outside."

　　　　When I asked my friend and colleague Mr. Van, new head of a group for the support of HIV/AIDS infected and affected children if he planned to submit paperwork to request legal status, he all but fell over laughing, then proceeded to formulate a measured and diplomatic argument as to why his efforts would be better spent either looking for the sort of "umbrella" group the above NGO used to receive their funds, or cultivating direct relationships with sponsors who would not be averse to providing funds directly to private accounts. Van, a lifelong Saigonese and former member of the business class (briefly imprisoned after 1975 as a minor in a small town in the delta, apprehended in an attempt to flee the country with an older cousin, an incarceration we often laughed about), was deeply skeptical if not about the benefits of attaining legal status for his organization, then about the process itself, which he viewed as a control mechanism of quite sinister proportions. It was Van, who, on a series of long excursions through the city, began to flesh out a mechanism of government that was not simply incidentally ponderous, or cumbersome through blind incompetence (as so many of my contacts believed), but *intentionally* so. In his telling the endless parade of rubber stamps, opaque criteria, difficult to find offices, strange working hours, and inaccessible bureaucrats were designed specifically to make the ongoing toil of getting anything officially approved beyond the reasonable means of common citizens. These processes were meant to wear you down, to make you think twice about continuing, committing more time and resources, to make you labor, jump through hoops and then go crazy from waiting without word, until you finally gave up. In his cynical telling he, of course, made reference to corruption (*su tham nhung*), specifically to bribery as a way this mechanism simultaneously blocked citizens from their due rights and then milked them of their resources, forcing common people to pay for services they should have been receiving in the first place. "Vietnam," he said wearily in a café one sweltering afternoon, "is a sick man with very beautiful clothes." For his part, he was toying with the idea of partnering with certain neighboring religious institutions as possible "umbrella" groups, and I worked closely with him to produce informational materials (budgets, presentations, mission statements, operations manuals, project proposals, etc), designed to help the group establish strong ties with small international NGOs and private donors, by providing a calculated demonstration of transparency and accountability, fiscal responsibility and efficiency, and the rationalization of operations and management, in short, by actively engaging in the prevailing ethical regimes of our prospective donors, a strategy I will elaborate upon in later sections as part of what I term an "ethics of an economy of virtue."

Taken together, what these and other such experiences pointed to was a predominating governing mechanism that operated apparently by omission, through disjuncture, lack of coordination between departments and agencies, through contingent and strategic (never arbitrary) blockages. In the best instances, when pushed by new factors such as the work of legal support staff operating on behalf of HIV/AIDS infected and affected persons, in situations where timeliness lost means lives lost, and these agencies are finally coordinated and made to work together and someone's son or daughter is granted respite from the camps to receive life-saving treatment, the survivors' stories still bear the weight of the untold others lost to a system that seemingly operates along principles of "just-out-of-time production." I jokingly coined this term in Saigon one night with an American program associate for a PEPFAR prime partner in an attempt to characterize the functions and results described above, a play, of course, on one of the well-known pillars of post-Fordist "flexible accumulation." The function of such "just-out-of-time production" is to create a situation where the ends are delayed almost indefinitely through a proliferation of barriers and a prolonging of the means. In this way the governing bodies and strategies we have enumerated above can rest assured that the good work of the two NGOs, the lawyers of the legal clinic, the street-level social workers and so on will continue, in fact, must continue (except in the instances of tactical blockage as we have seen), beholden to their funders, their own missions, and, if they are continuing to pursue legal status, to the application process itself. At the same time, particularly in the cases of the "unauthorized" NGOs, these governing bodies cannot be held accountable for the failures or missteps perpetrated by these groups, never calling down upon themselves the scrutiny of their superiors, while always holding in reserve the trump card, the possibility of shutting down these "unsanctioned" groups completely, at any moment, on any pretext. In terms of the cases of 05-06 returnees, each of these governing bodies can *individually* wash their hands of responsibility, pointing to the rights guaranteed by law, the unfortunate incompetence or ignorance of petitioners, and to the very byzantine system towards which petitioners and social workers and academics and policy-makers themselves launch the same, well-rehearsed criticisms. That is, they can absolve themselves by recourse to the same discursive maneuvers, following the same well-worn paths and gesturing to the same long-standing touchstones as their learned critics. Within this governing mechanism, the individual liability of any one agency is limited, or more accurately, dispersed over a broader range of actors, with the inexorable passage of time held in reserve as the party ultimately culpable for failures. Most importantly, control and the exercise of sovereign power are, in the final instance, preserved, with things getting done despite it all, through unofficial channels, in the margins. In terms of material resources and other inputs this effective governing mechanism costs almost nothing. All the benefits, with limited risk. These mechanisms are meant to create situations in which grassroots organizations and local NGOs strictly inhabit and operate on the margins of oversight, more or less unfettered so long as programs do not interfere with other sectors or agencies, and are not too widespread. However, they are always strictly maintained outside the bounds of officialdom, perpetually subject to sudden investigation or shutdown. The margin, here, is clearly not a site of resistance, nor is it the incidental effect of "secret" incompetence or obsolete structures. On the contrary, taken as a whole, these governing strategies point to the *careful and deliberate cultivation and maintenance of the margin as a means of control*.

"Everything changes, from the time of Creation until the time of Redemption."

"You know why Nam Cam was allowed to stay in power so long here in Saigon, don't you?" Mr. Van asked me one evening over dinner. We had begun talking about corruption. He was referring to the feared gangster who had terrorized Saigon and operated with impunity throughout the 1990s from his base at the seedy Tan Hai Ha karaoke and casino in District Four. Truong Van Cam, alias "Nam Cam," born in Saigon in 1947, began his criminal career at the age of 15 when he killed a man in a fight. He served as soldier in the ARVN in the late 1960s, and began building his criminal empire while working in the Saigon docks after 1975. He was involved in virtually all aspects of vice in Saigon, gambling, blackmail, prostitution, drug trafficking, protection and so forth, taking in an estimated $2 million a month (Johnson 2003). Nam Cam's arrest and trial (ending with his execution in 2004), following the astoundingly public murder of his rival Dung Ha in 2001, were perhaps the most sensational judicial proceedings of the reform era. The investigation and trial implicated 150 people, including 13 police officers, three journalists, and several high level Saigon government officials; Lieutenant General Bui Quoc Huy, then Deputy Minister of Public Security and a Communist Party Central Committee member, Tran Mai Hanh, former head of state radio and also a Central Committee member, and former Deputy State Prosecutor Pham Sy Chien, touching off unprecedented public and media discourse around the topic of official corruption (Thanh Nien 2005; Johnson 2003; Cohen 2002). I replied that it was obviously because he kept everyone so well paid, mentioning that police from Hanoi had to be brought in to make the arrests, that 100 Saigon police officers were suspended from duty following Nam Cam's arrest, and that many more high level people were on their way to being implicated when Nam Cam was speedily dispatched. "But that is not all," he said. He was convinced that Nam Cam's organization was maintained as a buffer against foreign gangs who had been looking to establish footholds in Vietnam, particularly Korean and Taiwanese syndicates, in the years after reform. In Mr. Van's telling the authorities allowed Nam Cam's organization to spread so long as he curtailed the foreigners and provided information to the police on his rivals, a kind of "better the devil we know than the one we don't" calculus. I joked with Mr. Van that that was just his Saigonese penchant for conspiracy talking, but taking him seriously and inquiring a bit, later discovered that Nam Cam had been a useful police informer (a claim corroborated in Cohen 2002), and that Dung Ha has been aligned with a shady Taiwanese casino boss named Lee Han Hsin, whose bodyguard had apparently killed one of Nam Cam's men at the Metropolis discotheque.

Some days later, sitting in a pair of rusty foldout chairs in a shabby café on a long broad northern sweep of the Saigon River, I mentioned the strange symmetry between these strategies I have described above, the case of Nam Cam's "usefulness," and the general form of governance they pointed towards to Dr. Sang, a Vietnamese doctor working in HIV/AIDS prevention and care with an international NGO. We had been on our way back to the central districts of Saigon from Thu Duc district where I had joined the doctor at a Catholic AIDS hospice. The place was a stifling pair of open, cot-lined rooms, set beside an outdoor kitchen in the sun-baked dirt courtyard of a lonesome-looking Catholic church. It was filled with people in the last stages of AIDS who had been abandoned by their families, staffed by two HIV+ women whose children ran barefoot, playing games in the sparse silent shade of the courtyard. I had assisted the doctor there, chatting with the two staff women and the patients who were able, helping to move or adjust some patients in their cots, some of the most ill and emaciated people I had seen thus far. One severely undernourished man insisted, despite great pain, on being rolled onto his side so that I might be shown a very deep, wide and clearly infected wound on his lower back, so deep and wide, in fact, that his calm insistence itself was tremendously unnerving. There was, of

course, little I could do apart from bringing it to the doctor's attention and helping to replace his bandages. It would be one of myriad such experiences, as I moved through the strata, witness to the thousand indignities, the endless dramas, great and small, that played themselves out, night and day, in that sleepless, fevered city.

It had been the doctor who, perhaps a bit worn down himself, perhaps dreading the long, hot traffic-choked drive, suggested we take a break before heading back into the downtown districts. Sitting in the shade of a weary-looking tree, looking across the quiet brown waters of the river sparkling with mid-afternoon sunlight, floating green islands of river-plants sweeping by, the doctor said that though he knew that there were many problems, that though, of course, many, many people were still dying all around us, and not always for understandable reasons, what was important was to get one's work done, to do the best one could under the circumstances. "Remember," he said, smiling and taking up that old Catholic formulation remembered from his youth, "everything changes, from the time of Creation until the time of Redemption."

But *how* things change (setting Providence aside) was squarely at the center not only of my inquiry, but of many of those working in HIV/AIDS prevention and control, especially in more rural provinces. Saigon has long been a testing ground for new programs, most famously, with experiments in market reform in the 1980s. In the years immediately following reunification, Saigon's black market and retail industries flourished, as private business people maintained contacts with peasants in the delta and struck deals with Party cadre, the city setting up joint state-private import-export companies (Brantly, Womack 1999). Crackdowns and policies directing the city to emphasize light industrial manufacturing (leaving heavy manufacturing to the North) withered the economy, as did the flight of ethnic Chinese who made up a large percentage of the business class. Institutional weakness, failure of rigid socialist policies and economic crisis forced the granting of exceptions after only one year. The decline of Saigon's industrial output subverted state attempts to command the South's economy. It became clear that the natural advantages of Saigon were being sacrificed to national uniformity. Saigon leaders, able neither to spur growth nor govern effectively while maintaining national policy, were forced to choose between disobedience and failure. The disastrous effects of the crackdown, the socialist model's failure in economic crisis, backlash in the delta against collectivization, falling outputs, termination of Chinese and Western aid, economic embargo and conflicts with China and Cambodia prompted proposals by the city government in August, 1979 to grant permission for the private sector to produce goods in which it had a comparative advantage over state enterprises, allow enterprises to obtain supplies and sell output on the free market, introduce piece-rate wages, profit and loss accounting and supply priority for export industries (Brantly, Womack 1999). With its resources so vital to national economic development, the center, which still preferred socialist consolidation, allowed its leaders to act pragmatically. These local experiments touched off a growth spurt in 1981 and set the stage for the more ambitious and broadly applied national reforms of the mid-80s, as it became clear that the only way to stabilize and deepen these successfully experiments was to widen then into national policy and cease their exceptional character. By opposing discredited policies many of Saigon leaders rose to national prominence (Brantly, Womack 1999). Saigon plays much the same role with regards to HIV/AIDS interventions as well. Not only is the city Vietnam's largest and clearly the most socioeconomically vital, its political authorities seem to be more predisposed toward taking chances on the new HIV/AIDS interventions. Not the least of their driving concerns is surely the knowledge that the city hosts the highest HIV/AIDS prevalence in

the country, and that in such a densely populated area the potential for the epidemic to really shoot out of control is great. What is more, Saigon's until recently discredited experiments in HIV/AIDS prevention and control, not unlike its old discredited economic "experiments" of the late 1970s and early 1980s, are similarly being given new leases on life and new legitimacy in the national legislation that generalized their practice throughout the country. Change, however inevitable it may be to the mind of Dr. Sang, still clearly comes slowly and at a cost.

In mid November, 2007, I was invited to participate in a five day USAID Health Policy Initiative-sponsored HIV advocacy training at the Victory Hotel in District Three. Though the majority of participants were from Saigon, just over a third were the directors, vice directors and personnel from HIV/AIDS prevention and control centers, Lawyers Associations, self support groups, the Ministry of Justice, and MOLISA from the delta provinces of An Giang and Can Tho. The workshop was run by an organizer from Nepal, with logistical support from a pair of American subcontractors, with Vietnamese and Australian public health workers and doctors giving scheduled presentations on the HIV/AIDS situation in Asia, the importance of the greater involvement of people with AIDS (GIPA) to intervention schema, data analysis and computer simulations, and their use in various strategies for advocacy. These presentations were punctuated by sessions of small group work. In one of these the facilitator asked each group to identify policy issues they were finding in their regions, rank these issues in terms of priority, identify barriers to policy change and work out an advocacy strategy. I worked with the group from An Giang (they were the smallest group and lacked a fifth member). Each group was charged with developing a poster creatively depicting, in construction paper and markers, the advocacy issue, its target, obstacles and process, and then presenting to the larger group. The Saigon group chose as their issue the 100% compliance of all health care workers with the anti-stigma and discrimination clauses of the new law. The group from Can Tho focused on the problem of establishing HIV/AIDS interventions and support for migrant populations, and the An Giang group took the issue of scaling up its outreach programs to sex workers and drug users in their province. Having just heard the presentation on the benefits of GIPA each group was careful to include places for PLHA in their advocacy strategy. The facilitator also playfully reminded the participants of the benefit of using "secondary influencers," that is, activating interpersonal relationships, and insider networking to achieve advocacy goals. These included the friends, colleagues, wives or secretaries of policy-makers for example, who acted as gatekeepers and could make valuable and persuasive allies. She also spoke at length about the usefulness of "informal meetings," discussions conducted during leisure activities, over meals, drinks or while playing cards. "We have to think *strategically*, *creatively*," she said, "This is very *skillful work* and we have to do it in a very *skillful way*." This playful and collegiate atmosphere, though never dissipating, certainly became more pointed in the discussion of obstacles to these advocacy issues. The Can Tho group identified the local Veterans Association, community leaders and the residents of the neighborhood around the migrant worker tenements as obstacles, while the Saigon group identified the military hospital staff, the Veterans, Teachers and Farmers Associations, as well as the Women's Union. A Buddhist monk from the city pressed them, asking why they had left out the Ministry of Health hospital staff and others clearly implicated in their advocacy issue. The representative from the Saigon group replied that they "didn't want to make their list too specific," that is, too pointed, "or talk behind someone's back." Of course the members of the Saigon group were in the peculiar position of having to hold this session, and indeed the whole of the workshop, in their own backyard, with participants from numerous sectors attending, and were understandably not eager to alienate themselves if they could help it.

By contrast, the group from An Giang had pulled no punches in their vivid depictions, and their humorous poster garnered the most applause and outright laughter. They had cut a human figure from colored construction paper to represent the Ministry of Justice, and placed a construction paper hammer on its head to symbolize how they had tried to hammer into their heads that harm reduction measures were beneficial and "caused no offense." They had a figure representing the mass media (and by proxy the Ministry of Culture and Information), with a construction paper television camera and money, because they said "they will only work if you pay them money." A group of green paper human figures with caps symbolized the local police force. They had been stumped for a long time as to how to depict the Veterans Association, until one woman, returning from the restroom and hearing the problem, in a dazzlingly irreverent gesture, simply cut off the occasional arm and leg from the remaining paper figures, to create instant "war heroes," much to the amusement of the group and later the whole room. During their presentation there was some lingering unease. The Buddhist monk at one point, only half jokingly pointed to the collected and presented posters saying "We know if the people here, were here in this room, we all might be in trouble." The participants laughed and one of the women from An Giang explained that this was "a relaxing time to learn and have fun, because in reality it is a very complex problem." That is, in her telling, the meeting was a forum to blow off a little steam, to commiserate a bit around shared difficulties. This session abounded in stories not unlike those I have presented above, stories of blockages, bureaucracy and endless delays on the part of public security, ideological and political agencies, and stories of frustration, powerlessness and confusion on the part of these participants and the groups they represented.

These exchanges provided a concentrated, stark picture of the divisions I have been mapping above, between these health and welfare entities and those dedicated to public security and ideology. The common theme running through this and other sessions over the five days of the workshop was clearly something like "if only *we* could just make *them* understand," a theme that underscored the well-known division I have laid out above, but worked to paper over the internal divisions that had begun to proliferate among and within these health and welfare groups. In this way, the training workshop was far more effective as an effort to build solidarity and establish a stronger network between these Saigon entities and their counterparts in the delta provinces than as a measure solely to improve analysis and advocacy.

But even in this most congenial of workshops, a number of heated disputes broke out, one of them, over the proper age to begin sex and HIV/AIDS education in schools, split the group not along the familiar axis of "health and welfare agency representatives" versus "representatives from the Ministry of Justice and MOLISA," but along lines of geography and gender. Though everyone agreed that such education was necessary, a group of male participants from Can Tho and An Giang adamantly refused to concede, even to their female colleagues from those provinces, that sex and HIV/AIDS education should begin earlier than 9th grade. They staked their position purely on moral grounds, their spokesman saying, "To teach (children) about AIDS is to teach (children) about sex, which is not right morally." To this was posed a bevy of evidence from the opposing group. One of their female colleagues from An Giang argued that "Even at 10 years old children are conscious enough to learn, especially the routes of (HIV/AIDS) transmission, and also to cultivate more sympathy with friends in their class who may be HIV positive, and thus lessen stigma." "Children are very smart now," another woman from Can Tho said, "Now with good nutrition they grow up quickly (that is, reach puberty earlier than in the past), and we should help them protect themselves early, teaching them about prevention and life skills." Another participant reminded everyone that the Ministry of Education

had decided to begin sex education in schools in order to head off the problem of child sexual abuse. The exchanges became quite heated until the facilitator turned to the two undecided participants, a Buddhist monk and a representative from a Saigon self-support group. "We are sad because we have been totally ignored," the monk joked of himself and his friend, then perhaps noticing that the split was along more or less rural-urban lines, took the middle path saying that region must be taken into consideration, as levels of knowledge differed between children from the countryside and children from the city. Other small disputes broke out during the five day workshop, and other conflicts I would later be a party to simmered uncomfortably during meetings, work with various groups and casual conversations on the street, all revealing the important point that even among those participants who shared a general consensus about *what* should be done as regards HIV/AIDS prevention and control, the question of *how* it should be gone about was certainly not one that was settled. Perhaps the most serious and telling example of this is one that came up because of an awkward moment during a keynote presentation at this very workshop.

The presentation was given by Dr. Tran Thinh, the Care and Treatment Program Coordinator for the Ho Chi Minh City Provincial AIDS Committee (PAC), and the deputy head of the HCMC AIDS Standing Committee, a charming, unassuming upper middle aged man. It was meant to be a simple overview of the HIV/AIDS situation in Saigon, the nine action plans they had formulated, a presentation of the headway the HCMC PAC had been making in the past two years, and a brief introduction to the pair of computer modeling programs they had begun using in tandem to direct their efforts. The accomplishments of the HCMC PAC were indeed impressive, having been able to scale up their PMTCT (prevention of mother to child transmission) programs to 100%, expanding their peer outreach networks and programs for safe sex and safe injections, their out-patient clinics, and the numbers of people enrolled in their ARV therapy program. "Ho Chi Minh City will take a leading role in helping other provinces," Dr. Thinh said, promising to send support and staff to the provinces and invite the leaders of those provinces to visit the city and learn from its success.

The vice director from the Center for AIDS and Tuberculosis Prevention and Control in An Giang stood up, fumbling with the microphone. "I know you are conducting a very good program, but how did you persuade the leaders to give out such large sums of money for these activities?" She sat down, and it was Dr. Thinh's turn to fumble. "We received these funds from donors," he replied, clearly referring to PEPFAR, "And the money was quite good, too good, they gave us more than we wanted!" At this the participants laughed. "We were waiting for the (HCMC) People's Committee to approve the nine action plans, which were in general not approved, but each one was approved singly (here he meant, informally, unofficially, I would later find), when we received the funds from donors. It was lucky. The government can only cover about 5% of the resources we (HCMC PAC) have." But the people from An Giang were still not satisfied, and pressed him again. "You want to know how we got the money?" Dr. Thinh said in a characteristically charming tone, "Well, we would too! We really do not know why. PEPFAR just came here. They just chose us. We did not advocate them, or maybe we did years ago and then completely forgot. We did not do anything. Who did it for us? We don't know!" Despite this amusing characterization, the women from An Giang still would not let him go, this time asking him how the HCMC PAC had gotten their action plans through the HCMC People's Committee, asking him to respond in reference to the advocacy process they had just completed a session in. She wanted the doctor to walk the group through the steps, that is, identifying the target audience, possible supporters and obstacles, clarifying their message and so on. They

wanted to know what the HCMC PAC had done, specifically, so that they could use it as a model for their own work back home. Thinh shrugged, said, "We don't know why. We worked with the POLICY project (the former name of the USAID Health Policy Initiative) and laid the groundwork." The vice director of the center in An Giang stood up, and taking the microphone from her colleague, said, with just the barest tinge of sarcasm, "Thank you doctor, An Giang can surely learn from you. Thanks."

What Dr. Thinh probably could not admit openly, or what the representatives from An Giang did not know (or knew, and were rather maliciously pressing Thinh to reveal) was that there was a very specific reason, quite far from sheer luck and plucky determination, that the work of the HCMC PAC had been so successful, that they had been so miraculously unimpeded in garnering resources, receiving approval for and implementing their strategies.

The Uses of Corruption

The Ho Chi Minh City Provincial AIDS Committee is unique in at least two ways. First, and most obviously, it is the last remaining committee of its kind in Vietnam. After the first HIV/AIDS cases was detected in 1990, the Vietnam National Committee for SIDA Prevention and Control was set up, with the Hygiene and Epidemiology Department of the Ministry of Health acting as its standing body, directing each province to set up Provincial AIDS Committees using the national committee as a model. By 1993, 22 provinces had replicated the structure of the National AIDS Committees and established Provincial AIDS Committees, with many more to come. But in 1994, the National Committee for AIDS Prevention and Control was separated from the Ministry of Health and chaired by a Deputy Prime Minister, with the Ministry of Health acting solely as its standing body. This meant that in the basic bureaucratic hierarchy, Provincial AIDS Committees fell directly under the Provincial People's Committee, at the same bureaucratic level, for instance, as the provincial MOLISA, Ministry of Public Security, and, most importantly, the Ministry of Health, not subordinate to it. However, slightly less than a year after Vietnam was designated a PEPFAR focus country a push was made to renegotiate this hierarchy. In early 2005, the Prime Minister authorized Decision No 432/QD-TTg, establishing a new agency, the Vietnam Administration of HIV/AIDS Control (VAAC), to take over the "governance and organizing activities on HIV/AIDS prevention and control nationwide" (*thuc hien chuc nang quan ly nha nuoc va to chuc thuc hien cac hoat dong ve linh vuc phong, chong HIV/AIDS trong pham vi ca nuoc*) (SRV 2005). Though the renaming and consolidation of committees and such occurs fairly frequently within this byzantine bureaucracy, this was something quite different. The existing structure of Provincial AIDS Committees was to be totally disbanded and replaced by the structure of Provincial VAACs, groups that were now under the direct sway of the Ministry of Health, which would now "decide its functions, tasks/mission, powers/authority, and structures" (*quy dinh cu the chuc nang, nhiem vu, quyen han, va co cau to chuc*) (SRV 2005). This curious timing suggested not only to me, but many of my collaborators, particularly my contacts with PEPFAR and its subcontractors, that this was a crass attempt on the part of the Ministry of Health to wrest control of the massive influx of US dollars, the bulk of which might have otherwise gone to the existing structure of Provincial AIDS Committees for so long outside its jurisdiction. Instead, the Provincial AIDS Committees were dissolved, except, of course, in one vital place, Saigon itself.

The Ho Chi Minh City Provincial AIDS Committee has maintained itself as the last remaining of such committees because of a pair of special arrangement it has with the City

People's Committee and the City Ministry of Health. The *de facto* head of the HCMC PAC is a very famous (and currently very controversial) figure, Dr. Le Truong Giang, a man as revered for spearheading the city's public health and HIV/AIDS struggles, as denigrated for his blunt managerial style and questionable political tactics. Officially, he is the vice chair of the municipal standing committee on HIV/AIDS prevention and control, as well as the deputy head of the municipal Ministry of Health. Nimbly straddling this divide, Giang has irritated a good number of his colleagues in the Ministry of Health, not least by being a well-recognized and prominent player in municipal public health and politics. It seems that Giang's penchant for using his position in the Ministry of Health to protect and advance his PAC programs has ruffled more than a few feathers there. Most notably, as one PEPFAR program officer told me, this is accomplished through, in his words, a skillful "changing of hats." Giang, he said, uses his position in the MOH to gain access to higher level committees or officials that in his capacity as head of the PAC he would not otherwise be able to reach. He then effects a "hat change," carefully insinuating or suddenly advancing his ulterior PAC agenda. He is a skillful manipulator of the media, building his reputation in the public eye, by among other things, often intervening in public debates. Moreover, he counts as a close ally and friend a powerful up-and-comer in city politics, Mr. Nguyen Thanh Tai, first vice-chairman of the People's Committee (basically, the second most powerful position in the city), and a high level Party member. Tai directly manages the HCMC People's Committee and Committee Office, the departments of Science and Technology, Justice and Foreign Affairs, the Steering Board for Poverty Reduction and Job Generation, the HCMC Bar of Lawyers, the Association of Jurists, programs to reduce crime, drugs and prostitution, for food hygiene and safety, information and the press, among others. He also acts as co-president of the HCMC Universities Council. On top of all this he is the chair of the municipal standing committee on HIV/AIDS prevention and control. It is easy to see how vice-chairman Tai, who directly manages, as we see above, a number of committees vital to the successful operation of HIV/AIDS programs (dealing with the Department of Justice, legal associations, those dealing with crime, drugs and prostitution prevention, etc), is an essential ally to those embroiled in the conflicts we have so much spent time discussing above.

It is widely held that it is through the close relationship the PAC shares with this powerful benefactor that it has survived the purge that claimed each and every one of its counterparts in every other province of Vietnam, and how it continues to operate officially, if not exactly legally. In every PEPFAR budget list since 2005, the HCMC PAC continually appears as a prime or sub partner. In fiscal year 2007, the PAC, listed right beside the Ministry of Health of Vietnam as a prime partner, received $4,514,830 to the Ministry's $8,169,268. The HCMC PAC alone consistently brings in just over roughly 50% of the funds allocated to the Ministry of Health by PEPFAR for the country as a whole, a percentage that may in fact be greater as the PAC is sometimes listed as a prime partner in its own right, and also as a sub-partner to other prime PEPFAR partners (FHI in 2005, 2006, 2007) in the same budget list. It is no wonder that Dr. Thinh could half-joke, half-lament the fact that if left to operate strictly on government-provided funds, the PAC would be hamstrung, reduced to a scant 5% of the funds it currently enjoys. It would not be difficult to go a step further and argue that deprived of such heavy injections of PEPFAR dollars the committee would cease to exist completely, no matter who or how powerful its benefactors, or how wily its management.

But there are clearly advantages to this arrangement over the new structure, as even PEPFAR personnel and that of its major subcontractors, typically violently allergic to Vietnamese administrative "inconsistencies," concede. "When the MOH was given control," a

Vietnamese doctor working on policy issues in Saigon with a PEPFAR prime partner told me, "it was as though they put back the system three steps behind, and then pull(ed it) up one step." He was referring to the fact that the old PACs operated with the same authority and powers as the provincial MOHs, MOLISAs and so forth, and that the new structure demoted them first under the MOH, and then further under the MOH's department of preventive medicine (for a loss of three levels in the bureaucratic hierarchy), before moving their powers and functions back up one level in the separate structure of the VAACs. Furthermore, the chairman of the National AIDS Standing Bureau, the body to which the PACs reported, was the country's Vice Minister, placing even the highest official from the MOH in a subordinate position to the NASB. "This," the doctor said, pointing to where I had written "NASB" on a dry erase board in the conference room of his offices, "can order this," pointing to where I had written "MOH," "because, well, the chairman, he's… (pause)… the government!" In the other provinces outside of Saigon, in An Giang and Can Tho, for instance, where the participants in our advocacy training were working, all programs, requests and so forth have to be coordinated with the provincial VAAC, which then must get approval from the provincial MOH, which then seeks approval from the provincial People's Committee. Locked into a subordinate position, these health and social service workers also can not directly deal with those they identified as primary obstacles, their provincial MOLISA or Public Security offices to resolve those almost inevitable difficulties. In Saigon, by contrast, if our charming Dr. Thinh needs approval for or is having trouble with a program he simply takes it up with his boss, Dr. Giang who is able to coordinate directly with the People's Committee (the first Vice-Chair of which also happens to be his friend and ally, Tai, the Chairman of the HCMC AIDS Standing Bureau), never bothering with the delicate and delay-provoking middle step of dealing with the MOH, except in instances where it is to the PAC's benefit. The PAC also enjoys bureaucratic authority equal that of the HCMC MOLISA and Ministry of Public Security, able to make direct requests and influence these groups at the highest levels. Additionally, vice chairman Tai sits on a number of important committees that involve these entities, including those for the control of drugs, crime and prostitution. It also bears mentioning that this strategy is being employed in other domains, around other problems in Saigon, most notably, I was told by another program officer from a PEPFAR partner, in the city program for hunger relief, whose chairman is also a vice-chairman in the People's Committee and so forth.

This unique arrangement solves a pair of delicate problems for the PEPFAR office in Saigon. First, it gives them a strong, reliable ally, well-positioned to engage in direct and rapid scale up of programs, directly supported and in fact protected by its political superiors, and on equal footing with those Ministries often pointed to as obstacles to its newest endeavors. Additionally, the HCMC PAC and its political benefactors are partners politically invested in the positive outcomes of its programs. That is, their clearly tenuous not-entirely-legal position facilitated through unofficial personal and political arrangement, is based on two things; first, continued PEPFAR support and funds, and second, public opinion both domestically and internationally which bears heavily on domestic political good will. The HCMC PAC shores up its position at least in part by demonstrating that it is actively, quickly, and effectively taking on the task of combating the pressing threat of HIV/AIDS epidemic. This is done on two fronts. First, by proving itself extraordinarily amenable to new interventions and strategies, promoting itself as a useful international and regional partner, publicizing its successes and extending itself as both model of and resource hub for HIV/AIDS prevention and control country and region-wide. Second, the PAC, at least in Saigon, never fails to drive home the seriousness of the

HIV/AIDS epidemic, the size of the threat the epidemic poses and the task that the agency faces. This is, of course, a delicate balance to strike. On the one hand, being too soft on this front makes people wonder what they need the PAC for at all. On the other hand, being too heavy-handed and fear-mongering makes people wonder what good the agency is doing for them at all.

Secondly, the HCMC PAC offers the PEPFAR office in Saigon something it does not often see otherwise; a streamlined local bureaucracy under strong local management that is quick to move and get things done. While some of my contacts in the PEPFAR office, or in the offices of their subcontractors had not terribly flattering things to say about Dr. Giang and the way he runs the HCMC PAC (most often told, "micromanaging," or like a "village headman," or "strongman"), there was nearly unanimous consensus throughout this community in Saigon, from both international and domestic personnel, that Giang and his PAC *work*. Over the course of my work the issue that most frequently came up, particularly with the PEPFAR personnel I was in contact with, was unease at the widespread "bleeding off" of funds from the structure of the prevailing delivery mechanisms. That is, funds allocated to a prime partner moved through various strata of subpartners and subcontractors before reaching their final destinations, as deliverables to clients and other citizens. At each stage of this process, operating funds are reduced for overhead, staff, and so on for organizations at each of these levels. This is a situation clearly not limited to the Vietnamese bureaucracy, and it is well known that international partners often engage in this "piece of the pie" middle-man scheme. A PEPFAR program officer mentioned that one of their prime partners, Pact, is actually a kind of clearing-house or management group for other smaller NGOs such as CARE, that organizes these smaller NGOs and passed on the work to them after taking, in his estimation, as much as 20% as management costs. This compounds this "bleeding off" of funds as groups operating at the level of CARE, Save the Children, or Education for Development, for instance, must then deal, like nearly 500 other INGOs, with the People's Aid Coordinating Committee (PACCOM), the Vietnamese government agency responsible for international NGO relations, under the Committee for International NGO Affairs (COMINGO). "The US spends so much," Mr. Van once frowned, as we headed back to his office from a meeting of the Saigon self-support group network, "it's a pity it does not go to the right address." In Saigon, however, PEPFAR bypasses all of this in its direct dealings with the PAC, as it is at an appropriate bureaucratic level to hold what my contact called "bilateral ties" with PEPFAR/USAID.

Practices such as these, which challenge the conventional notions of the illicit status of those activities commonly thought of as corruption, are certainly not limited to these domains. At the level of PLHA self-support groups, and even the HIV/AIDS Legal Services with which I worked, the practice of "splitting contracts" is reasonably widespread. Contract irregularities, particularly in the business sector, are quite common. When asked about this, many of the expatriate business people working for foreign firms in Saigon with whom I was familiar said that generally speaking, Vietnamese laws prescribing a certain percentage of positions be filled by Vietnamese are regularly flouted by keeping foreign workers completely off contract, and paying them in cash. In contrast, among the PLHA self-support groups this bureaucratic "irregularity" involves the division of funds allocated for, say four PLHA counselors, to support eight positions. While I was initially much put off by this seemingly illicit practice, it became clear that there were quite reasonable motivations for this. Splitting contracts, particularly to double the numbers of positions for persons living with HIV/AIDS (as outreach workers, peer counselors, etc) clearly has benefits along the lines of those set out under the GIPA (Greater Involvement of Persons with HIV/AIDS) principles, taking advantage of the important

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contributions PLHA make to effective responses to the epidemic (program feedback, peer-to-peer outreach, etc), and creating greater space for their involvement and active participation. Furthermore, and perhaps most instrumentally, greater employment opportunities almost certainly means a higher quality of life, particularly for people who have higher than average medical expenses and at the same time would otherwise suffer from employment discrimination. Additionally, supporting greater numbers of PLHA staff members allows a given program to distribute the workload, so that in case of illness, medical appointments or emergency, other workers can (and frequently do) pick up their colleagues' shifts or loads. Finally, in the instances of contract splitting I encountered it was clear that the calculus was something like the following; either the compensation offered by the program could support one position very comfortably, or two positions very modestly. Though PLHA counselors working with networks of self-support groups in Saigon with whom I spoke quite frequently almost always said they could use more money, none, unless pressed by me concerning the rising cost of living in Saigon (price of food, petrol, rent, etc) said the compensation they received under these split contracts was creating a hardship.

It is also not uncommon for local NGOs and self-support groups to engage in other kinds of "grey zone" practices, particularly when having to work around the constraints placed on the financial support provided by their international donors. Some international donors stipulate that their funds be used solely for direct support, as deliverables to the group constituents, not for staff compensation, facility upkeep, materials purchase or utilities payments. While many groups try in good faith to adhere to these requests, it is often, and in equally good faith, difficult to draw the line between final deliverables and these other categories of expenses. For instance, when helping to draft and translate numerous budget proposals for different local groups I quickly found that overlap occurs in every instance. Any sort of educational program (on life-skills, HIV/AIDS, English, etc), for instance, involved the maintenance of the physical plant of the NGO, its classroom, furniture, restroom facilities and so forth. Additionally, instructors are generally full-time staff members who must be compensated. Constituents require classroom materials, paper, pens and other materials that come from the office itself. Photocopied handouts require NGO equipment, toner, electricity and so forth. In even the most extreme instance, when an NGO I worked for decided to simply take bundled stipends (for nutritional support) and deliver them directly to its constituents, staff members still had expenses for hourly wages and petrol. Conversely, in the rare instances when an NGO was allocated funds specifically to give its staff members a compensation increase, they will typically withhold the funds, much to the chagrin of staff members. It was explained to me that funding for these local NGOs is tenuous at best. Yearly budgets and projections for the following year are dependent on a process of near constant application submission, invitations for site-visits by international group personnel, direct petitioning and the like. This means, of course, that though they are flush this year, the next might be treacherously lean. It is also worth mentioning that the entire grid of HIV/AIDS prevention and control in Vietnam (and elsewhere), including the relatively stable partnership between the US and Vietnamese governments, shared this donor-driven, far-from-assured quality.

During the period of my fieldwork, with the first five-year PEPFAR cycle coming to a close, informants reported the beginning of a scramble for a plan at the highest levels if their massive amounts of PEPFAR support were not renewed for a further five years. I pressed my contacts in the PEPFAR office on this point, particularly given the much-touted (but clearly very thin) claim that PEPFAR support was a "partnership" not a "patron-client relationship." In fact,

in early spring of 2008, PAC leaders were asked by vice-chairman Tai, in a closed-door meeting with the People's Committee, what they were going to do if PEPFAR was not renewed, a question that was met with, it was reported to me, stunned and embarrassed silence. My questions to my PEPFAR contacts and other subcontracted partners from international NGOs were fielded with a bit more professionalism, and quite a bit of candor, if not much more conclusiveness. PEPFAR was, of course, reauthorized for a further five years on July 30, 2008 and we will return to our analysis of it in the following section.

Returning to level of the local NGO, in order to compensate and to maintain at least a moderately stable level of program operations, any surpluses from fat years have to be jealously guarded and applied in the lean times. Though these and the other "irregularities" I have catalogued above are all instances (to varying degrees) of practices typically considered "corruption" (the use of "umbrella" organizations, cultivation and activation of interpersonal networks to achieve policy goals, fudging budgets, "splitting contracts," refusing to carry out requirements of funders) it is plain to see how, even to the most righteous and ethically skittish of observers, these practices are positioned, rationalized, spoken about, and carried out in ways that figure them as useful, even necessary, under conditions of scarcity. However, it also became clear that scarcity or conditions of austerity, were no requirement for developing a rationale for the uses of corruption.

Even in circumstances of abundance these "skillful ways" of doing "skillful work" persist. As is common to many such bureaucracies, at the end of the annual fiscal cycle the PEPFAR Saigon office embarked on something of a spending spree, eager to spend the remainder of its funds before the close of the year. It was explained to me that typically, unused funds were withdrawn from the next year's budget. That is, if the operations showed a surplus for a given year it was proof that those operations could be carried out with less money the following year and were subsequently withheld. By spending its remainder (on office supplies and furniture as well as on additional actual resources to support its programs) PEPFAR Saigon in effect engaged in a strange demonstration of budget efficiency, to the effect of securing its current level of resources from the central office stateside. Another interesting strategy had to do with a tactic for keeping the possibility of emergency procurement of drugs open. The PEPFAR Saigon office typically receives requests from the HCMC PAC for emergency consignments of drugs (in the case I came across had to do with drugs for the treatment of opportunistic infections). Usually the PEPFAR Saigon office sends this request directly to the CDC office in Atlanta that then deals with these emergency provisions of drugs. However, the CDC central office had since set up a separate government agency tasked with dealing with requests, acquisition and transportation of drugs and other resources in order to curb these kinds of last minute emergency requests. I was told that the PEPFAR office in Saigon, knowing that the HCMC PAC will almost certainly require emergency provisions of drugs (despite PAC assurances that they have their figures in order), found that by making periodic emergency requests (as opposed to making their official regular requests reflect the possibility of future emergency), they could keep the possibility of making emergency requests in the future open. In a kind of convoluted, but effective rationale of demonstrating sudden unexpected (if completely calculated) need, this meant, in this instance, a forwarding of $100,000 worth of OI drugs at the end of the 2007 fiscal year, to be "repaid" by the following year's funds, in effect, taking out a loan against themselves in the future.

A full enumeration of the bureaucratic "inconsistencies" or fiscal or personnel operations "irregularities" I came across, the endless networks of personal relations, unique political and

financial arrangements and the like that facilitated and expedited programs, during the course of my fieldwork at nearly every level of the apparatus to prevent and control HIV/AIDS in Vietnam could go on for the remainder of this chapter. Suffice to say that some were clearly and more crassly self-interested, exploitative and effectively deadly than others. It was well known, for instance, that some pharmacists in government health centers were in the business of distributing, say, two of the three ARV medications (provided free of charge to patients, through PEPFAR), making patients sign that they received all three, and then selling the third on the black market. This practice, corruption in every sense, even to the most relativist of observers, had the effect of endangering not only the lives of the patients, who inevitably deteriorated, but the community at large as well, as these patients were at tremendous risk of developing drug resistant strains of the virus and other more virulent opportunistic infections that put others at risk. It was also well-known that a number of the guards, bus drivers and even administrators of the rehabilitation camps for drug users and sex workers were in the habit of smuggling drugs and alcohol to inmates, forcing them to pay well over street prices (money they must borrow from friends or family members) to service their addictions while interned. One friend of an internee, himself a former small-time drug peddler, told me that a family member of another internee had facilitated an off-the-books visit of his interned brother by paying a bus driver (in league with a guard) with a packet of cigarettes packed with heroin. These sorts of practices, obviously, were roundly condemned, with work being done to root them out, and rightly so.

What I am concerned with in this section, however, are not these kinds of situations, but those in which goals most can agree are necessary to achieve (the care and education of street-based and working children and other vulnerable groups, the support of persons living with HIV/AIDS, increased condom distribution, the scaling up of methadone, needle/syringe exchange and other harm reduction measures, and so on) are being facilitated by and conducted through practices and arrangements that are clearly questionable, often duplicitous, and sometimes straight illegal. It bears mentioning that this is not simply my own characterization of these unique situations based on simple observation, but also an attempt to take seriously how these different actors, in all these disparate positions, within all these different organizations, at all these levels, conceptualize and speak about the things they do during the course of their work, conceptualizations and speech acts that, despite the range of places and persons from which they come, bear remarkable similarities. It was clear that for those stakeholders involved in these kinds of arrangements this is not a simple question of the ends justifying the means; that is, simple acknowledgment that one must get their hands dirty to accomplish one's goals. This kind of formulation clearly maintains these practices within the game of marking them in terms of broadly-accepted, clearly defined categories of illicit and licit. Formulations within an ends-and-means calculus or justifications of this simple type do not trouble these categories in the least. They simply name a practice as one or the other. What is at stake here is slightly more subtle. The way these practices and others like them that I encountered throughout my work (the use of "umbrella" groups by local NGOs to sidestep the troublesome bureaucracy, for instance) were spoken about was best encapsulated by the PEPFAR workshop facilitator I mentioned above; strategic maneuvers, creative arrangements, temporary means, "skillful ways" of doing "skillful work." As such, these mobile, remarkably similar practices do not fall into the game of being named illicit or licit at all. "Corruption" is what occurs elsewhere. "Corruption" is what others do. We do our work. We do what is useful. We do what is necessary.

Vulnerabilities

The HCMC PAC maintains direct relations with the PEPFAR office, having escaped the jurisdiction of the lumbering bureaucracy of the MOH. The PEPFAR office tolerates this arrangement because the HCMC PAC has proven itself an effective partner, willing to undertake and implement its more "progressive" and unpopular experiments (harm reduction, reintegration programs in the camps for drug users and sex workers, for example) with greater speed and efficiency than its MOH VAAC partners elsewhere in the country, Hanoi included. In this way, support for and scale up of the timely delivery of ARV therapy, effective harm reduction measures and the like are being facilitated through a government agency that by law should have been disbanded several years ago but for interpersonal networks and unofficial political arrangements.

This special situation, has, of course, generated conflicts between the HCMC PAC and the HCMC MOH, as well as the provincial offices of the MOH in the neighboring areas. A sort of ongoing quiet war has been long simmering. One of my contacts with PEPFAR in Saigon told me over lunch one day that USAID distributed PEPFAR funds to the committee controlling the VAACs throughout the country to develop a new accounting software to manage program funds. However, once the software was developed the committee in charge of the VAACs refused to share it with the HCMC PAC, out of, he said, sheer jealousy and rivalry. "You wouldn't believe the childishness!" he vented. During the year of my fieldwork this conflict erupted in a very public way, though only insiders in the HIV/AIDS prevention and control community would have recognized it at first as such. In fact, I had hardly noticed it except as a strange aside, a newspaper piece that came out in the summer of 2007 concerning alarmingly high levels of a carcinogen, 3-MCPD, found in locally produced soya sauce (Nhan Dan 2007; Thanh Nien 2007; VNNB 2007). This PEPFAR program officer said that he was only put onto it because one the Vietnamese staff members in his office commented to the PO that the unusually high level of detail in the article was quite unusual of the typically restricted investigative journalism of the state-controlled media. At the center of the scandal was Dr. Le Truong Giang. The chief inspector of the city MOH, Nguyen Duc An, was fired on September 10, 2007 (UNAIDSPCS 2007). Subsequently he accused Giang, in his capacity as deputy director of the MOH, of concealing the findings concerning the toxic sauce, sparking an independent investigation of Giang that immediately prompted an almost simultaneous investigation of the PAC by the Steering Committee against Corruption and Waste that became quite ugly (Tuoi Tre 2007). The accusations included claims that the PAC was mismanaging PEPFAR funds, was not registered as a real authority with the central government, and had not complied with the restructuring of the HIV/AIDS prevention and control system. The PEPFAR program officer I was in contact with asserted that this was clearly a power-play to get between the PAC and PEPFAR, telling me that he knew for a fact that the fired chief inspector at the MOH was immediately assigned a high level and good paying position in the Ministry of Culture and Information (the ministry in charge of the state-controlled media), through which he continued to effect these attacks. "*Lam 'de the than*,'" Mr. Van said, shaking his head at the newspaper clipping, meaning something like "took the fall," or "took the hit," literally, "to sacrifice the goat (for religious purposes)." Giang and the PAC "went silent" for several months, struggling under the burden of a pair of investigations. The PEPFAR Saigon office was placed in a precarious position, not wanting to give up its useful and effective ally, but suddenly exposed to the scrutiny and claims of mismanagement directed at its partner.

What the Soya Sauce scandal revealed was the vulnerability of these unofficial political arrangements to certain kinds of attacks. In fact, it was fairly easy for me to discover that the carcinogen 3-MCPD had not been put on any watch-list by the central government, nor had the MOH at the national level decided on acceptable levels of the chemical until 2005. Though Giang's office in the HCMC MOH had been finding the toxic substance since 2001 (a "shocking" fact that in the newsclippings was meant to show long-term negligence and corruption) there was no strictly legal reason, or centrally mandated protocols, for it to have been flagged. While in 2005, roughly 60% of sauce samples tested by the MOH and the Centre for Chromatography Education and Training contained unacceptable levels of the chemical, by the following year, the first year for which Giang and company were technically responsible, this figure had fallen to slightly less than 20% (VNNB 2007). While these facts certainly do not demonstrate full compliance on this soya sauce issue, or absolve Giang of blame, they certainly give credence to the notion, shared not just by my contacts in the PEPFAR office, but with other heads of local NGOs with whom I discussed this scandal, that this was mostly a political maneuver, designed to seed suspicion and cast doubt on a heretofore unassailable organization. Failing to do so in the political realm due to the PAC's well-positioned and powerful benefactors and its shrewd management, and failing to do so on technological grounds, that is, finding fault with its HIV/AIDS prevention and control strategies, its programs, well-publicized successes and gains, the agency's detractors were forced to engage the PAC in the domain of a certain regime of ethics.

Le Souci de Soi(r)

We parked the motorbike just as evening was falling, just off the plantation road among the first rows of rubber trees. The blue twilight was slowly replacing the orange sweep of dusk, filtered pale green through the dense treetops, rubber trees stretching in perfect endless rows as far as one could see in every direction; a "biopower applied to trees" (Tsing 2004), "the forest which is not one," I joked with colleagues later. Having driven for the better part of the afternoon, my companion, Hanh, had suggested we take a break, and with the killing of the motorbike engine that haunted eerie silence so peculiar to rubber plantations descended. Hanh was a young Vietnamese woman, a program officer from the Ho Chi Minh City Provincial AIDS Committee, a friend and colleague with whom I had collaborated on several unofficial HIV/AIDS related projects (an HIV/AIDS training for the blind at a well-known local pagoda, for instance). Over the course of many months I had met and crossed paths with Hanh at HIV/AIDS training sessions, conferences and roundtables in Saigon, trading stories over dinner or at cafes, listening intently and sympathetically as she vented (always with that same weary, hopeful determination I had seen so many times in other HIV/AIDS workers) a long parade of frustrations and small disappointments. Though overworked, and at times visibly stressed, she always bore her burdens and told her stories with good humor. She had invited me to visit some relatives in Tay Ninh, a mostly rural province northwest of Saigon, bordering Cambodia, famous as the site of the Cao Dai Holy See and the so-called Iron Triangle, declared a "free fire zone" during the Second Indochina War when US forces repeatedly failed to root out NLF troops based in the elaborate tunnel complex at Cu Chi. For several days I had enjoyed the hospitality of her family in their modest home in a sleepy town not far from the border.

As she stretched out her legs I mentioned how these large tracts of rubber, as empty, silent and ordered as graveyards, had always made me unaccountably uncomfortable. Brilliant

white latex sap had congealed uniformly along the elegant spiral gouges cut into each tree trunk, each provided with a smooth half-coconut cup to catch the night's issue. The *hevea brasiliensis* rubber tree (native to South America) was first brought to Indochina by the French from Java in the last years of the 19th century. Cultivated and tested in the Saigon Botanical Garden, its introduction sparked widespread rubber production in the great fertile tracts around Saigon (categorized as "red" and "grey" soils, red being superior) that peaked in the rubber boom of the 1920s with the famous Terres Rouges and Michelin companies. Of course huge numbers of native conscripts were needed to maintain production, and many local people, particularly from the northern provinces of Tonkin, found themselves coerced or outright shanghaied into living and working under horrifying conditions. The abuses of such native workers by profit-driven French overseers, not surprisingly, became key components in arguments and impetuses for anti-colonial resistance. That evening, amidst the long straight rows nothing stirred, a silence that felt unnatural and disturbing to me. Hanh joked that perhaps in a former life I had been a conscript laborer under the French. "*Cao su di de kho ve, khi di trai trang khi ve bung beo,*" she said, repeating the well-known proverb concerning those days. "Going to (work in) rubber is easy, returning is hard, when a boy goes (he is) strong, when (he) returns (he is) sallow and thin." "It sounds like you when you went to work for the PAC," I said, much to her amusement. The first evening stars were already rising when we turned off the lonely plantation road onto the bustling highway that carried us back to Saigon.

The afternoon of the previous day I had gone along with Hanh to a small gathering in a ramshackle outdoor café on the edge of town. Hanh's grandmother had introduced her to some family friends, area locals who had been having some problems they thought my well-connected, big-city companion might be able to fix. Minutes later, under a sky threatening the first of the wet season rains, we were joined by a woman and her brother-in-law, both in their mid-50s. After introductions and the usual friendly preliminaries, the ordering of coffee and the offering of cigarettes, the woman explained her case. Her husband, the older brother of the man we were now conversing with, had in the past month died, after a series of sudden and quite strange infections. She herself had begun to develop unexplained symptoms and a particularly worrisome skin condition. The woman became concerned that she had been infected with HIV by her late husband. Having consulted the local health center where she was provided with some medication and told to return home, the woman, unsatisfied, contacted Hanh's grandmother about speaking with Hanh. The woman hoped that Hanh, as a program officer from the Saigon PAC, would be able to help her get a reliable HIV test and treatment, if necessary, in the city. The woman and her brother-in-law clearly did not trust the capacities of the local health center. The brother-in-law explained that both he and his late brother had been soldiers with the ARVN before 1975, and that he himself had been a decorated gunship pilot. The two brothers had been introduced to heroin by American GIs, which they took, according to him, as a kind of combat aid, to calm themselves. The two brothers had been injecting heroin on and off for the better part of the last 30 years. Disgraced, unemployable, and marginalized after the Communist victory and their subsequent internment in political reeducation camps, the two brothers returned to rural Tay Ninh, scraping a hardscrabble living together and spending some time in and out of jail and drug rehabilitation camps. He said that it was likely through the use of contaminated needles that his brother contracted the virus. They speculated that the doctors had known the late husband had been HIV positive and had never informed him, something not outside the realm of possibility.

HIV/AIDS prevention workers in Saigon routinely criticized their rural counterparts and even urban health professionals for being "shy" in informing patients of their HIV status or

speaking frankly about different kinds of sex or drug use, that is, for conforming to certain modes of propriety, and notions of morality figured as "backwards." "How can we inform married couples about protecting themselves against HIV without insinuating that one of them may be unfaithful?!" one rural health center director once asked in a workshop, much to the chagrin of the Saigon-based participants. In another instance I heard that hired research assistants working with a PEPFAR subcontractor on a survey to collect data concerning, among other things, the outreach of an HIV/AIDS prevention program to men who have sex with men (MSM), were marking all respondents as heterosexual without delivering the relevant questions, outright refusing to ask men if they had engaged in sex with other men on the grounds that "it would be insulting to the (respondents) to ask." These obviously dangerous practices and omissions aside, it was clear that at any rate, the woman's husband had not informed her of his status, if indeed he had known it at all.

The rain began to fall. Hanh explained that she could indeed use her contacts to get the woman tested and begin any treatment deemed necessary in Saigon. There were a couple of hitches, however. The PAC had recently come under investigation (after the Soya Sauce Scandal tainted the reputation of Dr. Giang) for inconsistencies in its granting of identification cards for HIV/AIDS infected persons. The cards were proof of the clients' enrollment in its HIV/AIDS prevention and control programs and were the means by which clients accessed the various services provided by the PAC and other PEPFAR partners. The granting of new cards was at the moment the focus of intense scrutiny. Second, Hanh's superiors had recently been publically lamenting the fact that a sizable percentage of the people seeking HIV/AIDS related services in the city were from other provinces. Dr. Tran Thinh, stressing the need to scale up such services in the outlying provinces, reported that between one-fourth and one-third of all those receiving services in Saigon were from the Delta and surrounding areas, creating a significant drain on resources that could be ameliorated only by increasing the number and quality of services in peoples' hometowns. With these factors in mind, Hanh said, it might take quite a long time for the woman to get help. Yet another frustration, yet another long delay possibly costing yet another person their health or life. "We could bypass these problems," I interjected, perhaps a little too eagerly in retrospect, by then quite tired of the daily disappointments, the untimely ironies and wearying obstacles, the frustration and sharp pangs of helplessness that had been my daily companions since that early visit to that stifling hospice nearly a year before. "We might go outside the PAC," I added, hesitantly. I explained that if Hanh did not mind my intrusion, I could call a doctor I knew from an international NGO, a doctor whom Hanh knew by reputation, explain the situation and have our companions set up an appointment with him directly. Everyone eagerly agreed and I dialed him up, and briefly explained the problem, holding one ear against the din of the violent downpour, finally handing my phone over to the woman. They spoke only briefly, and I gave her my card as a kind of letter of introduction to the doctor, and within the week she had been down to a counseling care and support center in District 8 of Saigon. Shortly thereafter she was enrolled and began her ARV therapy regimen.

In this section we have seen a wide range of instances in which well-meaning actors, faced with a variety of constraints (predominately bureaucratic, but also temporal, fiscal and political) engage in a number of innovative practices. These ranged from the perfectly banal (activation of social networks and contacts to circumvent potential obstacles in official channels), to the relatively benign (advocacy consultants recommending engaging policy-makers in "informal" settings), from the legally questionable (local NGOs using "umbrella" groups to get around bureaucratic blockages to their funding, PLHA support groups "splitting contracts"),

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to the outright illegal (use of police lists to initially recruit MMT clients, maintenance of an officially disbanded state agency to facilitate HIV/AIDS prevention and control programs). I made an effort, first, to take seriously how these practices were thought of and spoken about by my informants and collaborators; health professionals, low level technocrats, international consultants, local NGO directors, peer educators, and so forth. Second, I strove to resist the twin urge to pin these troubles on an irrational and obsolete bureaucracy, and valorize tactics that come from the so-called (perhaps, more accurately, the "theoretically ensuing") margin as resistance to sovereign applications of power. Doing so, I found myself attending to a liminal zone of contingent, small, ad hoc explanations, often accompanied by assurances that these were only temporary circumstances, strategies just for the meantime. My friends and collaborators, in their discussions about and my observations of these practices, even when I pressed them, were clearly not entering into play between the stark categories of the licit and illicit. About other practices and circumstances they certainly did, easily naming "larger" or more insidious perpetrators and instances of corruption, occurring elsewhere. About the above-enumerated practices they never once fell back with an easy shrug and weary quip about "the ends justifying the means." I followed them, through the *uses* rather than the *naming* of "corruption," away from those games where we would have recourse only to the brutal contrasts of day and night. Alongside them, I acquired a concern, in a manner of speaking, for the quiet, conditional qualities of twilight, for the fleeting, subtle evening.

Citations concerning institutional corruption, and the opacity and interminable bureaucracy of government, circulate widely in contemporary literature on Vietnam, so widely that it is a rare work that fails to mention them (see Gainsborough 2003, 2007; Luong 2007; Kerkvliet 2001; Montesano 2005; Nguyen MH 2004). This is not to say that such things are not worthy of such widespread attention. The point I am trying to make, and what I have tried to avoid above, is the tendency of such analysis to simply invert and redeploy the narrative forms and pedogogical mechanism of the state-controlled media. The proliferation of "investigations of social reality" in the media in the post-reform era, as we have seen in the previous chapter, directed citizens' attention, within a Confucian and Socialist tradition of mass pedagogy, to stories of entrapment of naïve rural girls by cunning urban profiteers, criminal collusions of all stripes, the rise of divorce, gambling, prostitution, drug use, the general erosion of cultural traditions, and the downside of market reforms (Pettus 2003). These stories, Pettus writes, were sanctioned as long as they posed these problems as moral predicaments, as the result of individual "human failings" (selfishness, greed, callousness), setting these morality tales as struggles between evil actors and innocent victims, "external influences" and "internal values" (2003). This had the effect of atomizing these social problems, that is, framing them not in terms of larger issues of structural inequality, institutional duplicity or the opacity and unaccountability of the political system as a whole (these kinds of "investigations" were, of course, discouraged, to say the least), but in terms of the actions of misguided individuals. From the government's point of view these problems are not systematic, but arise from the greed and immoral behavior of a few dishonest individuals, an article in the Vietnam People's Army newspaper from May, 1999 saying as much;

> "Typical cases of corruption and smuggling have shown most of them were committed by individuals… With the exception of a number of people who erred because of poor managerial and professional standards or because they were deceived, most of the rest violated the law basically because of a decline in ideology, quality and morality… tempted by material things, a pragmatic lifestyle, individualism, parochialism, money and material interests in everyday life" (quoted in Pham 2003).

In response, most analyses direct their efforts back against these institutions and the political system as a whole, to the general level of systematic and pervasive structural issues. This involves either exposing the kinds of deep hypocrisy and entrenched complicity of members of the political establishment in ongoing criminal enterprises (McNally 2003, citing mid 1990s figures that show two-thirds of known sex industry patrons were state officials), or attending to the impacts of such practices on public confidence in their leadership (Robert 2005; Pham 2003). These analyses typically conclude with the acknowledgement that though occasionally political authorities sacrifice some minor official or lower level player to appease the masses, the "real" offenders remain untouchable, free to continue their shadowy profiteering in the echelons above.

However, as we have seen above, it is not just institutions or shadowy political or economic higher ups who are involved in day to day twilight dealings, special protective arrangements, or circumventions of officialdom. "Real" offenders of different magnitudes are everywhere. Nor are these practices always undertaken with a mind to individual personal enrichment, or out of the simple human weakness, selfishness or greed. Nor, it is clear, do people have the same rationalizations for or conceptualizations of their actions when they undertake them. In some cases rationalizations for these practices involve pointing toward the same "bigger fish" and their larger personal profits that the type of analyses outlined briefly above make the point of gesturing toward as well. The Vietnam People's Army article cited by Pham and reproduced in part above goes on to explain; "The excuses often cited by people practicing corruption and smuggling are that 'they were influenced by circumstances,' that they acted to make just a meager profit for themselves or for their 'small collectives,' or that they 'could not resist the temptation' because 'others did the same thing'" (2003). I attempted to take up such statements not simply as part of the official (and in terms of a certain kind of analysis, obfuscating and dishonest) political construction of Vietnamese corruption, but to take them seriously as characteristic of but one species of a wide range of associated (but distinct) practices, taken up, characterized and put to use by different actors (at different times) in terms of their function, utility and (sometimes) necessity. Roitman usefully employs Foucault's distinction between ethics (a set of dispositions, a manner of problematizing, a mode of questioning about the self and construction of self in the world, that is, within a nexus of relationships) and morality (a form of authority that takes a "quasi-juridical form" to which the subject refers as "a law or set of laws" based on metaphysical or transcendent conceptions of truth) to interrogate the material effects of the interpretive battle over what constitutes "civil" and "uncivil" fiscal practice, specifically the status of theft, violent appropriations, corruption and smuggling in the economy of the Chad Basin (2005).

Examination of the "uses of corruption," in the dual sense that these practices were (a) put to use to achieve (or expedite the achievement) of certain goals commonly and reasonably agreed to be in the greater interest, and (b) that they were thought about and spoken of by their practitioners not in terms of their ontological status as questionable or illegal, but on the basis of their utility, allows us to avoid two common analytical claims. First, these are the "state of nature" claims of Vietnamese political authorities that post-reform "social ills" and erosion of traditional values are the result of individual greed, rampant self interest, unchecked drive for personal enrichment and materialism run amok. This also includes the "cultural explanation" that is popular within Vietnam itself, the notion that corruption stems from a holdover of an old rural mentality, a social relic from an agricultural society based on an ethic of communal help (Harms 2006). Second, are the "nature of the state" claims, that posit those time-tested truisms that if

only a real stand was taken at the highest levels against corruption and bureaucratic red tape, if only these kinds of irrationally complex bureaucratic regimes would be pared down, streamlined, etc, a new dawn of efficiency and transparency would break. And, of course, there is the problem of the margin. Our inquiry has shown that we are clearly far from analyses which attend to the margin to show how "informal" practices, "weapons of the weak," "backstage" actions, and the like give the lie to, or operate in resistance against a flat conception of power. No, on the contrary, we have shown both how governing mechanism create a necessity for local NGOs and other actors to engage in questionable tactics and informal arrangements to carry out their ongoing work, as well as how, by engaging in these, they are clearly caught up within the application of sovereign power, their actions some of the very grounds by which this mechanism of government is operating.

Finally, conflicts within the apparatus for HIV/AIDS prevention and control in Vietnam, generated around an initial problematization, were fought along the lines of differing apparatus objects ("The People" versus "The Human"), and consequently differing modes of intervention (enforcement versus adherence) as we have seen above. While these conflicts are far from over, I think it is safe to assume that precedence has been won for the latter configuration within the technological and political domains. However, the battleground for a second, and in some ways messier and more insidious divide will almost certainly be the domain of ethics. That is, conflicts are arising over questions, following Bernard Williams, concerning what the good or "flourishing" life is, who can lead such a life, how one does so, and what it means to do so (1985). If questions concerning what should be done about HIV/AIDS in Vietnam have been, technologically and politically speaking, more or less settled and instantiated into the legal code and scaling up on the ground, questions concerning how these things should be carried out are erupting among partners involved in HIV/AIDS prevention and control. These new battles are being fought within the constraints, discourses, logics and strategies that make up what I call an ethics of the economy of virtue, a term that is at the heart of the following section of this study.

<center>

Chapter Four
Aid, AIDS, and USAID: Bureaucracy and Disease in the Time of Virtue

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> "Tarrou looked at the journalist and showed him the cards, spreading them fanwise. 'Neat little gadgets aren't they? Well they're deaths, last night's deaths.' Frowning, he slipped the cards together. 'The only thing that's left us is accountancy!'"
>
> -A. Camus, *The Plague*.

The PEPFAR office in Saigon makes its home in a US consulate annex, on the 8th floor of one of the more prestigious pieces of real estate in the city, the Diamond Plaza office building that, together with the sprawling grounds of the Independence Palace (on the site of the original French colonial Governor's Palace, and previously the South Vietnam Presidential Palace) dominates one end of downtown Saigon's main boulevard, Le Duan. The sleek, glass-and-steel office-building dwarfs the baroque red-brick bulk of the colonial Cathedral of Notre Dame, the well-ordered if abbreviated downtown park, and the perpetually congested traffic circle at Le Duan and Pham Ngoc Thach. The same building complex also houses the offices of Adidas, Conoco Phillips, Exxon Mobil, Manulife and Samsung, and what is arguably the toniest of the city department stores. There, in a super-air-conditioned languor, tourists and well-heeled locals can pick up the Cartier watches, Ferragamo pumps, Dunhill lighters, and Louis Vuitton handbags that are the bases for the endless parade of facsimiles crowding the junk markets of the city. On the 8th floor, with Homeland Security officers manning the booth and the metal detector, the vast machinery that strings together funds, bodies, technologies, pharmaceuticals, facilities and institutions hums along, working, in a floor of conference rooms, cubicles and electronics, to keep at bay not just an epidemic that reaps a greater number each day, but also what it considers an unacceptable kind of chaos.

PEPFAR: Criticism and Convention

The first PEPFAR round secured $15 billion to fight HIV/AIDS around the globe, with 15 nations (12 in Africa, along with Guyana, Haiti and Vietnam) selected as focus countries. In these places, PEPFAR and its constellation of international and local partners, both governmental and non-governmental, were to be directly involved in the planning, implementation and evaluation of HIV/AIDS prevention and control measures. Almost since its inception in 2003 PEPFAR has come under a laundry list of well-known and well-rehearsed criticisms. "To some, it exemplifies the United States' extraordinary compassion and generosity; to others, it symbolizes the politicization of public health and unilateral approach to international health" (Gostin 2008). Some cynically suggested that PEPFAR was simply a public relations campaign for the Bush regime, "little more than a ploy to curry favor for the United States abroad after its internationally unpopular invasion of Iraq" (Hayden 2009; Dietrich 2007). The most obvious of these common criticisms, though not the most often discussed, is the focus on the global HIV/AIDS epidemic itself. While HIV/AIDS is a major global health problem, some commentators suggest that by "extending funds to simple but more deadly diseases, such as respiratory and diarrheal illnesses, the US government could save more lives - especially young lives - at substantially lower cost" (Denny, Emanuel 2008). In the developing world, respiratory infections and diarrheal disease, two completely quotidian health problems that can arguably be dealt with more cheaply and effectively than HIV/AIDS, kill far more people; 2.86 million and 2.2 million people per year, respectively (Denny, Emanuel 2008). These authors argue for a

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baldly utilitarian determination of how international health aid should be allocated; the saving of the greatest number of lives, the youngest in particular, and with the most effective application of finite resources (Denny, Emanuel 2008). Though saving the "most lives," as well as saving the youngest (who "lose more future years and stages of life than adults") from the most easily prevented diseases has "intuitive appeal" for these authors and many others, the tackling of the HIV/AIDS epidemic, at least in Vietnam, has had farther-reaching consequences than those usually included in the calculations of epidemiologists and public health intellectuals.

As we have seen in previous chapters, HIV/AIDS, generally, is a public health problem that incorporates an unusually broad array of social, political, ethical and technological concerns. HIV/AIDS in Vietnam was taken up as a specific type of problem that, for better *and* worse, came on the heels of a dynamic and anxiety-provoking transformation in the socioeconomic and cultural spheres. In a way that cholera and tuberculosis could not, HIV/AIDS, beyond its qualities as a deadly virus with well-known vectors of transmission, became a cipher for a whole range of anxieties concerning cultural contamination, moral and social disruption, the perceived tension between modernity and tradition, socioeconomic inequality and so forth. Almost no other public health issue is forced to address, on such a wide range of levels, sex and sexuality, gender relations and reproduction, elements of criminal behavior, the drug trade and drug addiction, socioeconomic and educational inequality, political exclusion, questions of citizenship, rights, migration, incarceration, the merits and disadvantages of international partnership, the shape and role of civil society, and so on, apart from the provision of the technological bases for its combat. The supplying of treated mosquito nets or ciprofloxacin, for instance, can hardly be said to provoke the level of debate that methadone maintenance programs for drug addicts, sex education for minors in HIV/AIDS prevention programs, or "politically difficult issues like teen sex, homosexuality… and prostitution" (Smallman 2008) do. Apart from forcing dialogue and gradual reforms on these questions, the apparatus fashioned for HIV/AIDS control and prevention in Vietnam articulated elements from the so-called "ideological" and "security" blocs, generating tremendous difficulties, but securing the pathways along which reforms, resulting from these debates, may pass in the near future.

The most oft-discussed of the shop-worn criticisms of PEPFAR is its reliance on the by now almost universally challenged "ABC" approach (Abstinence until marriage, "Be faithful" and "use Condoms"), interventions that stressed individual behavior modification that one might have called laughably ineffective (and inappropriate in certain settings of structural violence and gender inequality) if their consequences were not so dire. This "ideologically driven prevention strategy," as the editors of *The Lancet* put it, referring of course to the Republican-controlled administration and legislature that drafted the original PEPFAR legislation, required that a third of all funds earmarked for HIV/AIDS prevention be spent on promoting abstinence and faithfulness, this requirement certainly cutting into the available funds for other intervention measures considered more "proven," or, at least in the estimation of the editors, not suffering from a "lack of evidence underpinning the abstinence strategy" (Lancet 2006). Admittedly, when the original PEPFAR legislation was authored, little information was then available that would have helped determine how resources should be allocated to reach the program's performance targets (IOM 2007). It has only been through evaluations of PEPFAR that such information is slowly becoming available. Some nations have refused PEPFAR funds because of these "moralistic" or "ideological" requirements. Authorities in Brazil famously refused to sign an "oath" affirming Brazil's opposition to prostitution. Pedro Chequer, director of Brazil's AIDS program, very vocally turned down the proffered PEPFAR money saying: "We can't control (the

disease) with principles that are Manichean, theological, fundamentalist and Shiite" (Smallman 2008). The Office of the Global AIDS Coordinator that oversees PEPFAR also prohibits the distribution of or education on condoms for children younger than 14, or the provision of condoms in schools (Lancet 2006). This has led to scenarios where implementing workers were "unsure whether they would lose funding if they answer(ed) young people's legitimate questions about condom use" (Lancet 2006).

These concerns were exacerbated by larger concerns about the structure of the program itself. The program's bilateral structure (in which the US creates a contract to deal directly with its grantees) bypassed already existing multilateral programs. Most controversially it bypasses the UN's Global Fund, to which the US is the largest contributor through PEPFAR, providing 27% of the UN program's funds. UN officials charged that this "unilateral" approach would hamper care for victims, many criticizing PEPFAR's funding priorities and unproven prevention strategies, arguing that the UN's own institutional ties and reputation could better facilitate program implementation, and touting its resource- and expertise-pooling multilateral approach as a balance against the political interests and moral preferences of a single nation like the United States (Dietrich 2007). US officials countered, raising doubts over the faltering UN program's effectiveness, oversight and management, and arguing that a single centralized bureaucracy could better facilitate tighter monitoring of dispersed funds (Dietrich 2007). PEPFAR's bilateral approach, combined with its "distorted prevention paradigm" and requirements that partner nations create country operational plans that comply with PEPFAR priorities predictably led to charges of "neocolonialism" (Smith 2008). These types of "make the world America" critiques of PEPFAR, while rhetorically powerful and moralistically satisfying, do little analytic work. More interestingly, along this vein, were those debates surrounding which antiretroviral drugs could be purchased using PEPFAR funds. Initially, the Bush administration prohibited the purchase of generic antiretroviral medication, opting to purchase considerably more expensive brand name pharmaceuticals, ostensibly to protect patent rights and ensure quality, though it did maintain a Clinton-era policy allowing countries like India and Brazil to manufacture generics for domestic use (Dietrich 2007). This egregious, inefficient application of PEPFAR dollars was rightly challenged as an avenue for funneling taxpayer money to big US pharmaceutical corporations, as well as a serious misapplication of resources that threatened the possible breadth and success of the program itself. In May, 2004, the US reversed this policy, though it made US FDA approval of any generic ARV drugs purchased with PEPFAR funds mandatory, despite the fact that the majority of the available generics already had WHO prequalification. Requiring that these drugs go through the FDA approval process delayed purchases and dispersals for several years. No generics were approved by the FDA until January, 2005, and though by 2007 thirty four generics had been approved, only 27% of PEPFAR-funded purchases were for generics (Dietrich 2007). In fiscal years 2006, 2007, 2008 and 2009, PEPFAR spent $105.5, $105.36, $105.4 million, and nearly $400 million on ART, respectively (PEPFAR 2006, 2007, 2008, 2009), a not inconsiderable percentage of these amounts pumped back into US pharmaceutical corporations.

While it is an important and oft-repeated critique that economics, Christian fundamentalism and "politics rather than science drives US AIDS policy" (Smallman 2008; see also Check 2007; Gostin 2008; Hayden 2009; USGAO 2006; IOM 2007), these commentators often fail to mention that PEPFAR country teams are allowed to submit official waivers to get around the problematic ABC budget requirements. The PEPFAR office in Vietnam, I was told, had done so since the very beginning, never having technically complied with the percentages

mandated for spending on Abstinence and "Be faithful" interventions, this done at the discretion of their program officers based on perceived local needs. I also repeatedly heard in a kind of open secret that once the funds were distributed to PEPFAR Vietnam's local partners, both domestic and international, that they were used for a variety of purposes, some in contravention of those ill-conceived percentages. In a presentation at UCSF in November of 2008, a Partners In Health program officer described how his program in Africa "complied with PEPFAR on paper," but did more or less "as we pleased" regarding condom distribution and family planning, though he did mention that a proposed project involving commercial sex workers would have to be funded from elsewhere.

Some countered that these required funding allocations were an unfortunately necessary evil. "The ideological aspects inherent in PEPFAR tarnish its reputation, but it is important to stress that without political compromise, AIDS funding on such an unprecedented scale would not have been politically possible" (Gostin 2008; see also Hegland 2008). It also bears mentioning that these public health critiques that rely on technoscientific notions of international best practices that lend these measures an apolitical air should themselves be subject to scrutiny. "Proven" best practices are not everywhere effective, and are hotly debated and contested, their effectiveness most obviously dependent on the characteristics of the local epidemics in which they are implemented. The PEPFAR waiver system, I was told by my contact in the Saigon office, was an attempt to build in the kind of flexibility necessary to respond to local sociocultural conditions, as well as local factors that drive the epidemic in ways specific to each country. The ABC approach, for instance, was actually credited with helping to cut HIV prevalence in Uganda (Hayden 2009), where the main mode of transmission has for a long time been heterosexual sex. In Vietnam and elsewhere, where injection drug use and needle sharing continue to be major factors in the spread of HIV/AIDS, these budget allocations were rightly disregarded. The US Institute of Medicine, in the first major evaluation of PEPFAR, recommended removing the congressional limitations in budget allocation for particular activities, toward the end of achieving performance targets and increasing accountability for results (IOM 2007).

Another charge is that the dedication of such massive funds to HIV/AIDS prevention and control measures in the focus countries creates a situation in which health workers are being poached from country health programs (see Hayden 2009). The Institute of Medicine warned that if plans for expanding the local health workforces of the focus countries, including training and supporting health professionals not directly working on HIV/AIDS were not supported, PEPFAR could exacerbate national shortages by shifting a disproportionate share of these workers to the HIV/AIDS effort, to the detriment of other health priorities (2007).

My primary contact with the PEPFAR office in Saigon was Sam, a young sporty American, who favored polo shirts and slacks, and had arrived in Vietnam with a newly-minted Ivy League MPH a year or so before my fieldwork began. Good-looking, affable and athletic (a member of several teams of Americans and other expats in local leagues), he had that mixture of intelligence, idealism and skepticism peculiar to Americans of a certain age in that part of the world. A fixture of the local expat scene, we would occasionally run into one another at downtown bars and clubs, where, amidst the din and the constant stream of mutual friends and introductions, he good-naturedly would entertain my questions, at least for the duration of a round. One evening I pressed him about the sometimes shocking disparity in compensation between local Vietnamese partners and their American, Australian or European counterparts. He replied, this time somewhat defensively, that at least part of the reason for this was to ameliorate

those concerns about worker flight and prevent the program from becoming an avenue for gross material enrichment. Not surprisingly, Vietnamese health workers and staff members for PEPFAR partner organizations were rankled by these explanations. A Vietnamese doctor for the Health Policy Initiative with whom I worked closely as a consultant joked that if PEPFAR wanted to stretch their dollars they would be better off if they did not simply give them back to US-based NGOs and pharmaceutical companies, or, he teased me, to over-priced American consultants. Teasing aside, he later mentioned that though this was a problem it was not a major source of irritation for him. Despite the good doctor's assurances, however, these same counter-claims were repeated numerous times over dinners, in cafes or during breaks in the work-day with other Vietnamese partners, whenever the question of compensation arose.

Finally, PEPFAR has been often criticized for its lack of sustainability, or rather, for the limited attention it had initially given the problem of sustainability. The ambitious program's emergency-based response had helped it support rapid expansion of services in focus countries, much to the surprise of skeptics, but at the end of first five-year cycle the conditions and demands had shifted. "Sustainability is an increasingly important consideration, and thus a key recommendation of the report is that PEPFAR should continue to transition from its focus on emergency relief to an emphasis on the long-term strategic planning and capacity building that are necessary for a sustainable, long-term response" (IOM 2007). This includes "supporting focus country governments in the development of national plans and monitoring and evaluation systems; improving existing and building new facilities; developing curricula for and training a wide variety of health workers; strengthening and expanding laboratory, blood supply, and medical waste management systems; improving and expanding supply chains; and strengthening existing and fostering new community-based organizations" (IOM,2007). What is not mentioned is how these focus country governments are to support these initiatives, despite the massive investment in training and infrastructure that PEPFAR hopes to make, in the absence of PEPFAR monies. Speaking at a workshop on advocacy of self-support group and health center directors from Saigon and the Delta in Fall of 2007, Dr. Tran Thinh, the Care and Treatment Program Coordinator for the Ho Chi Minh City Provincial AIDS Committee, commented, a bit uneasily, that the Vietnamese government could only cover about 5% of the HCMC PAC's operating budget. It is estimated that in fiscal year 2008 US aid to Vietnam was around $120 million, six times what it had been in 2000 (Manyin 2009), with about $90 million (75%) of it coming from PEPFAR (PEPFAR 2008). With PEPFAR funds single-handedly making Vietnam one of the largest recipients of US assistance in East Asia is it any wonder that program sustainability continues to be an issue? During those last months of 2007 and the first of 2008, real anxiety was building in Saigon, as the first PEPFAR five-year cycle was coming to a close and PEPFAR's reauthorization was being debated in the US Congress. When I asked Hanh, a program officer in prevention, what the PAC planned to do if the program was not reauthorized, or reauthorized at a reduced capacity (a very real possibility in the economic climate at that moment) she said that they had yet to work out a plan. In fact, she mentioned how that same day, in a meeting in the PAC offices, Nguyen Thanh Tai, the People Committee's first vice chairman, a man who had staked a considerable amount of political capital on the work of the PAC, posed the same question. An embarrassed silence had followed. Tai reportedly gave the PAC a week to work out a plan. Around this same time I posed a similar question to Sam, my friend in the PEPFAR office, over lunch at Au Parc, a French-inspired café restaurant on the abbreviated park between the Independence Palace, Notre Dame Cathedral, and his Diamond Plaza office.

"What will you do if the program is not reauthorized? What is the plan?" I asked, between bites of avocado salad. He replied, matter-of-factly, but with a tone tinged with both regret and humor, that they would just leave, though it would admittedly be very difficult.

"All those people we enrolled in the ART program. Or the ones getting tested and getting positive results. And then to tell them there's no support." He shook his head, shrugging slightly, a sheen of weariness (an emotion I had come by then to read in the faces of many of my collaborators) coloring his characteristic confidence. "We have an ethical obligation and I think the politicians recognize that."

Outside in the park, after the check was paid, we walked back to the Diamond Plaza building, dodging the motorbikes bolting down Le Duan Boulevard. Vietnamese municipal workers were erecting the huge posters and banners for the upcoming commemoration of the 1975 "liberation" of Saigon, their heroic computer-designed Vietnamese insurgents and military hardware captioned by revolutionary slogans (*Giai Phong mien Nam*!). I wondered aloud about the unintentional broken symmetries of history, the bulk of the French cathedral looming large behind us.

"I guess it's always easy for us to come here," Sam said, "but it's always difficult for us to find a decent way to leave." The protracted, multi-front war that was American-led HIV/AIDS prevention and control in Vietnam seemed to leave no room for unequivocal Alden Pyle-type optimism.

However, thankfully, neither Sam's pessimism, nor the hastily concocted PAC plan would be necessary. On July 30, 2008, President Bush signed H.R. 5501, the "Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008," promising up to $48 billion over the course of a further five years. This was done, of course, after lengthy and grueling negotiations between Democrats and Republicans that threatened to derail the program (Hegland 2008). "This bill is not perfect, but no compromise ever is," said acting committee Chairman Howard Berman, Democrat from California (Hegland 2008). The original proposal was for PEPFAR to be reauthorized at $30 billion. Despite this doubling of the program's funds, a move that ostensibly reflected America's renewed dedication to fighting HIV/AIDS globally, many advocates challenged the US commitment to the program, particularly as the economic crisis deepened. Even with considerably more money at its disposal, this actually represented a flat-lining of funds, as PEPFAR was now "burdened with expanding mandates to help HIV/AIDS orphans and improve nutrition" as well as being forced to deal with new outbreaks of multidrug-resistant tuberculosis in co-infected patients, increasing costs and reducing the effectiveness of ARV medication (Zwillich 2009). Advocates, including then-Senator Joseph Biden, called for the program to be reauthorized at $50 billion, Dr. Alex Coutinho, a leading AIDS expert in Uganda, warning that "Unless PEPFAR is reauthorized at a much higher level, we are going to be in the business of playing God" (Stolberg 2008). This means that PEPFAR partners would have been put in the uncomfortable position of having to make hard decisions about who receives treatment and who does not. This might already be the case in some areas, even with the final reauthorization agreement bumping the funding ceiling to $48 billion. The success of the program has itself increased its costs and responsibilities, with the stakes nothing less than the reversal of the gains made in the first five years of the ambitious program. PEPFAR's outreach and voluntary counseling and testing programs have encouraged many new patients to get tested and enter care, obviously increasing the demand for ART. "Starting 2 million people on treatment also means keeping 2 million on treatment for years (and hopefully decades); failure to do so will undermine

the public health and foreign policy achievements of the first 5 years of PEPFAR" (Navario 2009). There were some indications that funding constraints are already forcing health clinics to stop enrolling new patients in antiretroviral treatment. "After urging people to get tested and enter care, we now have to tell them treatment is not available," a situation that increasingly leads to drug sharing, patients taking lower doses of the medication, and ultimately dangerous drug-resistant strains of HIV (Mugyenyi 2009).

It is important to note that these criticisms are not lost on PEPFAR personnel, who themselves lamented the stupidity of the constraints within which they found themselves working and which they innovatively circumvented where possible, as well as acknowledged the absurdity of aspects of their work. In fact, in my first encounter with Sam, my primary PEPFAR contact, he immediately assumed that my work was a kind of expose on the shortcomings of the program in Vietnam and almost reflexively countered with a rattled-off recitation of many of the criticisms I outline above. This, he followed with statistics on the sheer numbers of people supported, counseled, tested, lives potentially saved, infections thwarted and so on. Over the course of my work, as I gradually convinced him that though there was ample room for such criticism I was more interested in questions of a different order, he became an excellent collaborator, as we passed each other tips and contacts and information. His initial reaction to me does bear mentioning. PEPFAR, for all its inefficiencies, misplaced good intentions, misallocations and outright waste *does work* (again, the recourse to uses), and not just in terms of the sheer magnitude of human capacity and life that it has successfully preserved, though it could certainly do better. This is a worthy end whatever public health intellectuals and epidemiologists, so married to their dollar-to-health benefit calculus, might say. It works because of the complicated nature of the virus it has selected to combat, a virus that happens to dispose itself to being taken up across a range of often uncomfortable social issues, linking together different sectors and interest groups, and forcing consideration of gender, economic, political and social relations. It works because in HIV's initial appearance in Vietnam a multitude of governing institutions and apparatuses were linked in a failed effort to stem the tide of the epidemic, linkages that still persist in mutated and more often than not unproductive ways, and form the pathways along which reforms may be passing from the realm of public health, into that of public security and the domain of governance generally.

"Your Interventions May Have (Positive) Side-effects"

In the Spring of 2008 I attended the first organizing meeting in Saigon of a new HIV/AIDS network with a peculiar acronym, VCSPA, with my friend and collaborator, Mr. Van. Mr. Van, the friendly middle-aged head of a local NGO caring for HIV/AIDS infected and affected children (a onetime PEPFAR sub-partner) had driven us to a nondescript office space on the edge of Saigon's District 3, where, after parking his motorbike and ascending several flights of stairs past the offices of small Saigon firms we entered an equally nondescript conference room. Taking the packet of conference materials and greeting the representatives I knew from Catholic Relief Services, Family Health International, the HCMC PAC, Thao Dan Center for the Care of Streetchildren, and local HIV/AIDS self-support groups we were seated. "VCSPA!" Mr. Van laughed, indicating the bold heading on the first pamphlet of our conference materials, "Imagine, a spa for the Viet Cong!" The network, the Vietnam Civil Society Partnership platform on AIDS, was founded only a few months earlier, in October of 2007, by the Institute for Social Development Studies and the Bright Futures Network, and launched in Hanoi. They

receive funding from George Soros' Open Society Institute, Irish Aid, the Ford Foundation and UNAIDS. According to the program's promotional material and occasional communiqués through the Vietnam HIV/AIDS listserv, its "mission is to unite civil society in Vietnam for meaningful contribution to an effective national response to HIV/AIDS… to create a space for civil society to discuss, debate, share experiences and come to solidarity in action" (JVnet 2009). VCSPA also aims at strengthening civil society capacity, and achieving a mechanism that ensures regular participation of citizens and stakeholders in developing, planning, implementing and monitoring the national AIDS program. That afternoon we were told as much by a serious young woman, an American *Viet Kieu* doctor based in Hanoi and working with OSI as well as a number of her associates, heads of self-support groups from the north who had traveled to Saigon in the hopes of recruiting the Saigon-based organizations into the new network. Many of the Saigon groups, including Mr. Van's, were already members of and participants in the USAID Health Policy Initiative network, but they listened attentively to the presentations extolling the importance of building a strong national network for advocacy, collaboration and information sharing. At the end of the meeting the group elected a small committee to act as local point people to begin organizing the Saigon branch of the network. Once the meeting adjourned and we had said our goodbyes, made it back down to the cramped motorbike bay and the midafternoon heat, and were safely on our way, I asked Mr. Van what he thought of the new network, a network that had very publically taken up the heretofore politically sensitive term "civil society" (*xa hoi dan su*) as part of its name and mission. Drawing on the work of Marr, Landau writes: "Since the early 1950s the Vietnamese Communist Party has sought to curtail the public sphere in Vietnam in order to impose a proletarian dictatorship and build socialism," historically showing little tolerance for civil society (2008). For a long time groups that had attempted to build broad coalitions for political advocacy and action apart from and in contradistinction to The Party and the government had been branded subversive and disbanded, or, in the worst cases, broken up and their members incarcerated. During my fieldwork, and around the time the 2008 Olympic torch was set to pass through Vietnam, a number of "internet dissidents" (bloggers critical of Chinese interests in Vietnam and the territorial contest over the Paracels and Spratlys) had been rounded up, as well as some members of the United Workers-Farmers Association and the decapitated Bloc 8406, labor and political activist groups that had been agitating throughout the early part of the decade (see Thayer 2009). "I think it would be a good idea, but it's just talk," Van said, with his characteristic cynicism born of living a lifetime under a regime that had persecuted his family and briefly incarcerated him, a regime with whose rhetoric he was well-familiar. "We meet, we talk, we vote, but nothing happens."

But despite Van's skepticism the network did take off and in some ways made significant headway towards its stated goals and mission. In January of the following year, 140 participants joined representatives from UNAIDS, VAAC, USAID, Global Fund, CARE, the Health Policy Initiative, and other international groups in attending the Second Annual VCSPA Congress (JVnet 2009). According to JVnet, VCSPA cofounder, Dr. Khuat Thi Hai Oanh, noted that the rapid increase in membership and participation in the network pointed toward the "need and readiness" for and of Vietnamese civil society mechanisms "that could unite hundreds of small groups and organizations (in) a collective voice (for) action" (2009). She also noted how VCSPA's favorable mention in Vietnam's UNGASS Report from the previous year was an important step towards gaining legitimacy in the eyes of the Vietnamese government. The Congress ratified its charter and elected a new 15 persons coordinating committee that included persons living with HIV/AIDS, NGO and religious leaders, men who have sex with men and

community workers. A scant ten months later, in November of 2009, Vietnam's country proposal was officially approved by the Global Fund's Round 9. The approved and funded proposal included, for the first time, "civil society," with a full 15% of the approved budget allotted for "community system strengthening" (JVnet 2009a). How has this network, under the banner of a heretofore politically sensitive term, "civil society" (*xa hoi dan su*) been able to develop, and what is more, flourish, more or less unmolested by the authorities?

VCSPA's rapid success can of course be attributed to it being considerably better funded than other such civil society networks in Vietnam, in part because HIV/AIDS prevention and control, as mentioned above, is so enormously well-funded in general throughout the country. Furthermore, the Vietnamese government has already provided an organizing framework, ensconced in the legal code, that allows for the participation of social organizations in the fight against HIV/ AIDS, most clearly in the 2004 "National Strategy on HIV/AIDS Prevention and Control," and the 2007 "Law on HIV/AIDS Prevention and Control." As a consequence it is easier for civil society groups to participate in the HIV/AIDS sector than in other areas. The success of the VCSPA network may be making it more possible for other such civil society platforms to develop openly around other issues, a sentiment shared by Andrew Wells-Dang, Catholic Relief Services' country representative for Vietnam, in a post to the Vietnam Studies Group online forum in February of 2009.

Health, generally speaking, is something that everyone can agree on. It is taken up as a common-sensical, unquestioned good. It is very difficult for an individual, a group or government, to "be against" health. Recently, public health intellectuals have written with varying degrees of critical insight, about the tremendous capacity of health and public health interventions to be employed as a kind of political leverage. Writing about the role of public health in mobilizing attention to social and political equity in cities, Mercado, et al., note how "'health' can unite individuals, communities, institutions, leaders, donors, and politicians from divergent sectors, even in complex and hostile contexts where structural determinants of health are deep and divisive" (2007). These authors go on to note how public health interventions that support community participation and empowerment can influence "intersectoral policy" and contribute to better urban governance generally (Mercado, et al 2007). These kinds of aims are unusual for classic understandings of public health, as public health's central mandate, the reduction of morbidity and mortality (Kass 2001), is often thought of as non-political and technical. Vietnamese authorities, it seems, will tolerate such organizations provided they limit their focus to certain domains. Local associations working on HIV/AIDS have, since the early 2000s, occupied and operated within what has been called a legal "shadowy realm," from which they mediate between those with HIV/AIDS and the state (Blanc 2004).

In these instances, and in the case of the Vietnamese authorities' tolerance for (or, at the very, least benign indifference to) the nascent "civil society" network VCSPA, health and health interventions act as a catalyst, or more properly, a needle point that allows a range of new forms, organizations, technologies and ethics to be pulled along behind, threaded through various sectors of government and society, well outside of the bounds of the health sector. What began as a welcome, necessary and massively well-funded intervention that had to do with saving lives and keeping bodies productive, a proposition unthreatening to a more or less authoritarian one-party, late-socialist state, may end by, and may now be, altering the relationship between said state and its citizens, between citizens and international organizations, between citizens and each other, and certainly, as we have seen, between citizens and their own bodies, health and risks.

As argued earlier, after SARS Vietnamese authorities were much more receptive "to open dialogue with stakeholders, including international organizations, NGOs and groups of people living with HIV/AIDS," all of whom were involved in drafting and reviewing Vietnam's 2007 "Law on HIV/AIDS Prevention and Control" (Hammett, et al 2008; Khuat 2007) still one of the strongest pieces of AIDS legislation in the world. But the strongest AIDS laws protecting persons living with or affected by HIV/AIDS from stigma and discrimination (and thereby keeping infected and affected people as well as the disease itself "above ground" so to speak) are only as good or effective as their enforcement. Toward this end PEPFAR, through the USAID Health Policy Initiative, supported the development of the HIV/AIDS Legal Services Clinics to provide free legal service to those suffering stigma or discrimination, arguing that *compliance with the law* was part of a broader *health* intervention strategy. Alongside these interventions was the development of self support groups and networks, figured foremost as *technical* solutions to the non-political problem of disease. We have already seen how these groups act as part of a mode of governance that centers on *adherence* to new technoscientific regimes and expert knowledges. Beyond this, these groups seek to increase the participation of stakeholders, in particular persons living with HIV/AIDS, to generate better data for more effective and responsive interventions. One of the more explicit mechanisms by which the robustness of civil society is linked to better technoscience is, of course, the GIPA (Greater Involvement of People living with HIV/AIDS) declaration from the 1994 Paris AIDS summit. By now it is a truism that adherence to the GIPA principals "is critical to supporting ethical and effective national responses to HIV and AIDS" as "people affected by the epidemic offer valuable direct experience" (USAID Health Policy Initiative 2007) that can then be translated into better and more responsive programs. The strengthening of self-support groups and networks of said non-governmental groups, here assembled under the rubric of civil society, has, in the case of epidemic disease, effectively been cast by PEPFAR and its international partners and taken up by Vietnamese authorities as a *technical solution* to a non-ideological and non-political problem. This in turn is a form identified by Ong as the contemporary "neoliberal," a new relationship between government and knowledge through which governing activities are recast in just this way, neoliberalism here indicating a technology of government and a profoundly active way of rationalizing governing and self-governing in order to optimize (2006).

Under these conditions it should be no surprise that VCSPA, the Health Policy Initiative network, and the host of small local NGOs whose memberships range from several dozen to several hundred are finding a ready space open for them to coalesce around HIV/AIDS. This is not to ignore the fact that for a long time other non-governmental organizations in Vietnam, in particular Buddhist and Catholic institutions, had been undertaking the support of HIV/AIDS infected and affected persons, in looser associations and organizations, and at much smaller scales. I was told by a Vietnamese colleague working for Family Health International, a well-respected doctor in the local HIV/AIDS prevention and care community, that in the earliest days of the epidemic, afflicted persons would seek help from religious communities, in the absence of alternatives, who then organized limited financial support and palliative care. Hanh, my contact in the PAC, noted that even now churches and pagodas are instrumental in the current HIV/AIDS prevention and control apparatus as ready-made gathering places and long-trusted and legitimate institutions. In fact, I helped her mount an HIV/AIDS training for blind masseuses at the Ky Quang Pagoda in Saigon's District 12, a bucolic pagoda by a tranquil stretch of the river famous for its support of orphans and the disabled. Additionally, I attended a two-day HIV/AIDS training at the center for the Ho Chi Minh City Catholic Union. Its participants were mainly nuns

involved in caring for HIV/AIDS infected and affected persons. The training, I was told by a Vietnamese seminarian working in the Saigon archbishop's office, was funded by PEPFAR through the Nordic Assistance to Vietnam (NAV) organization. At any rate, taken together, the support and legitimacy lent these civil society organizations both by the weight of the available funding for the combat of HIV/AIDS in Vietnam and the technoscientific aura with which they are cast in the "non-political" problem of disease prevention and control is itself problematic. These scenarios and others like them have curiously dodged the usual liberal leveling of charges of "neocolonialism," "democracy" and "civil representation" of course being an unassailable good, but that are something like what has elsewhere been excoriatingly called "disease diplomacy" (Roberts 2004).

Though most commentators can agree that "civil society," though a "relatively new phenomenon in Vietnam, is growing rapidly in number, capacity, and scope" (Khuat 2007; see also Thayer 2009; Giang, Huong 2008), at the heart of the above problem is a kind of glaring question that few have yet satisfyingly interrogated, which is "what is civil society?" and more specifically, "what is civil society in Vietnam today?" For the Open Society Institute, one of the major contributors of funds to the VCSPA, the answer is quite straightforward. "Civil society" is local NGOs, groups of people living with HIV/AIDS, and nongovernmental actors which are involved in social and political processes, helping to guide and shape policy (Khuat 2007). OSI's Public Health Watch was established in the wake of the June 2001 UN General Assembly Special Session on HIV/AIDS during which 189 nations agreed to the terms of the Declaration of Commitment on HIV/AIDS. The Public Health Watch, it bears mentioning, specifically took as its mission the independent monitoring of governmental compliance with the Declaration of Commitment, particularly in terms of the declaration's stipulations regarding the promotion of informed civil society engagement in policymaking, "in recognition of the crucial role civil society plays in response to HIV/AIDS" (Khuat 2007).

By contrast, the "civil society" organizations mentioned in the Vietnamese 2004 National AIDS Strategy are those mass organizations that operate as arms of the Party, the Women's Union and the Youth Union, called upon to, for instance, "mobilize non-HIV risk health people to voluntarily donate blood, and consistently maintain the source of safe-blood donors," to "step up communication" about HIV/AIDS related risks and topics, and "provide counseling and social support" (SRV 2004). These mass organizations were developed in the 1950s to "ensure that the ruling Party penetrated every sector and level of society," serving the dual purpose of transmitting Party policies and directives to members (and persuading them to support and implement Party policy), and providing the Party with information on the concerns and attitudes of its membership (Landau 2008). Giang and Huong argue that though these mass organizations have their positive aspects (strong networks in all communities, wide range of activities), their strong alignment with the Party keeps them from being able to represent the most vulnerable populations (2008). Needless to say, these are clearly not what George Soros has in mind. "Some civil society activists argue that these organizations are more governmental than civil, because the government fully funds and staffs them" (Khuat 2007). This is a curious criticism considering how the overwhelming majority of "civil society" HIV/AIDS self-support groups involved in the OSI sponsored Vietnam Civil Society Partnership platform on AIDS, and much of the platform itself, operates at the pleasure of a bilateral American program with US government funds. Is what we are seeing "civil society" even though these organizations are clearly US government funded, and directed toward a problem selected by said government? Is it civil society because it is transparent and democratic, though, as we have seen in the previous

chapter, this is not necessarily always the case? Are we and OSI unfazed (no leveling of charges of "neocolonialism" here) despite the fact, or, as we will see, perhaps *because* of the fact, that these mechanisms are neoliberal in form?

Thayer argues that scholarly commentary on civil society in Vietnam, in its various instantiations, has generally fallen into a pair of camps (2009). There are those like the OSI report that emphasize the role of community-based and nongovernmental organizations as agents of political change, and those that posit that "everyday politics" is the driving political force in Vietnam (see Kerkvliet 1993, 2005; Malarney 2002). Thayer asserts that this bipolar framework has obscured the study of domestic and overseas Vietnamese "pro-democracy groups" that have been challenging the one-party state for decades (2009). By way of rectifying this oversight Thayer simply offers a concept of civil society with the modifier "political" preceding it to refer to "non-violent political, advocacy, labor and religious organizations and movements that seek to promote human rights, democratization, and religious freedom in authoritarian states" (2009). Apart from the academic preoccupations that have shaped the bipolar scholarship on civil society in Vietnam that Thayer identifies, other scholars have been troubled by the difficulty of defining or identifying instantiations of the classic form of civil society in thoroughly undemocratic or authoritarian settings outside of the West. In her comparative study of civil society in Cambodia and Vietnam, Landau objects to the classical liberal view of civil society as a field completely autonomous from the state, and proposes a Gramscian understanding of civil society as a space in which the state is engaged in a struggle with other actors over control of popular ideas, values and norms (2008).

The term "civil society" has no direct translation into Vietnamese. The Vietnamese formulation *xa hoi dan su*, or alternatively *xa hoi cong dan*, are only approximations, or at least the most widely used equivalents. As late as last year, the Vietnamese Ministry of Home Affairs was examining how the term "civil society" (and "NGO") should be officially translated (Thayer 2009). The current proliferation of local NGOs and self-support groups around HIV/AIDS that likely generated this discursive scramble has its historical antecedents. Of course the rise of the NGO in Vietnam has been quickly and predictably linked to the mid 1980s *Doi Moi* reforms, the so-called "retreat" of the state in the 1990s, and Vietnam's subsequently weakened public sector (Giang, Huong 2008; Landau 2008; Dixon 2004; Sidel 1995). Sidel has written comprehensively about the legal history of "civil society," here meaning the "emerging Vietnamese non-profit and voluntary sector" and including "Party-related mass organizations, business, trade and professional associations, policy research groups, social activist and social services groups, religious groups, clans, charities, private and semi-private universities, social and charitable funds, and other institutions" (2008). Interested in the regulation by the state of this rather analytically unwieldy and disparate range of entities, Sidel finds, predictably, that this regulation, for all its expansion and seeming inclusiveness, is still based on a permission/approval (*cho phep*) rather than rights system (*quyen*) (2008). He makes no mention of the one domain where groups have rallied specifically and openly under the banner he extends to such a wide field of associations, HIV/AIDS. Thayer asserts that the term civil society is used predominately in two ways in Vietnam today; with an economic inflection, and a political one. The former view casts civil society as related to the service delivery of local development NGOs, its promotion linked to international donors and their agendas (2009). The latter developed in the 1990s as dissidents appropriated the term to "promote liberal democracy"; here "civil society" referring to a "public space where Vietnam's one-party state can be challenged by the non-violent political mobilization of ordinary citizens" (Thayer 2009). Again drawing from Marr, Landau asserts that

until relatively recently the term "civil society" has only appeared occasionally in official publications and Vietnamese Communist Party discourse, and most often with disapproval (2008). There still exists no legal framework conducive to the emergence of a "properly" liberal democratic civil society as many commentators lament (see Giang, Huong 2008; Landau 2009). This is true, apart from the long and torturous official authorization process described in the preceding chapter, except, of course, in the provisionally bounded domain of HIV/AIDS prevention and control.

While I do not wish to speculate on the nature or future of these developing networks, we can say that in this not very well circumscribed domain a rapidly growing and complexly interconnected reef of organizations and associations that have styled themselves "civil society" is accreting, groups that have positioned themselves obliquely if not in outright contradistinction to the state. Again, what is interesting to us is not a determination of the ontological status of these groups (a bottomless problem), speculations about their role in a new dawn of democracy and civic participation (though they may be participating in such), or even necessarily an exploration of the notion of civil society in Vietnam today, though this last question is the more promising of this group, if, and perhaps only if, the term is taken, from the outside, as a kind of "native category." The positions, qualities, and circumstances of these groups in the present moment in Vietnam certainly trouble the easy distinctions between "state" and "society" characteristic of classic notions of "civil society." Moreover, in the preceding chapter we have seen how some of these groups operate, within a carefully cultivated margin, even if not at the behest of authorities, certainly then within the same game of power. So what is different? While not outside of or autonomous from the state, either that of Vietnam or the US, VCSPA and its self-support groups represent a reconfiguration of the points of and mode of application of that power, a new regime that founds itself on the twin pillars of technoscience and common-sense necessity, and wraps the ethical mantle of democracy and transparency about its shoulders.

This new regime, however compelling and well-funded and quickly gaining traction, must still, as everything in Vietnam inevitably does, deal with the state. As many scholars of Vietnam have argued, the form of government operating there is uniquely problematic for classic political scientific concepts. For instance, Landau writes: "The sharp delineation between 'state' and 'society,' a feature of any conception of civil society, often serves to obscure important sites for political contestation and social organization within the state itself" (2008). Benedict Kerkvliet has argued compellingly that it would be a mistake to turn our attention away from the political value of institutions and governing apparatuses simply because they are viewed as arms of the Party (2003a, 2003b). Some commentators are more willing to make the kinds of predictions we have here eschewed. "When political change occurs in Vietnam, as it inevitably will, one lesson from much of the rest of Asia is that a broadening of the political space is likely to come from changes within state institutions, rather than from the rise of an assertive civil society as imagined in the West" (Gainsborough 2002).

Soft measures, like the establishment of the HIV/AIDS Legal Services Clinic whose mission was to ensure compliance (read adherence) to the newly minted 2007 Law on HIV/AIDS Prevention and Control, a mission related to enforcement and the guaranteeing the protections of the state for its citizens, only obliquely took the state as a target of intervention. However, explicit interventions on the state apparatus itself are not absent from the new regime. In fact, a gentle or not so gentle push to make government transparent, ensure efficient application and equitable distribution of resources, and generally clean up the work of HIV/AIDS governance was included in the 2008 legislation reauthorizing PEPFAR. These ends were to be met by

requiring PEPFAR managers and the Vietnamese government to provide "A description of efforts to be undertaken to strengthen the public finance management systems of selected host countries to ensure transparent, efficient, and effective management of national and donor financial investments in health" and under the heading "Strategic Plan for Program Monitoring, Operations Research, and Impact Evaluation Research" to "ensure the transparency and accountability of services provided under the provisions of law" (USG 2008). Apart from signing "oaths" and agreeing to bring their national AIDS strategies into alignment with PEPFAR directives as mentioned above, partner governments were now subject to a regime that manifests an almost compulsive obsession with "quality and efficiency," secured through measures designed to "(ii) ascertain cost effectiveness; (iii) ensure transparency and accountability; (iv) assess population-based impact; (v) disseminate findings and best practices;" and only then, finally, "(vi) optimize delivery of services" (USG 2008). The criteria for selection of countries deemed appropriate to enter into "framework agreements" with the US program explicitly required descriptions of "(i) the role of civil society; (ii) the degree of transparency; (iii) benchmarks for success of such compacts or agreements" (USG 2008). The much benighted UN Global Fund, also a major recipient of PEPFAR monies, was not immune to these requirements, often formulated in such a way as to reference older problems and imply expected future mismanagement. The section on the Global Fund reads: "Transparency and accountability are crucial to the long-term success and viability of the Global Fund; the Global Fund has made significant progress toward addressing concerns raised by the (US) Government Accountability Office" (USG 2008). This was done, according to the PEPFAR reauthorization legislation by submitting to "regular, publicly published financial, programmatic, and reporting audits of the Fund, its grantees, and Local Fund Agents," these representing "important benchmarks of transparency" (2008). Even so, the Fund was later admonished to "establish and maintain a system to track the amount of funds disbursed to each subrecipient on the grant's fiscal cycle; and the distribution of resources, by grant and principal recipient" (USG 2008). The legislation, taken as a whole, illuminates a set of preoccupations that will become vital in distinguishing this new regime of power from the one from which it took precedence. The stress on improvement of accountability, increasing transparency, the "ensuring the delivery of evidence-based services through the collection, evaluation, and analysis of data," the promotion of "fair and transparent procurement practices among partner countries," and the mandate, or rather requirement to "work with and promote the role of civil society in combating HIV/AIDS," constitute some of the outlines of a regime whose driving impulses are for technification, operationalization, and optimalization. In place of the promise of discipline and punishment, we find a neoliberal technology of rule that pledges the provision of freedoms (and resources) contingent on submission to an ever increasing array of fine-grained monitoring.

In a recent article Celine Marange attempts a genealogy of Vietnamese criminal law, arguing that the "reforms" in the penal code of the mid-1980s, the rationalization of the law and establishment of a "rule by law" to replace the "rule by morality" of the revolutionary period, was little more than a pretence (2006). This "rule by law," counter-posed to the "rule of law" she expects as that proper to liberal democracies, was simply a means of strengthening social control during the turbulent reform period, and lending the regime a legal-rational legitimacy (Marange 2006). This is, within certain domains, undoubtedly the case. In the preceding chapter I have shown how the framework provided for self-support groups to become officially recognized by Vietnamese authorities requires them to engage in innovative avoidance practices even while making them more subject to the sudden application of sovereign power. For Marange, the

"economy of punishment," based on repression, the exception, and reeducation proceeding, as always, from socialist theories of social hygiene, will out. Sidel notes the sensational 2003 trial of the gangster Nam Cam (see previous chapter), "the most prominent trial in modern Vietnamese history," as the first where prosecutors faced active client representation, where, though the outcome was still a foregone conclusion, defense lawyers were not simply "the agent of dominant prosecutors and weak judges" (2008). However, in the domain of HIV/AIDS, it is precisely this distinction between the "rule by law" and "rule of law" to which some of these interventions are applying direct pressure. Again, measures like the establishment of the Legal Services Clinic, the bald-faced promotion of the self-support group networks, and the myriad mechanisms implemented at all levels to "ensure transparency," "quality," "efficiency," and "accountability" are having, within circumscribed and proximal sectors, their desired effect.

One evening in Saigon, at a convivial going-away party in Phu Nhuan district for some friends, staff members from Education for Development, a Swiss and Belgian NGO, I found myself chatting with the organization's country coordinator. Tabitha, a gregarious South African expat, having survived the dizzying barrage of fish, rice, *rau muong* (water spinach/morning glory), fruit, and round after round of *Bia Saigon* (*xahn*) with the young, exuberant Vietnamese men of the group, began telling me about her work. Her organization provided support for local partner organizations dealing with disadvantaged children and youth, particularly street and working children, in Vietnam. We talked for a while about the tremendous obstacles facing outreach workers of this kind, the police having recently forbade street educators from a certain group from conducting outreach in the Cau Muoi market area. On a different front, she was hopeful. She said that COMINGO (the Committee for International NGO Affairs) and PACCOM (the People's Aid Coordinating Committee), the agencies principally responsible for the state's coordination with foreign NGOs have been gradually relaxing their restrictions. Tabitha noted that visas granted foreign NGO workers had previously been limited to a single year, but recently such visas had been expediently tied to the life of the particular program the NGO was implementing.

"Actually, our biggest challenge," she said, sipping from her beer, "is moving the government from an idea of needs-based patronage to one of rights-based support." Intrigued by this formulation, and finding some parallel with the frustrations of certain of my other collaborators, I asked her to elaborate. Tabitha went on to explain how the Vietnamese authorities she and her colleagues came into contact with had an older charity-based notion of support for the disadvantaged. The general form was one of identifying a needy group and providing a one-time gift. "You know, they come out around Tet on television, or in the paper, handing out gifts to poor kids, and after, that's it," Tabitha somewhat cynically reported. This form, as I came to understand it, relied on an abbreviated form of patron-client relationship in which the recipient of the gift, after it was given, had no recourse to request further support. The patron, having done his duty, was absolved from any obligation to provide systematic aid; at best a stopgap measure, at worst a crass publicity stunt. The patron deals with the disadvantaged as a tribute to his own benevolence within a "done enough" mentality. Recipients, according to Tabitha, literally had to beg for services from a government that can think "it's doing enough." By contrast, what EFD and other INGOs were attempting to do, according to Tabitha, was to stress the *right* of said "poor kid" to ongoing support; to education, housing, nutrition, nurturing and so forth. Ostensibly this model shifts the order of problem, so to speak, making it about systematic and long-term sustenance, based on, unsurprisingly, "accountability, responsibility to the people you are serving." No more could those bureaucrats of Tabitha's telling be comfortable

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with their once-a-year televised charity donations, but were now being asked to bear responsibility, year round, for securing the health and well-being of those children in terms of their inalienable and ongoing rights. At the unspoken center of this model is the need to cultivate and inculcate a sense of the ethical obligation to the figure upon whom and in the name of whom the model operates; not just the vulnerable, impoverished child, but, clearly in Tabitha's case, this internationally circulating figure of "The Human." "This is usually based on human rights," she said, "and HIV programs are some of the most, if not the most, effective means of pushing through right-based (thinking) in Vietnam."

"PEPFAR?" I asked, open-endedly.

"PEPFAR has a lot of problems, but it is definitely the biggest contributor to this," she said.

The question of whether or not the international community, led by the US, is intentionally engaging in a kind of "disease diplomacy" to transform the regime of governance now in operation in Vietnam is one on which I am unwilling, here, to take a position. Intentionality seems slightly beside the point. My aim here is not an expose of ulterior motives, or a hermeneutics of suspicion. My target is the game of truth and power that is now the field within which these elements and actors are set loose, the discourses to which they subscribe, the banners under which they march, the requirements they, the Americans and their international partners as much as the Vietnamese, must negotiate, the new rules that must be learned and that all must abide. Things are changing, and the terms of that change, though ostensibly set by the US and the powerful circulating mechanisms that it has brought to bear on Vietnam's epidemic, are still in process, being negotiated, struggled with. It seems now timely for a re-engagement with the empirical, to examples of just how this is happening, now, on the ground.

From "Strategic Point" to "Benevolence"

Phuoc Long district, Binh Phuoc province, at the grey tail end of the rainy season. The sky was low and threatening rain by the time we reached the cement gates and cut the engine to the motorbike. Leaving me leaning against the bike, the doctor walked stiffly but without hesitation to the darkened guard booth to see about our entering. Out in the long distance were the green steep-sided hills of the opposite shore of the lake, plunging far below into placid brown waters. Nothing stirred in the feeble smear of sun the grey clouds allowed. The silence, after the fast turbulent ride up those narrow highland roads, was palpable, ringing a bit in my unaccustomed ears. We had not passed a farmhouse or a road-side stand for miles. In fact, the breakneck ride had begun 40 kilometers away in the sleepy hamlet where we were staying. All that there seemed to be in the world were the narrow lonely road, those steep hills, the untroubled waters of the lake, this tiny peninsula and the concrete and tin installation that crowned it. The mid-morning air cool, the clouds beginning to bunch in the west, out over the Cambodian border. This place looked, for all the world, recently forgotten. The gate plaque confirmed that it was, indeed, the same fearsome camp I had heard so much about. "*Trung Tam Trong Diem Cai Nghien Ma Tuy, TP. HCM*" it read (Trong Diem Drug Detoxification Center) in newish but rapidly weathered gold block letters, its name "Strategic/Key Point" lending it the air of an element in a military campaign. I had read and heard a great deal about these centers, scattered in remote areas and on the outskirts of Saigon, commonly referred to as "06 centers," after the "social evils" campaign legislation that repurposed them. The anticipation and fear that had built up over the preceding weeks, feelings that had peaked during the morning ride through

the militarized frontier zone, had evaporated. I had foolishly expected something out of Dante, and was instead at the gates of what looked like little more than a bucolic provincial clinic.

The doctor emerged from the guard booth with a sleepy-looking employee, in appearance more rumpled groundskeeper than guard. Before signing on with a major international NGO, the doctor had been the camp physician at Trong Diem for six months, and was still on good terms with the staff. I was introduced to the man who shook my hand warmly and helped the doctor push-pull the motorbike out of the gate. "We can only stay a little while," the doctor said as he and I started down the paved camp road, "You know we are not supposed to be here."

The camp consisted of four large, three-sided barracks (A-D) broken up into large open rooms with central courtyards. These faced out toward the heavily vegetated precipice and the lake. There was a darkened canteen, an administrative building, a clinic, staff's quarters, and several buildings whose functions I could not determine, though which might have been workshops and the physical plant outbuildings. In fact, all of these structures, except the D barracks seemed to be locked up. The doctor paused. "Good weather. Isn't it beautiful here?" he asked.

My skeptical eye drifted over the perimeter walls, the fence topped with rusting razor wire and the gun notches in a moldering unmanned guard-tower. Looking out over the unbroken vista afforded us, breathing the cool clean air, I had to admit that it was beautiful, despite all I knew had gone on there from informants in Saigon. I told the doctor as much. He ignored me. "I used to dream of putting a small house there, on that island," he said, indicating a small teardrop of land with a long beach and clump of trees, far below in the lake, "A place for the patients and staff to go and rest. It is a nice area, a good healthy environment, far from pollution and the city."

"You wanted a resort, not a camp," I joked.

"I wanted a place where people could receive *treatment*," the doctor replied, "but the administration felt it should be like a prison."

The doctor told me that he had completely burned out during his six month stint as the camp physician. His salary was a tremendously low 140 USD a month, well below what he might have been making in Saigon. By contrast, in his current position he makes 1,300 USD a month. Also, working in this remote place with little opportunity to return to Saigon, isolated him, socially and intellectually. Having received a dual degree in philosophy and theology, apart from his medical training, the doctor could hardly have helped feeling chaffed by life in the remote and conservative rural district. The area is economically depressed, with most people living in farmhouses, tending livestock, growing family gardens for subsistence, supplementing these with salable cash crops like coffee and black pepper, or by working on the large local rubber, coffee and cashew plantations. Moreover, the doctor had frequent disagreements with his managers over the nature and role of the camp. He reported that he had no qualms about sharing cigarettes and even wine with the "patients," or about taking them on excursions outside of the camp, impulses he explained as part of an ethic of treatment. A large part of this, in his telling, was considering them fellow human beings and as patients proper, rather than as tainted moral invalids needing punishment and refashioning. It was not hard to see how these proclivities would put him at odds with his betters at MOLISA.

We continued walking, the doctor again taking up his poetic appreciation for the environment of the area, its natural beauty and healthy rural air, sounding a bit, I noted in my field notes later, perhaps ungenerously, like a 19th century gentleman expounding on the virtues of "taking the cure." He seemed to think that one of the reasons these camps were built in this

area was to take advantage of these features. I reminded him that some of these places were originally built as *political* reeducation camps after 1975 and were only later put to work to refashion drug users and sex workers. Moreover, this area, as the doctor well knew, was a malaria zone. We had passed numerous signs put up by provincial health authorities warning as much and encouraging people to take necessary precautions. In fact, part of the reason he was visiting the area in the first place was to distribute malaria drugs and mosquito repellant to locals he knew in the distant hamlet where we stayed, materials he and I had bought out of our own pockets. Additionally, land was relatively cheap and abundant out here in the provinces; a reasonable incentive for the authorities to plant the half a dozen or so camps they administered there. Also, we knew of several such camps in the polluted environs of Saigon, the authorities certainly evincing no qualms about the atmosphere there. Finally, I said, security is much easier out here in this remote place, where even successful escapees find themselves a long way from towns and transportation. He remained unconvinced, and seemed slightly hurt that I did not share his pastoral, bucolic vision.

"What is that building?" I asked, hoping to change the subject. I pointed down to a windowless concrete box painted a chipped and faded yellow at the end of the lane and the peninsula, by the last of the barracks. Its door was shut with a heavy padlock.

"That is the crematorium," he said, sounding suddenly even more wounded, "It was my idea."

At its height Trong Diem held between 1700 and 2300 people in those sparsely furnished concrete and tile rooms (UNAIDS VN 2005). A Ho Chi Minh City People's Committee budget sheet from 2006 puts the camp population at 1700 "trainees" for the 2004-2005 funding cycle (PCHCMC 2006). Official discourse maintains that internment in these centers is something of an act of mercy, the inmates "spared" from serving a supposedly more severe term in prison. However, by all accounts the facility was bursting at the seams as the Three Reductions Campaign swelled camp populations throughout Phuoc Long district. As we have earlier noted, the HIV prevalence among injection drug users in Saigon was, and continues to be, about 54%. This means that in 2004 we might have expected to find about 918 HIV positive inmates, both male and female, living together in close quarters, without the benefit of ARV therapy and with only the most basic health provisions. Beautiful vista or no, with nearly a thousand persons suffering from unmanaged HIV incarcerated together in overcrowded conditions for more or less arbitrary lengths of time, that crematorium, and moreover its necessity, stood in mute testimony to what the mechanism of the camp could not have failed to produce: death, pointless and brutal and dumb.

Whatever the prevailing discourse or ethic, be it MOLISA's Socialist discipline or the doctor's humanitarian medical bent, the outcomes were predetermined for a sizable percentage of those unlucky enough to pass through those gates. One young woman who I visited some months later in a neighboring camp, Phuong, told me about her stay in Trong Diem. Recalling her time there with a frankness tinged disconcertingly with humor and sadness, she told of the drugs made available to inmates by unscrupulous guards, the rationing and economy of provisions, the suicides, both attempted and successful, and the inevitably thwarted escapes. Phuong related how she had begun to rapidly lose weight, suffer from strange skin problems and respiratory infections. She knew she was HIV positive, but there was nothing to be done about it. One day she was given a blood test for reasons she never explained. The physician told her that her CD4 count was hovering just above 200 and that she could qualify to receive ARV therapy. Though she never explained why or how this happened, the approximate date when she began the therapy coincided with the launch of pilot PEPFAR VCT (voluntary counseling and testing)

programs in the camps and the first availability of PEPFAR funded ART drugs. She did say that she knew that if she had been any sicker when this semi-miraculous intervention occurred she certainly would have died.

The doctor and I continued down the drive, the skies darkening. The barracks at the end of the road, the doctor explained, were originally the quarters for female inmates, but had to be converted into a "Last Center" where people in the last stages of AIDS would be housed until they died. As we neared the end of the road and the disused crematorium we finally heard voices coming from the courtyard of one of the U-shaped barracks. Voices and laughter and the sloshing of water. Mounting the short rise we saw two thin young men, their pant legs rolled above their knees, emptying out the tiled pond at the center of the courtyard with plastic containers. They laughed and joked as one scooped water out of the pond and onto the paving stones and the other tried in vain to catch the tiny desperate goldfish that continually shot away, just out of reach. They stopped and shook our hands as we approached, introducing themselves. They were young, slightly sallow but smiling, with severe haircuts and worn, matching MOLISA-issued jerseys. The last resident inmates of the fearsome Trong Diem detoxification center. Now, finally alerted to our presence by our convivial conversation with the inmates, the last guards of the installation emerged from a room at one end of the barracks; a squad of smiling Catholic nuns in white habits. We chatted warmly with them until it began to drizzle. They invited us into a kind of office with cabinets where some of their number were fashioning Christmas ornaments out of wire and beads. They explained that these would be sold as December approached, a cottage craft providing supplemental income for their order.

How did this happen? How did this place go, in the space of a few years, from an overcrowded horror show of a camp administered by draconian ideologues that required the provision of a crematorium, to a quiet, accessible installation with two inmates presided over by a small gaggle of resident nuns wielding nothing more threatening than tea cups and brooms? The answer, of course, has to do with some of the shifts I have identified above, shifts prompted by PEPFAR requirements and policies that suddenly had valence under new conditions.

As mentioned before, the Three Reductions Campaign flooded the camps in Binh Phuoc and elsewhere with inmates between 2001 and 2003. Nguyen Chi Dung, the Director of the Ho Chi Minh City Police Department, reported that police had brought 25,156 people into these closed settings, 21,669 drug users and 1,165 sex workers, during this period alone (Tuoi Tre 2003). The political and economic costs of this program and the proposed extension of the length of sentences for inmates spiraled ever upwards, even as the conditions of these camps deteriorated to appalling levels. Working with contacts in PEPFAR, the PAC and FHI, as well as talking with numerous current and former injection drug users who had spent time at Trong Diem and the other camps in Binh Phuoc, I was able to piece together some of the story that told of this dramatic transformation. Apparently, at the start of PEPFAR's implementation in Vietnam, program officers were eager to carry out interventions in these closed settings where there was a steady and immobilized population of those people categorized as "vulnerable" to HIV infection. They desired a sort of showpiece site where they would implement voluntary counseling and testing, enroll inmates in ARV programs, provide drug dependency counseling, support employment during inmates' sentences in nearby industries, and develop pilot programs seeking to reintegrate inmates into society. They sent consultants and program officers to scout suitable locations. Sam, my contact in Saigon's PEPFAR office, told me that the World Bank was already providing some support to a select number of these camps, an arrangement he said the World Bank preferred to partnering with NGOs. According to Sam, when PEPFAR's

program officers toured Trong Diem in late 2005 or early 2006 they found it much as it had been described to me by my informants; a badly mismanaged and overcrowded facility with startlingly bad conditions. Sam reported that the site was "unsuitable" to receive PEPFAR support as it in no way "met the standards necessary to be part of a US government program." The US government's representatives were clearly uncomfortable supporting the activities at Trong Diem based on what they had seen. They instead chose the Nhi Xuan center in the rural-industrial Hoc Mon district of Saigon as their showpiece site.

The administrators of Trong Diem, an already costly facility now operating at or beyond capacity, had apparently been counting on the PEPFAR dollars. Sam told me that the director of the center called his long-time friend, Dr. Le Truong Giang, the controversial *de facto* head of the HCMC Provincial AIDS Committee, in something of a panic. Giang assured his colleague that they could salvage the site and the career of this beleaguered director. It seems they hatched a plan. Around this time inmates began to be transferred out of Trong Diem to the other camps in the area. For instance, Phuong, the young woman I mentioned earlier, was taken to Phu Van, a plantation-style facility not far from Trong Diem. It was there that I first met her and where she carried out the remainder of her five-year sentence. Gradually the facility was emptied, with inmates being shuttled to other camps in the area. This coincided with a general reduction in camp populations as a whole, these kinds of projects no longer viewed as favorably as in the past. Enthusiasm for the Three Reductions Campaign gradually waned, with new incarcerations decreasing. A doctor from FHI also noted that more recently those prosecuted for drug use or sale were more likely to go to prison than to find themselves in an 06 center, indicating a reproblematization of drug use and the figure of the drug user, and a shift in policy. PEPFAR asked the HCMC PAC to develop a three-month reintegration program for inmates to enroll in before their release to better position them for employment and life outside the camp, this program cast as something of a harm reduction measure. Inmates rounded up between 2001 and 2003 began to complete their sentences, were transferred or died. By August 17, 2006, when HCMC People's Committee vice-chairman Mr. Nguyen Thanh Tai (the PAC's powerful benefactor whom we heard about in the previous section) signed the decree transferring administration of the camp from MOLISA to the HCMC Ministry of Health (HCMCPC 2006) they did so for a virtually abandoned facility. The newly transferred facility was repurposed as a 600 bed hospital dedicated exclusively to providing free care and treatment to HIV/AIDS patients and serving as an HIV/AIDS research center. Trong Diem, the state's fearsome and ill-reputed "Strategic Point" in the fight against "social evils and cultural poisons" was rechristened Nhan Ai, "Benevolence," now a place for caring for the bodies and spirits of the afflicted, as well as conducting the science of affliction. PEPFAR money and technical support followed.

The USAID Health Policy Initiative, in partnership with the Committee for Pastoral Care of the Archdiocese of HCMC, began to recruit caregivers from various Catholic congregations to provide for the patients at Nhan Ai. Their duties were said to include "end-stage of AIDS care, the treatment of opportunistic infection, occupational therapy, counseling, and spiritual care" according to their recruitment materials. The white-habited nuns I met on that grey morning at the facility were some of these. In Vietnam there was already a precedent for this kind of facility dedicated exclusively to the care of HIV/AIDS patients, called a "09 center" for reasons that remained obscure to me. I only ever found references to this type of center in texts and never visited one despite repeated attempts. In fact, only one was said to exist, in Hanoi. My informants in the HIV/AIDS prevention and control community almost never had even heard of such facilities. When I asked about this the director of a local Saigon NGO turned to her

colleagues and joked; "06 center, 05 center and now 09! I wonder what my number is going to be!" The Saigon press began publishing dramatic stories of selfless crusading doctors in the isolated hospital battling the disease. One such breathless article, titled "The Hospital of Loving-Kindness," begins; "On a hilltop peak isolated from the outside world, there is a hospital charged with keeping/lengthening life for some people in the final stages of HIV/AIDS" (Thanh Nien 2008). Despite what some articles reported, when I visited the camp a year after the decree launching it as a PEPFAR-sponsored HIV/AIDS treatment and care facility, there were no patients at all, and certainly not the several hundred often mentioned in the Vietnamese press. In fact, I was told that the facility was something of a white elephant.

First, it became apparent rather quickly that there were not nearly enough HIV/AIDS infected people in the area to fill its beds. The largest urban center in the province is Dong Xoai, nearly seventy kilometers to the south of Nhan Ai, home to only 61,500 people. The province as a whole has a population of less than 784,000, spread over about seven million square kilometers. A combination of low population density and little HIV testing or disease surveillance keeps the province itself from playing a significant role as a sending community for the facility. Second, the various camps scattered throughout the hills of the region similarly do not contribute patients to the center. Local camp populations in the neighboring areas have been gradually diminishing as the Three Reductions era inmates are released or die. Thus, the numbers of interned HIV positive people are fewer than in the past. Even these unfortunate persons have some possibility of receiving ARV therapy while serving out the remainders of their sentences as guaranteed by law, much like Phuong did. Saigon, with the greatest concentration of HIV positive persons in the country (25% of all national cases) and the country's highest prevalence rate (1.2%) would be an ideal reservoir of patients to be served by the new facility. Ironically, the relatively successful and well-funded PEPFAR HIV/AIDS treatment programs there not only have made seeking free support and care in the provinces unnecessary, they have stimulated a small exodus of HIV positive people from the provinces to the city. Additionally, with multiple VCT and treatment clinics, and relatively well-resources hospitals in Saigon, and at nearly 140 kilometers as the crow flies from the facility, it is hardly convenient for Saigonese to seek treatment there. It is thus that even with a serious generalizing epidemic underway, Nhan Ai, with its gorgeous (and now quite under-contemplated and expensive) vistas, continues to be maintained. Benevolence unframed by strategy.

There are three points we can take away from this example. First is obviously the point about the uses of corruption, as it was ostensibly primarily through interpersonal contacts and political protection that Trong Diem, a failing and deteriorating camp threatened by inadequate funding for whom no one had any use any longer, was repackaged as Nhan Ai, a vital center for HIV/AIDS treatment and research, an issue for which everyone now has money and attention and time. This action, however crass and hastily effected, was figured as useful both for providing for the establishment of a facility for which there was, at least in principal, great need, and rectifying the unacceptable conditions of the camp that had prevailed for so long.

Second, is the point that PEPFAR, beyond whatever dollar-to-health benefit calculus Nhan Ai is currently enjoying, and my guess is that it is not a very cost-effective one, effected a drastic change in administration and mission of the space. The "Strategic Point," with its military overtones, set on that inaccessible steep-sided peninsula, was infiltrated by something as deceptively simple as the audit and the granting or withholding of funds. PEPFAR, operating within a regime that relies on certain kinds of calculations of value, a regime which it exemplifies, can have positive consequences beyond the direct dollar-to-health-benefit form of

public health, though this form is certainly pervasive throughout the operations of PEPFAR and its partners. In this case, this meant the elimination and restructuring of a failed disciplinary space, a machinery whose primary aim was the linking and reinscribing of a harmful Socialist socio-moral discourse and the biological fact of disease, and whose primary products were unnecessary suffering and death. In its place we have a well-funded if under-utilized facility whose aim is to provide free treatment and care for those suffering from HIV/AIDS, the *de rigueur* disease of the 21st century. In this place American dollars and technoscience, not regimens of revolutionary Socialist education and labor, are the stuff of benevolence.

Third is the point that these camps, for so long beyond the purview of outside observers, human rights NGOs and international watchdogs, have been made to submit to a new calculation of value as part of a national health issue linked to a global health emergency. These places were run with such impunity by MOLISA that a UNODC report on HIV/AIDS in custodial settings in Southeast Asia contained more self-reported data from Burma than Vietnam, Vietnam's authorities outright refusing to respond to the project questionnaire (UNDOC 2006). However, at least one camp had its continued functioning placed at stake in a new regime where audit and accountability, international "standards" and "best practices" are the normative indices, and technoscience is the field that determines the moral high ground. PEPFAR impels, within the seemingly straightforward and objective domain of health and health interventions, with these prods that are so familiar as to become common-sensical and uncontested.

As we regained the guardhouse where the motorbike was stowed there was the distant crack and slow rumble of thunder from somewhere across the border, and the first thin drizzle broke the hollow pre-storm stillness of the air. The doctor took his plastic raingear from under the seat of the motorbike and I from where I kept mine balled up at the bottom of my shoulder bag under a collection of worn notebooks and assorted documents. Back down the paved path, too far away to hear their voices, one of the nuns and one of the thin young men were hurriedly collecting some laundry that had been set out to dry. Beyond them was the endless stretch of green hills, the far narrow reaches of the lake, and the outline of that yellow, weathered crematorium under the open sky to the east. I took a long last look back at that lonesome padlocked building, eloquent in its silence about the ones who, in the recent past, had passed through it.

A Neoliberal Humanitarianism

Of course, certain instantiations of the technologies and logics myself and others identify in a kind of shorthand as "neoliberal" have been present and in operation in Vietnam (and elsewhere) in its pre-colonial and Socialist past and late-socialist present, per recent scholarly insight. Woodside, for instance, has argued that contemporary technocrats in Vietnam draw on both modern and traditional forms, his notion of "technomandarinism" reflecting this blend of past and present, these new figures operating in ways inspired by both Eastern "world ordering thought" and Western business theories to serve the state through better economic and administrative management (1999). He has more recently sought to clarify the place of the East Asian mandarinate in conversations on modernity, as embryonic bureaucracies based on clear rules, in which personnel was recruited in a form independent from hereditary social claims through meritocratic civil service examinations (2006). In these nascent "modern" East Asian bureaucracies good politics was thought to be established through the "development of people," training them to be politically useful, their success or failure (and thus that of government) was

made dependent on the scrutiny of candidates' talents in public competitions held at fixed periods and subject to rigorous quality control and audit mechanisms (Woodside 2006). Woodside finds in these text-governed bureaucracies "modern characteristics in a supposedly pre-modern era." Likewise, studying the social processes of performance audits in China and elsewhere, Kipnis finds multiple and distinct regimes of audit which he deploys as part of a critique of what he considers the totalizing notion of "neoliberal governmentality" he finds in Rose (2008). From my work in Vietnam around the problem of HIV/AIDS, I am not arguing a case of novelty. Further, I clearly do not here argue that one form of governmentality obliterated another, nor do I claim the existence of a novel and totalizing "neoliberal" present that Kipnis argues is central to the analytics of Rose and his interlocutors. I show, rather explicitly, that these technologies do not "belong" to one or another mode of production (capitalist, communist or otherwise), but are taken up and put to work within particular assemblages of local and global elements. These assemblages, as I have demonstrated, are conditioned to a degree most obviously by the objects at their center ("The People" in one moment, "The Human" in the next). I show how these significant (though non-total) shifts reproblematize, prompt reconfigurations. Put another way, I am interested in how these works of thought condition what now becomes possible, what impossible, and especially, what is now necessary.

The first and most obvious of these conditions is the insistence on neoliberal auditing practices, accountability, and transparency. As I mentioned above, U.S. legislators, clearly concerned that they had not built in adequate mechanisms in the original 2003 PEPFAR act, certainly did so in its 2008 reauthorization (USG 2008). The demand for transparency and accountability, ensured through rigorous audit and quality-control mechanisms, were established on the loftiest of bases. "The citizens of the US expect this, those in need deserve it, and our call to be humanitarians demands no less" (IOM 2007). Elsewhere, the link between these neoliberal mechanisms and ethical practice is made more explicit, with these mechanisms, it is argued, functioning to guarantee not only that taxpayer money is going to the right places, but to insure the virtuous character and rightness of interventions themselves. "Because resources devoted to international health aid are inherently limited, seemingly economic considerations about cost-effectiveness actually reflect fundamental ethical principles. The more cost-effectively resources are used, the more lives can be saved" (Denny, Emanuel 2008). Furthermore, program evaluation, and by extension, the larger faith in hard and fast scientific metrics that underwrites the idea of funding being linked to performance, was figured as a good on par with providing deliverables and support to the ill and dying. "Although some might argue that every dollar spent on research is a dollar not spent on providing direct services to individuals in great need, most people feel that a proper evaluation requires more funding, not less. Detailed program evaluation is not a luxury, but rather a scientific, *moral*, and political necessity" (Gross, Bisson 2009, emphasis mine).

On the ground, though, these mechanisms "for developing and expanding a culture of accountability" do not always function smoothly. A PEPFAR officer told me how they had funded the Ministry of Health's (MOH) Vietnam Administration of HIV/AIDS Control to develop accounting software to manage program funds, software that was later withheld from the Ho Chi Minh City Provincial AIDS Committee (PAC), with whom the MOH was ensconced in a quiet jurisdictional power struggle. "You wouldn't believe the childishness!" the program officer lamented. Interviewing both PEPFAR officers and their counterparts in the PAC I was also privy to the oftentimes torturous authorization process by which Vietnamese officials submitted, revised and resubmitted funding proposals, which worked as much to reify power-relations as

instill and secure transparency and accountability. Both sides were frustrated and exhausted by what they saw as the dishonestly of their opposite numbers. The Americans I spoke to were typically sensitive to what they viewed as waste or outright swindling (with revisions inevitably excused as honest "mistakes," or "misunderstandings" I was told). In one case, a budget submitted by the HCMC PAC to PEPFAR for a conference in Bangkok included twice as many participants as allowed by PEPFAR. The PAC wanted 20 of its team members to attend, a completely unnecessary number, according to Sam, my PEPFAR contact, who requested the PAC write a budget for ten participants. The PAC resubmitted its budget, for 12 participants. When PEPFAR sent the budget back, the head of the PAC division and some of her lieutenants (who according to my contact really needed to attend the conference) threatened not to go at all. When my PEPFAR contact relented, the PAC personnel petitioned to extend their stay in Bangkok by an extra day, a petition denied by my contact. When the PAC suggested that they would be willing to share rooms to make up for the cost of the extra day, Sam reported that he personally denied their request and asserted, a bit glibly in his telling, that they could now share rooms for the entire duration of the trip. "We weren't going to pay for their vacation in Thailand," he grumbled. "Two hundred fifty million dollars since 2004 and what do we have?" he asked me rhetorically, referring to the amount of PEPFAR dollars allocated to Vietnam. "*Three*-day trips to Bangkok instead of five," I replied, somewhat sarcastically implying that his salary too might have been better spent on something other than this time-consuming and tedious exchange. He snorted a laugh.

On the opposite side, I spoke with PAC personnel who were deeply insulted and dissatisfied at what they considered the pettiness and paternalism of their wealthy patrons. The Vietnamese partners, keenly aware that their take-home pay was a fraction of that of their PEPFAR counterparts and the other European and American consultants they met at these same conferences and in their daily work, often considered these trips, the per diems, perks and prestige they brought with them, as supplements to their rather modest salaries. Such trips were also elements in generating team solidarity and good will, as bosses sought to reward their overworked and undercompensated staff members with these rare bonuses, something that goes far in explaining why every member of an office might be invited to attend a conference only relevant for policy-makers and managers. Hanh, one of my contacts in the PAC, also suggested that the PEPFAR personnel who controlled the purse-strings (in this case Sam, the program officer with whom I was in contact) were being deliberately and unnecessarily stingy with funds, as their impression was that PEPFAR and the US were not short of cash. These tensions certainly troubled the officially-touted discourse of mutual (bilateral) "partnership," a relationship that played out more like a top-down, patron-client, and often, to the chagrin of both parties (particularly the underpaid Vietnamese professionals) disciplinary parent-child situation.

The language of neoliberalism, terms and logics borrowed from the world of business and finance, peppered everyday operations and discourse in conferences, program presentations and the like. The emphasis on deadlines for "deliverables" was most common and obvious (the WHO's famously unmet "3 by 5" initiative no exception). New programs and initiatives were being "rolled out," while existing pilot programs that had proven themselves, like any good product that had tested well in focus groups, were poised for "scale up." Saigon advertising firms were being contracted by PEPFAR prime partners like Family Health International to formulate "social marketing" campaigns tooled for different target populations. The stress on accountability inevitably meant reliance on often contested statistics (so many treated, receiving care, receiving ART, so many tested, etc), PEPFAR annual reports to congress demonstrating

progress toward defined, measurable performance targets, though these, arguably, reveal more about program implementation than impacts (IOM 2007). However, even this might not be the case in some instances. Though partners tailor their programs to meet PEPFAR's reporting requirements because performance is linked to funding, PEPFAR's evaluative methods may not be accurately reflecting the program's real progress (Navario 2009). For example, because PEPFAR only collects, reports and publicizes data on patient initiation to ARV treatment partners put more effort into initiation than patient maintenance (Navario 2009). According to Navario, none of the 40 performance indicators required by PEPFAR convey the long-term efficacy of treatment programs, a terrible oversight considering that some programs lose almost half of their patients within two years (2009). Charges of bald-faced figure inflation also abound. The figures for the number of people receiving antiretroviral treatment (822,000 in focus countries, 165,000 elsewhere), for instance, were famously inflated, with half the included recipients receiving treatment through the UN's Global Fund (to which PEPFAR is the largest contributor) (Dietrich 2007). PEPFAR Botswana, making small contributions to ART clinic costs, under the rubric of "system strengthening," then credited all the people those clinics served to itself. Botswana's treatment program manager reportedly called the US figures a "gross misrepresentation of the facts" (Dietrich 2007). One recent study suggests that the evaluative model that PEPFAR employs to calculate patient mortality is unable to provide objective data as it does not take into account drop outs; by contrast the study recalculates patient mortality using double-sampling designs and methodology to obtain a mortality estimate more than 5 times higher than the PEPFAR figure (An, et al 2009). Even so, this ostensibly "rigorous" monitoring was praised in some quarters, PEPFAR credited with "establishing a type of accountability that is often missing from aid efforts" (Hayden 2009), or cast as a measure to ensure maximum benefit to the international recipients of this American largess. "The PEPFAR strategy was to make sure that promises were kept, and that was new in international health," asserted Lawrence Gostin, faculty director of the O'Neill Institute for National and Global Health Law at Georgetown University in Washington DC. (Hayden 2009). On the other hand, as we have seen, this caused serious problems as the focus on accounting and audit articulated with PEPFAR's much-criticized budget allocation percentages making "spending money in a particular way an end in itself, rather than a means to an end" (IOM 2007).

The language, logic, and faith in so-called "best practices," another loan-term from the realm of business management, is a prominent feature not simply in arguments for the pushing through of new and locally controversial programs (methadone maintenance and other harm-reduction measures, for example), but in the discrediting of the old "social evils"-based mode of intervention, as these "best practices" are assumed to be proven, effective, evidence-based responses that will everywhere achieve the same positive outcomes. Examples of measures proven effective in a single situation (ie. Thomas, et al 2009), collections of case studies serving as a "substantial number of models that may be replicated around the world" (ie. Makinwa, O'Grady 2001), and debates on the efficacy of various intervention strategies (ie. Kaiser Network 2008) highlight the durability, global ambition, broad circulation, and ultimate contestability of the rubric (Potts, et al 2008). A recent article evaluating "best evidence interventions" in HIV/AIDS, from the American Journal of Public Health acknowledges that within the review, "the interventions were identified as efficacious after being evaluated with a particular target population, in a particular setting, and often within a single site," and that it was "unclear whether these findings would extend beyond the particular target population or setting used in the original research" (Lyles, et al 2007). Additionally, the authors note that the

interventions they looked at were conducted under rigorous and controlled research environments, "which typically do not reflect real-world circumstances," and that there were also large research gaps, with some of the populations hardest hit by the epidemic or especially vulnerable to infection or transmission unrepresented (Lyles, et al 2007). The language of "best practices" persists, however, lending a persuasive kind of "global" legitimacy to a nebulous set of traveling measures that even PEPFAR concedes have differing impacts based on the local conditions of HIV/AIDS epidemics. Country teams are cautioned to maintain flexibility and adaptability to changing epidemics, and the specific needs and varying resource levels of focus countries (IOM 2007). The study on best-evidence interventions notes that "interventions often need to be adapted to address different social, cultural, or contextual factors of various settings and populations as a way to fulfill unmet prevention needs until additional evidence is available" (Lyles, et al 2007), though it does not come close to acknowledging that this is perpetually the case, and that the messiness and mutability of "real-world circumstances" may preclude the very possibility of the rubric.

At the macro-level PEPFAR's principle of "harmonization" requires partner governments to take "leadership" in and "ownership" of responses toward the end of ensuring "sustainable gains against HIV/AIDS" (IOM 2007). At a micro-level it was evident that persons, regardless of HIV status, were similarly being asked, through a range of community and self-support groups, round-tables, meetings, peer-to-peer counseling programs, and social marketing campaigns, to take "ownership" and "leadership" of their own "responses," that is, to weigh and bear their own vulnerabilities, susceptibilities and risks in new ways. Where the old mode of intervention was one of *enforcement* with the state taking the role of patron, the protector of "The People" and insurer of order, in a Socialist-inflected moral economy, the new mode of intervention is characterized by lifelong *adherence,* not simply to ARV or methadone regimes (though these are the exemplary cases), but to a whole new range of globally circulating logics and practices, enacted within new sites through new types of expert knowledge, which seek to inculcate a new understanding of personal risk, self-interest and self-governance with respect to HIV/AIDS.

"Every 15 minutes, in Vietnam, one person is infected with HIV," reads the new downtown signage, "What will you (friend) do to protect yourself?"

Additionally, the new configuration necessarily extends the reach of sovereign power over a broader range of its citizens, into other sites and at other registers, for longer durations, in fact, to everyone, everywhere and forever. PEPFAR and its constellation of governmental and nongovernmental partners seek to seize "the abundant opportunities for prevention *throughout people's lives* and *regardless of their HIV status*; across *the full spectrum* of health and social services; and *in all settings,* from the street to the school to the home to the clinic" (IOM 2007, emphasis mine).

Vinh Kim Nguyen has argued that HIV has provided an organizing framework for the dissemination of a range of standardized political and social technologies worldwide that have worked to reshape subjectivities, biologies and social relations (2009). As with the shift of economic risks from "the collective" to the "household" in the 1990s (Pettus 2003), so with health and citizenship in the 2000s. Outside the bounds of the camp and the easily marked categories of exception of the prostitute and drug addict, we find a familiar, generalized neoliberal technology of rule operating by inducing citizens to be self-responsible and self-governing subjects, "governing at a distance" within, following Foucault, the "despotism of the self" that lies "at the heart of liberalism" (Rose 1999). We find, here, an exemplary element in a broader exercise of "socialism from afar" (Ong, Zhang 2008).

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But how can this HIV/AIDS apparatus with its self-consciously global outlook, turning on the figure of "The Human" (see Malkki 1996; Barthes 1980) that inviolable, rights-bearing entity that, ostensibly since the 1948 Universal Declaration of Human Rights has been, if a wide swath of analyses are to be believed, the guarantee against the excesses of an unfettered market-driven ethos, be so saturated by these logics and practices?

The Economy of Virtue

Within this milieu there was never much, if any, contradiction. It was the clarion call of the defense of the rights and dignity of "The Human" that both displaced the primacy of "The People," and its attendant mode of intervention (enforcement), and demanded the rapid deployment of the "best," most effective, most efficient, "proven," evidence-based technologies and practices, their quality and application insured through rigorous auditing and accounting. US taxpayers, the funders of these initiatives, after all, "expect this," the beneficiaries of US largess "deserve it," and "our" humanitarianism "demands no less" (IOM 2007). The old notion of the state as patron/protector, guarantor of order, to which "The People" owed its loyalty as it acted on their behalf to purge its "enemies" within a Socialist-inflected moral economy, is being renegotiated. In place of the state's patronage/protection we have a broad and loose constellation of local and international government and nongovernment organizations, and the redistribution of the burden of risk to the individual. In place of clearly marked "enemies" we have an open matrix of risk calculations, where danger is ever-present, always possible, simply to greater or lesser extents. It is clear that rather than a "moral economy," a term with a specific form taken from Thompson (1971) through Scott's work in Lower Burma and Vietnam (1976), we find here something else.

Numerous commentators have scrutinized elements of what has been called the "humanitarian market" that links social suffering with its globally circulating representations and attempts at alleviation (Nguyen 2009; Ticktin 2006; Fassin 2005). Dezalay and Garth identify a general "market for humanitarianism" symptomatic of and contributing to the growing "professionalization and competition within the market of political activism" (1998). Some scholars specifically emphasize the roles of NGOs (Fischer 1997; Mindry 2001; Redfield 2006, 2005). Redfield suggests that by integrating medical expertise and public expression, the work of health NGOs like Medicines Sans Frontiers illustrates an overtly motivated form of scientific inquiry, research in the name of values, and in the pursuit of both technical and ethical ends (2006). Some of these scholars reference "markets" or "economies" of humanitarianism in various ways. Fassin (2005), for instance, borrows the term "moral economy" from Scott and Thompson, but, curiously, finds it necessary to dislocate it from its "specific economic meaning," expand it to mean something like a field or hierarchy of values and norms, expanding it again to encompass the terrain of "our moral world," and finally, once more to "define the scope of contemporary biopolitics" to do the analytic work he requires. In light of these kinds of contortions, might not some other term be more appropriate?

In contrast to Fassin (2005) and Nguyen (2009) who in their own ways identify a kind of humanitarianism that, in Nguyen's words "tracks both forwards (to its intended recipients) and backwards (to its beneficent instigators) to embrace them" again, "in a moral economy," I propose to combine the insights of two other scholars. Ticktin (2006) identifies "humanitarianism" as an ethical configuration transformed into a form of politics, functioning as a transnational system of governance tied to capital and labor. Mindry (2001) traces a "politics of

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feminine virtue" that constitutes some women from the global north as "benevolent providers" and women of the global south as "deserving recipients of development and empowerment." In the articulations mapped above, we can clearly see how those elements which mark a moral economy are no longer those operating in the new humanitarian apparatus for HIV/AIDS prevention and control in Vietnam. What we do find is a new configuration, what I call an economy of virtue, which leaves behind the collective obligations between The People and a central authority or sovereign, that index a moral economy. The economy of virtue is the field within which neoliberal logics, practices and calculations have migrated into the realm of humanitarian intervention (in this case, specifically HIV/AIDS prevention and control), that is, the field in which these neoliberal calculations and forces articulate with (and not oppose) the globally circulating construction of "The Human."

The central obligation in an economy of virtue is what Redfield calls an inescapable demand of "a humanitarian response to human suffering… its own categorical rejection of any justification for the sacrifice of human lives" (Redfield 2005). "The Human" is that inviolable rights-bearing individual, autonomous and free and capable of, in fact, required to be, self-governing and self-determining. Crises, figured as threats to this figure, necessitate immediate action. The form these crises thus take, a specific relationship between this figure, its rights and the threats arrayed against it, produce an emergency, a moment of righteous outrage coupled with an urgency toward action, a situation which "cannot be ignored" even though many clearly are. These are the numerous mundane (diarrhea or child-hood cluster diseases), low-grade (ongoing intra-national conflicts), socially atomized (interpersonal violence) or off-the-radar crises that make up the quotidian existence of so many. In terms of form, however, within an ethics of this economy, it is precisely this demand that is the impetus for action, a "common-sense" justification for interventions. It is also the grounds on which audit, accounting, the demand for transparency and standardization and other neoliberal technologies and logics have been incorporated as "rational," "technical" "scientific" guarantors of the integrity and dignity of "The Human." Finally, these technologies and logics have become some of the means by which local and international organizations demonstrate, accrue and trade on virtue, translatable through these mechanisms into symbolic and real capital circulating through diverse networks. Virtue has become the exchangeable currency through which these diverse entities compete with one another.

Why "virtue"? First, as we have seen, the contemporary configuration mapped above is far from a "moral" economy. Second, virtue, both in English and Vietnamese, has a thing-like quality. One can speak of people who have virtue (*nguoi co duc*), of losing virtue, or that something is a virtue (patience, in this instance: *kien nhan la mot duc tinh*). Third, writes Williams, taking cues from Plato and Aristotle, virtue is "a disposition of character to choose or reject actions because they are of a certain ethically relevant kind," involving "characteristic patterns of desire and motivation," that affect how one deliberates and ultimately how one acts (1985). That is, virtue is fundamentally about what one is, or rather, what one becomes as a result of a project of self-fashioning, or concern for the self. According to MacIntyre any specific account of virtue also presupposes an equally specific account of the narrative structure and unity of human life, that modern virtue must be thought in relation to narrative, intelligibility, and accountability (1981). In Aristotle's *Nicomachean Ethics*, virtue also involves favorable or unfavorable reactions to others, their characters and actions. In light of the fact that the virtuous individual knows what to do or what ought to be done, virtue is something the virtuous individual can weigh in others. This disposition to assess the virtue of others, and how one

behaves toward both the virtuous and un-virtuous, is a constituitive element of one's own virtue. Furthermore, the virtue-term itself must not, except in a few cases ("just" being one) occur in the context of deliberations. That is, virtuous actions are necessarily undertaken under different signs ("s/he needs it," "it will help/stop the pain," etc), virtue and the virtuous "both defined and pitted by the impact of self-consciousness" (Williams 1985). It was just this sort of tension that I found working with local and international governmental and nongovernmental organizations in Vietnam around the problem of HIV/AIDS prevention and control. The desire to establish the organization's virtue had to be tempered by the need to not appear self-conscious of, or sanctimonious about, the good work the group was undertaking. The day to day managerial and financial aspects, including audit, budget control and the support given to their constituents, had to be refigured and tempered by a soft humanitarian touch, so as to retain their humanitarian credentials and not appear simply as crass, penny-pinching, numbers-obsessed bureaucrats.

Nowhere were these tensions and demands more apparent than in the site-visits of local NGOs or community-based organizations conducted by foreign funders. Local NGOs, beholden to European, Japanese and US funders, and locked into a precarious and permanent pattern of submitting funding applications, were regularly asked to trot out their constituents (streetchildren, HIV/AIDS infected or affected children, etc) in acceptable numbers and provide enough transparent documentation to justify previous, and secure future, funding. Writing about one HIV/AIDS program in Africa, Ann Swidler suggests that "in the long run, what these organizations really need to provide in order to survive are enough children; so that when the infrequent visitor comes, local relationships can be used to mobilize an acceptable number of children or adults to demonstrate that something is happening on the ground" (2007; see also Redfield 2006 on virtuous testimony and witnessing). At the center of these demands was the necessity of these foreign funding agencies to acquire both assurances that their funds were being properly, democratically, efficiently applied as deliverables to the appropriate parties, as well as obtain two kinds of "evidence" for deployment back in their home countries. These were "man-on-the-spot" accounts, supplemented by snapshots, digital images and films, which attest to the startling need that necessitated, in fact, demanded, their immediate and beneficent intervention on this crisis, as well as narrative and visual documentation that attested to the successes (typically, death and suffering thwarted) of their virtuous endeavors. These served two purposes. First, these served as a kind of accounting or audit. This was not limited only to the fiscal realm, but also the ethical, or more precisely virtuous, as well as a means of establishing the kinds of capital necessary to function within this particular economy. Second, as a means not just of reassuring their current donors and volunteers that they were in fact "doing good" (Fischer 1997), but of winning new donors and volunteers in their home countries, as these Vietnamese images would circulate widely in NGO pamphlets, bulletins, websites and presentations, in these cases, in various French cities.

Through the course of my fieldwork I sat through dozens of program presentations by local and foreign organizations, including those of PEPFAR and its partners, which, I began to notice, took a specific form. They would begin with a sort of "liturgy of the word" describing the HIV/AIDS scenario in Vietnam generally and Saigon specifically, enumerating their target populations and going into details of program implementation and scope, making some claim as to achieved or projected outcomes. This would be almost inevitably followed by a "liturgy of the body," a series of oftentimes quite graphic images of the ill or dying, most often women and children (though, of course, this depended on the specific program), accompanied by narrative accounts of personal and case histories that followed more or less the same arc. The individual,

brought to the brink of catastrophe and death by illness, stigma or other structural violence, enrolls in the program and after some time makes a miraculous recovery through education, hard work and plucky determination, returning to society as a productive member, more often than not, as a volunteer for the group they credit with saving their lives. These stories work in two ways, attesting to the effectiveness of the programs and the inherent resilience of human beings (if they are only given a chance) by making visible these few cases, but also, implying the "common-sense" necessity and rightness of these interventions by leaving invisible what is assumed to be the large numbers of "opportunities lost," possible successes thwarted. This highlights the need for greater awareness, generosity and compassion, education, volunteerism, and of course, donations. One such presentation made by a Partners In Health representative at UCSF in Fall, 2008, followed this same form, pairing what the representative proudly referred to as their African program's "Lazarus Effect," with harrowing stories of unnecessary death, a rhetorically powerful variation on this form I had seen before in the field. Within this kind of humanitarian economy of virtue, these media-made "Lazaruses," in this case a woman brought near death by complications related to HIV/AIDS, allow the deploying agencies to step into the tidy, virtually unassailable, necessary, ready-made "Savior" role. Distinct but related to the techno-scientific aura lent them by the liberal use of "neoliberal" mechanisms we have identified above, these mediations allow for the transferability, accrual and "transparent" demonstration of virtue, that element essential to the placement, prestige and operations of these contemporary humanitarian organizations.

The necessity for and circulation of images of the destitute, ill and dying, first as a kind of audit and second as a means of rendering virtue visible and to an extent calculable, collapse a range of meanings and even a certain kind of desire onto the bodies of the afflicted. They are made to stand in for the "others like them," as representatives from the state of suffering; the one you see before you is made to represent the presumably numerous invisible others in order to give weight to the argument (certainly warranted in most cases) for speedy intervention, but also to the virtuous work of those intervening. These spectacular images and narratives rearrange the field of the visible and articulable, with the intention of stimulating affect. How can you do nothing, these mechanisms prod their intended audiences, while so much suffering is occurring? The answer, of course, is that you cannot; you must do something. In the economy of virtue these mechanisms facilitate the translation of a brand of ethics into symbolic and actual capital. Consequently, this articulation of neoliberal technologies and logics and humanitarian ethics enables this calculable and accrued virtue to be leveraged as a weapon in turf wars of various kinds. So essential is it to the operations of groups, in Saigon at least where I conducted the bulk of my work, that it was a real point of vulnerability. Vying for jurisdiction, prestige, symbolic capital, and resources, groups sought to cultivate virtue for themselves, and launched attacks on the virtue of competitors through the deployment of rumors and the sparking of scandals, capitalizing on the vulnerability of virtue. As was evident in the previous section, the 2007 Soya Sauce Scandal was actually just such an attack on the HCMC PAC by the MOH.

The economy of virtue relies on a new kind of democratic transparency, one beefed-up beyond the level of openness and accountability into a dramatic cultivation of visibility. It is fueled by and contributes to a thin kind of crisis *du jour* or "celebrity crisis" culture, where hot topics flicker in and out of public consciousness, where broad awareness, outrage and even a kind of terror must be sustained through these mechanisms. Here we see a kind of delicate salvation brinkmanship. If, following Benjamin, the state of emergency is the rule rather than the exception, the contemporary rules of emergency require, to an exceptional degree, the

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manufacture of visibility and articulability. In Vietnam I heard numerous times from local NGO managers and workers how foreign funding had followed fickle patterns; first around protection of the environment in the late 1980s and early 1990s, then around the problem of streetchildren in the 1990s, and now around HIV/AIDS in the 2000s. One NGO dedicated to the care of streetchildren was finding that its long-term funding sources were becoming more interested in supporting HIV/AIDS activities than the ongoing work the group had been doing for almost two decades. In response, the group designed and promoted HIV/AIDS programs, and in a crass maneuver, sought to take over the administration of a small, related local NGO (and onetime PEPFAR subpartner) whose work specifically dealt with HIV/AIDS. Speaking to some of the points we have raised above with regards to Africa, Swidler identifies the articulation of the enormous power and resource imbalance between donor countries and African recipients, and the terrifying aspects of the AIDS pandemic itself as the grounds upon which NGOs can assert "that their procedures and policies are right, that the crisis is urgent, and that resistance to their programs is madness or malice" (2007). Furthermore, she claims that if AIDS were to suddenly disappear many in Africa would once again find themselves of little interest and no value to the outside world, and that perhaps "AIDS philanthropy, AIDS research and what might be called AIDS tourism have become Africa's most successful 'export' and certainly its major source of foreign exchange" (2007). In Vietnam, where AIDS funding has singlehandedly made the country one of the largest recipients of American aid in East Asia, this is not a remote possibility either. It is a terrifying prospect when one considers the stakes that what is sustaining what is at the moment a white hot urgency around HIV/AIDS (to the detriment of other global health issues) is something like a marketing campaign that legitimates itself with recourse to equal parts technoscience and the certainty of its own rightness within an economy of virtue.

Modern Forms

As we have seen, PEPFAR and its constellation of international partners have intervened in Vietnam in domains outside that of health, their programs, as all technologies do, bearing with them particular politics and ethics. Beyond (but through) their public health contributions, these programs have begun to rework the relationships between the state and its citizens, citizens and their rights and responsibilities, risks and vulnerabilities. But in this very modern project whose form is one of displacing the old, of progress and civilization, the old obtains. The camps still exist and the police still roust and incarcerate sex workers and drug users and take them there. They are, however, soon to be equipped with HIV/AIDS treatment facilities and PEPFAR funded programs that seek to reintegrate inmates into society once they are released. There are mechanisms in place, well-funded and well-meaning, moving against a decades-long tide that linked HIV/AIDS to moral failing. But the old forms obtain, the old signage persists, terrifying and rusted and prominent, more than simple reminders of another period or remnants of another regime, more than a forgotten distant colony. They give no ground, harkening back to a decade of cultivated and conditioned dispositions, linkages between morality and disease that remain, prejudices that live on, that are written in space, on bodies, in exclusions, fears, repulsions. A striking piece of Saigon graffiti I came across during fieldwork read: "*Bai thuoc chua SIDA*: *xi mang + cat + voi + nuoc*." The cure for SIDA: cement, plus sand, plus lime, plus water. The recipe of the grave. Instead of a clean displacement of these forms, in place of a revolutionary obliteration, we find a juxtaposition. The new even-handed materials, commissioned and funded and stamped by USAID, FHI, PSI and other partners, showing smiling

healthy young people inquiring about the disease, or computer-rendered cartoons calling on the populace to care for their HIV positive family members, coexist with the earlier images, and are joined by a new series of images from more recent campaigns. A new wave of urban campaigns for environmental protection, traffic safety and civil conduct contribute to the wash of advertisements and media clutter of the streets of Saigon.

The resulting pastiche is something more like the violent, sampled, collaged chaos of a Basquiat than the smooth remediation of a Richter. The featureless, howling, wasted skeletal figures and grimacing skulls surrounded by menacing drug paraphernalia from the anti-AIDS and anti-drug signage are frozen in their agonized warnings beside the cool, seamless, computer-rendered images of gleaming highrises and sweeping city-vistas, with their even-toned captions calling for the making of a modern and civilized urban area ("*net dep van hoa – van minh do thi*," "cultural beauty – urban civilization"). No, here, flashing through the sun-dappled streets and broad tree-lined avenues of the central districts, in the hot writhing narrows of canal-side neighborhoods, on the bustling corners of Cho Lon and the long, deadly straight highways that lead out through the industrial belt into the provinces, we find nothing like wholeness, or the seamless refashioning of a contemporary remediation. We find instead something like that early modern experiment in form and meaning, that jarring, swift, disorienting juxtaposition of the Cut-Up, the schizophrenic, evocative poetic chaos of the Exquisite Corpse. No new wine, only that insistence on the new coupled with a kind of fevered blindness to the recent past, a machine built from fragments, wedded to that chaotic and contradictory dirge of the modern.

Chapter Five
Miettes de Mechancetes et Parcelles d'Amour

"… and to state quite simply what we learn in a time of pestilence; that there are more things to admire in men than to despise."

-A. Camus, *The Plague.*

      Paulo, propped against the wall of the cramped flat, slowly worked his wolfish jaw, a sure sign that the ecstasy he'd snorted was taking hold with that first warm bloom of pleasure. Phuong stretched languidly, leaning back in his lap, back against his spare torso, pushing her long dark hair out of her face, dragging deeply from the joint pinched delicately between the ashy fingers of her left hand. Paulo nodded distracted acknowledgements to the men who came, occasionally, alone or in pairs, to deposit bills or tiny plastic packets in the brown wooden box on the TV stand. The monkey Paulo kept stirred in its cage on the darkened balcony, shifting agitatedly side to side, side to side. The night breeze from the balcony was warm, heavy and unwholesome. Beyond, from where I was on the grimy floor across from the couple, I could see far out over the silent blinking constellations and low roofs of Saigon; lonely sparely lit roads, the cranes and smears of light from the new urban development replacing the Rung Sat swamps to the south, the mazes of temporary hovels pressed against the inky blackness of a choked Cho Lon canal. A lone motorbike ramped up a distant orange overpass. Feeble four AM noises of the late dry season.

      Paulo had been using more or less since landing in Saigon, years before, then something of a naïve young Frenchman. While most of his young countrymen touch down in Saigon, are bad boys for a week, maybe two, and return to schools or underemployment in Paris or Nice or Marseilles, Paulo remained, wedded to the city, to the small band of good natured hustlers and petty criminals, derelicts and drug dealers passing now in and out of the flat, and to this striking young woman. Phuong, the reason his short sojourn had turned into years of long, hard-scrabble occupation. Phuong, who he had told me, with that flustered and embarrassed romance of the disbeliever, he had met on his third night in Saigon, shambling distractedly around the Turtle Lake. Phuong, who passed out in a heroin torpor at the Ben Thanh bus station the next night or perhaps the night after, who was picked up in a Three Reductions police sweep, packed off to "Fatima" 06 center near the Binh Trieu bridge, shuttled to Trong Diem, to Phu Van, to heat, illness, labor, and a thousand compounded indignities. Phuong, who had just completed a five year stint in the 06 centers of Binh Phuoc and was back, to both their evident strange and violent happiness, with Paulo.

      Paulo was telling Phuong the broken story of the first time he and I met, in a dank *bia hoi* off one of the ill-maintained parks that was then still a bit of a place to score and shoot China white. He told her about our long discussion that night (though I remember it more like an argument), how it went through to the dawn and how it, he insisted, changed the way he thought about things (though he did not specify how). He told her that I was a researcher, almost a professor.

"He is your friend (*ban*)," she smiled.

"Close friend (*ban than*)," he corrected, and what is more one of his mentors/teachers (*thay*).

She objected, in mock horror. "What about me? Can't you see I just got my diploma?"

She gestured languidly across the floor to where, in a dusty corner, the papers issued by the Ministry of Labor, Invalids and Social Affairs attesting to her rehabilitation were carelessly

tossed, amidst cigarette butts, empty cans of 333 beer, scorched bits of foil, plates bearing the dust of crushed pills, and cut up soda straws. Long, Paulo's young Vietnamese roommate and lieutenant, who, spread-eagled on the floor, had heretofore been mechanically repeating snippets from the conversation over and over to himself *Friend, close friend, friend, close friend* burst into laughter, starting us all laughing, until it seemed our laughter and the strange warmth shared by that harried and violent little family were the only life in the whole of that naked city.

The purpose of this section is to interrogate the notion of credentials across a range of levels and concerns. I use "credentials" whose Latin root means to "believe" or "trust," in perhaps, the broadest sense of "what, now, one must do, or have, or be, to act effectively, under contemporary conditions." In short, as a means of asking, to borrow a phrase, how much it costs (now) to, and who is authorized to, tell the truth. In the previous section I have argued that a new formation of HIV/AIDS epidemic prevention and control, in this case spearheaded by PEPFAR, has eclipsed the obligations and assurances of an older moral economic model, with the benefits, requirements and constraints of what I have called the economy of virtue (Montoya, forthcoming). Within this new economy, delicate games of brinkmanship, regimes of accounting and efficiency, affective interventions, powerful attestations of virtuous intention and performance, and equally powerful denigrations of competitors along these lines are now some of the tools by which the dignity and integrity of "The Human" are secured. At the highest levels state and non-state actors are leveraging their care for "suffering bodies" (Fassin 2001) to garner their portions of PEPFAR largess. As we discussed in the previous section, this is how a notorious reeducation camp in a remote area threatened with closure can get a new lease on life as a well-funded and staffed, though virtually empty, HIV/AIDS hospital. Furthermore, as we shall see, this is also how a well-meaning though troubled addict-turned social worker who dangerously mismanaged a pair of local NGOs nearly to extinction can be reborn as a tireless saintly street "professor" and minister to the afflicted. In this economy, NGOs' most valuable and vulnerable asset is virtue, and the most potent weapon in turf wars is the ability to control images and narratives and the lines of communication with funders.

This work, taken as a whole, has most clearly not been a story of progress. This is not to say that I have taken a pessimist's bent or have found only wasted efforts, misapplications, dead ends, bad faith behavior and the like. On the contrary. What I mean is that by tracing problems and not progress, that is, attending to how something emerges and is taken up as a specific type of problem to which diverse solutions are proposed (most often in good faith), one attends both to the ways these solutions rectify certain difficulties as well as set the stage for the next. New formations or reconfigurations of technologies, politics and ethics, it should by now be clear, in the study I have here taken up, do as much to enable as constrain those who must now live, labor and speak within them. The task here, to borrow a lyrical passage from Foucault, was and is "to explain what today is and what we are today, but without breast-beating drama and theatricality and maintaining that this moment is the greatest damnation or daybreak of the rising sun. No, it is a day like every other, or much more, a day which is never like another" (1996). Though the departure from the "social evils"-based enforcement mode of intervention that characterized the first dozen or so years of the apparatus for HIV/AIDS prevention and control (though it still obtains in certain sectors) certainly is beginning to have positive consequences, the new regime that has come to the fore, rather than eliminating health disparities, differential access to care and treatment, marginalization and stigmatization of vulnerable populations and the like, has been most effective in shifting the rules and coordinates of the game. What we see now are new requirements to adhere to new expert knowledges and technoscientific discourses about the

body, risk, and citizenship that extend power from the camp and the clinic into the home, the conjugal bed, the morning commute, the marketplace. It falls to us to take up the challenge of beginning inquiry where the story told by public health, or international NGOs, PEPFAR, or the international press leave off, which bring us to Paulo and Phuong and the peculiar title of this section.

"The Collision of Two Stars in Infinite Space"

Pierre Foulon was an instructor of philosophy at the Lycee du Protectorat in Hanoi, in the 1920s and 1930s. According to Huu Ngoc, he was an idiosyncratic Frenchman whose peculiar opinions, tastes and appearance made him unpopular with other colonials (2006). Huu remembers him fondly as an engaging lecturer and supportive mentor, a tall, gangly, disheveled Quixote, who preferred sandals to shoes, was given to quoting Nietzsche, Pascal, Spinoza, Diderot and Descartes, scandalously appeared in public with women of mixed race, and constantly carried a milk container rumored to be filled with rice wine (2006). Huu also remembers Foulon's French colleagues once remarking that Foulon's "brain was affected by the war," indicating that the philosophy teacher was spiritually and perhaps psychologically damaged by the horrors he experienced serving in World War I. Having seen modern Europe tear itself to pieces in the trenches of the Marne and the Somme perhaps made him more sympathetic to the Vietnamese and more critical of the French colonial regime than his countrymen were comfortable with. He published a pair of poetic-philosophical texts during his assignment in Tonkin, one a "song of love exalting the traditional culture of Vietnam," and the other a thin collection of aphorisms for ethical living; *Printemps et Automne* (Spring and Autumn), and *Miettes de Mechancetes et Parcelles d'Amour* (Scraps of Nastiness and Fragments of Love). The latter contains biting passages like, "One meets people so foolish that one is a bit afraid they themselves will recognize it and be the first to be embarrassed. Take heart! Such will happen no more frequently than the collision of two stars in infinite space" as well as insightful and lyrical lines like, "Fine words are like eyes; the clearest have their mystery and this mystery, more than their clarity, makes them loved" (Foulon 2006).

The image of this loose-limbed, shabbily-dressed, profoundly unhappy French *colon*, sympathetic and shunned, scraping out a pair of slim volumes in a dreary apartment in the cold, wet Tonkin winter, collecting and welding bits of joy and vitriol into incisive couplets and strange, sometimes unnerving phrases, instantly appealed to me. Well into fieldwork, when I read his lines and his title, they seemed to reflect this terrible impossibility I was struggling with of separating interventions from further difficulties, humanitarian compassion from crass neoliberal calculation, the nastiness of NGO turf wars from the care of their stakeholders, and even the love, by turns violent and exploitative, tender and loyal, between Paulo and Phuong. Beneath all of this lay, in all of these contradictions, at all of these levels, the general desire to cobble together some guide, some cartography, however fragmented and partial and contested, for living well. The problem became, now, who was authorized to make claims, and how must one now speak these claims, to living well; that is, one of credentials. I had left this problem of ethics for the last, but I set to work, to situate the broad shifts I had marked within the thousand gritty daily dramas of Saigon, a city in which, certainly, one day was never like another.

The following is the promised fleshing-out of the concepts and concerns I have marked in the preceding chapters. The first part of this chapter is a catalogue of moments, skirmishes and occupations from the early years of what might be called the "PEPFAR period" of HIV/AIDS

prevention and control in Vietnam, the years of difficult fashioning, from an emerging loose assemblage of international and local discourses, technologies, practices and organizations, an apparatus. The second part is a kind of conclusion, a sketch of future problems for future research, problems that, either because of the limitations of time or the self-limiting nature of my fieldwork, I do not feel confident here addressing at length.

Digital Relics of the Saints of Affliction

Tri moved hesitantly, scooting sleepily, to the center of his mat, disentangling his birdlike limbs from the nest of sweat-stained pillows and a paper-thin blanket. He raised his curious face, a half-frown and a feeble hand against the streaming hot glare of a late-dry season sun. Dressed for a nap only in a faded pair of wildly oversized shorts, the impossible bloom of his head sat atop a pair of bony shoulders. Tri alternated between contemplating his rope-thin legs and looking for direction from his aunt, an upper-middle aged woman, his sole caretaker since the death of his parents from AIDS complications. All around him the French who made up the site-visit team from Amis des Enfants du Monde (AEM) hovered, adjusting angles, lenses, apertures, snapping photos like strangely earnest paparazzi. One handed the boy a plastic toy truck, which he took with more than a little hesitation, the exchange captured in a renewed flurry of camera whirring. This photography so disturbed me that I sunk my own digital camera into the bottom of my shoulder bag unused, and contented myself with my field notebook. The proud aunt declared that Tri was doing very well, taking all his medication. This medication was displayed prominently in a clear plastic file cabinet beside which I crouched uncomfortably. Her words were translated into French by the young Vietnamese woman they had hired for the purpose. The two representatives from the Smile Group, the local NGO with whom I worked, that had organized the visit and had been supporting Tri, looked on. One was my friend and colleague, Mr. Vu, the director of the group, who had asked me to help him as an unpaid consultant through the site-visits that had been lined up. Tri sat patiently, a bit perplexed at the gaggle of strange visitors crowding his hot austere room, still drowsy from having been awakened so unceremoniously. In response to some awkward questions he said only that, yes, he was fine, and that he had been minding his aunt, before suddenly announcing to the room, unbidden, that he would like chicken wings and rice for lunch. After the translation came, the French team, quite amused, replied that of course he would have just what he liked.

Peering into the clear plastic medicine cabinet beside me I could see Tri's boxes of antibiotics and ARV medication sitting curiously intact, some seemingly untouched. Later, I would discover that the rapid fluctuations and general decline of Tri's health were in part due to his aunt's irregular administration of ARV drugs, failing to keep to the regimen that might have preserved his battered immune system. Consequently, the little boy had been in and out of emergency care for respiratory and other infections, these with increasing frequency in the months around the visit, the mounting costs supported by the dwindling emergency fund of the local NGO.

Coming to their feet, the French team exchanged some words amongst themselves, dismantled and repacked their cameras. Someone handed Tri a clean blue jersey and he struggled to draw it over his head, distracted briefly by the flickering images from the muted television in the corner. Through their translator the French began to say their goodbyes, extending hands for shaking and their good wishes, and began arranging their next stop on the tour. Lost in the

packing and commotion was Tri's voice, asking, confused, when the chicken wings might arrive. Someone handed him the long-forgotten plastic toy truck on their way out the door.

This study locates Tri's confusion in the curious gap within which many are increasingly finding themselves in Vietnam, poised between a Socialist moral-economic model of protection/patronage turning on the long-standing figure of "The People," and a new biopolitical mechanism of power deploying "neoliberal" practices and technologies centered on and requiring the fashioning of a new figure, here instantiated as "The Human"; a "global," self-governing, rights-, risk- and responsibilities-bearing individual. We have marked the migration of neoliberal logics to the realm of global health management and its intersection with the political, technological and ethical elements of late-socialism in the combat of HIV/AIDS. I trace neoliberal technologies to the biopolitical mode of governing, "neoliberalism" here indexing a particular relationship between government and knowledge through which governing activities are recast as nonpolitical problems requiring technical solutions (Ong 2006). Drawing on archival research and fieldwork conducted in Saigon and its environs in 2007-2008, we have explored the contemporary HIV/AIDS situation not as the eclipse of one configuration by another, but as a particular assemblage of neoliberal technologies, and situated politics and ethics. Additionally, agencies and organizations, both governmental and non-governmental, foreign and domestic, are today participating in what I have termed an economy of virtue. This is the general form in which technologies and logics commonly associated with "neoliberalism" have been incorporated as "rational," "technical" "scientific" guarantors of the integrity and dignity of "The Human." Further, they have become a means by which local and international organizations demonstrate, accrue and trade on virtue, translatable through these mechanisms into symbolic and real capital. In this economy, confounding encounters like the one described above, have become all too necessary and charged with often conflicting meanings and demands. Again, it is clear that this is not a story of rupture from a "dark age" and the breaking of a new dawn, nor is it an argument about differing modes of production and their attendant modes of governmentality. It is a story of problems, that is, how difficulties erupted under specific conditions within specific ethical, political and technological regimes and were taken up as a particular kind of problem, both enabling and constraining the possible responses then given.

For instance, it is clear that these "amis des enfants du monde," for all their unconsidered intrusiveness and seemingly willful ignorance, were merely responding to the requirements of a new economy where funding, prestige and what might be called an NGO's "market share" have their stakes in the collection, curation and circulation of images and narratives of the afflicted. These images appear in NGO brochures, pamphlets, recruiting materials, mailouts, newsletters and donation requests, as well as on the NGO website. The children appear identity-less, deterritorialized, captionless and decontextualized; in the sun in front of a village dwelling, at makeshift desks in poorly appointed classrooms, or on a twisted bedroll in a room crowded with Europeans but shot to look empty. They attest to what readers and donors might assume to be the close collaboration between the local NGOs serving the local population and AEM's "Vietnam-Cambodia Team," a "team" that is in reality a pair of well-meaning NGO representatives who are not based in either Vietnam or Cambodia, and who do not speak Khmer or Vietnamese. These images create a story, generating a fictional and well-edited relationship between AEM, the team we are meant to infer they are fielding in the region, and the suffering children they depict. They also propose a partial connection, an inchoate relationship between these afflicted and vulnerable children, representatives from the state of suffering, and you, the recipient and intended audience. *There is great concrete need, as you can see here, an often overwhelming*

need. But luckily, you too can participate in the ongoing and virtuous work of AEM with a first payment of only 23 Euros. In this way Nguyen Tri, age 11, HIV positive from birth, lover of chicken wings and dubbed Chinese fantasy dramas, frequent patient at the Saigon children's hospital, witty teaser of nurses, constituent to a PEPFAR subpartner, orphan benignly neglected into illness both prolonged and periodic, becomes a nameless figure, meant to stand in for others "like himself," the poor, the abandoned, the ill. Lifted out of himself and the specific details of his life, but conspicuously anchored to an familiar imaginary of global southern suffering, the boy, wasp-thin, whispy-haired and soon to be deceased is flattened and made useful, fashioned into a cipher, part "suffering body" part urgent cautionary tale, a figure which can be immediately apprehended, placed into a relationship with distant foreign actors, produce affect and urgency through a narrative form that does not itself require further speech acts. We are convinced. We sign and post a check. Images, like noble causes, after all, do not lie.

"… *également beaucoup appris sur la manière de travailler avec les Vietnamiens*."

We first encountered the AEM representatives when they arrived 45 minutes late to the Smile Group house in Go Vap district, hastily introduced themselves and their translator, took their seats in the upper room under the lazy turning fan, demanded to see the group's books for the past year, and sat distractedly through the presentation director Vu and I had prepared. One took a cellphone call from someone who was apparently uproariously hilarious. The presentation Mr. Vu and I prepared was one part report on group operations and the restructuring of group governance, and one part proposal for funding a new program on ART adherence and nutritional support we had designed. This presentation was designed self-consciously to emulate the form we had seen so many times (described in the previous chapter), I in my fieldwork and Mr. Vu in workshops and roundtables. We provided a rationalized budget, making it available to the AEM visitors, and showed how the restructuring of the group's governance was going to improve the responsiveness of group interventions to community needs, democratize the leadership and adhere to GIPA principles. In terms of our funding proposal we told the parallel stories of Tri and Thi, two children about the same age whose health was dramatically different based on their relative ART drug adherence. We then, as we had seen many times before, compared the cost of funding a regular training for ART adherence at the group house and supporting additional peer educators to visit homes of HIV positive children, to the cost of supporting hospitalization and OI treatment out of the group's emergency fund. We were confident that we had covered all the bases. But the French were nonplussed. They lectured Mr. Vu and me about the proper ethical disposition of a group that cared for and supported HIV/AIDS infected and affected children, told us that they did not feel Mr. Vu was demonstrating the same ethical orientation as his predecessor, and then promptly asked to be taken to see the ill children. This was despite the fact that in the house were several HIV positive children, including little Thi whose life story they had just heard. However, because they were adhering to their ART regimens the house children looked happy, plump and healthy; clearly not the "ill children" AEM sought. We descended the stairs to the motorbikes waiting below. I grumbled a bit about self-righteous tourists and how unfortunate it was that the "children of the world" had such venal friends, as Mr. Vu and I climbed aboard his motorbike and prepared to lead the AEM team through the chaotic midday streets of Go Vap, to Tri and his aunt. My friend was characteristically serene. "Don't worry," he said, slipping his helmet on, "They don't understand anything about us."

But I was worried, and confused, and my confusion sought answers. I began to investigate. What had gone on, I came to understand through interviews, recalled chance encounters, newspaper accounts and the like, had little to do with the value of the presentation and proposal we had just made, and everything to do with a story decades in the making and a brewing turf war brought on by scarcity and personal contempt amidst the shifting terrain of humanitarian intervention in Vietnam. In short this was the contemporary story of a disease in the time of virtue. The same month that little Tri would finally succumb to his illness AEM published a bulletin addressed to their sponsors and donors in which they officially defunded the Smile Group, citing a "divergence between (the new director's) ethics and the actions of AEM" (AEM 2008). It was as if it had been completely lost on them that Tri died of precisely what our proposal to AEM had sought to rectify, lack of ART adherence. The bulletin also indicated, even more tragically, that on their brief tour of a handful of local NGOs the "Vietnam-Cambodia Team" found that the "actions of these various groups to help poor children through major difficulties were remarkable. Through these meetings they have also *learned a lot about how to work with the Vietnamese*" (AEM 2008, emphasis mine). What they could have possibly learned about "the Vietnamese" from the confounding drive-by visit to the Smile Group that I witnessed is quite beyond me. But the story of that afternoon began, as I would find, with a man and a war.

The founder of the Smile Group, Nguyen Van Hung, was born in 1956 in Saigon, his family having come south in 1954 with the waves of those fleeing the communist north after the French debacle at Dien Bien Phu and the partitioning of the country. An old friend of his told me that Hung's early family life was complicated by his father who apparently took many mistresses. In Saigon, the family settled in the seedy Da Kao ward along the Thi Nghe canal on the northern edge of District 1, a designated "social evils" ward, home to army families and low level government bureaucrats, most famous as the site where the fictional American operative, Alden Pyle, is murdered by communist agents in Graham Greene's *The Quiet American*. Hung's family sold pho in a market in Da Kao. Hung, apparently, was something of a rabble-rouser. His youthful troublemaking culminated in his experimenting with and becoming addicted to heroin in 1972 or 1973, during the final, turbulent years of the US-Vietnam War, at the tender age of 16. His parents reportedly enrolled him in a rehabilitation program run by the police on Le Van Si street in Phu Nhuan district, but to no avail. Much to the chagrin of his parents, Hung's habit and his penchant for theft to service this habit put him afoul of authorities of both the pre-1975 Saigon regime and then the post-1975 communist regime that replaced it. Predictably, Hung spent a good deal of the next two decades in and out of various reeducation camps, never fully kicking his addiction. By some miracle of chance he managed to avoid contracting HIV. While interned at the "Fatima" reeducation facility near the Binh Trieu bridge in the outer central districts of Saigon, Hung took part in a drug intervention put on by a European NGO. It was then that he apparently decided to reform his life. He was released in 1992 and began to engage in unstructured approach-and-counsel interventions with streetchildren in local parks, along the waterfront and in the most notorious districts of the city, first on his own, and then as part of a growing concern. In 1994, with the help of three other collaborators, in particular a bright young woman named Tran, Hung founded the Thao Dan center for the care of street children.

The early years of the upstart young group were, by all accounts, idyllic times. The managerial-minded Tran handled the money and kept the books, taking care of group logistics and long-term planning. Hung, the charismatic former addict and street-person handled the recruitment, advocacy, street outreach, and public relations, speaking to the local press and international visitors, becoming the recognizable public face of the growing group through the

1990s. This was a role he apparently began to relish. How could he have not? He was surrounded by idealistic and enthusiastic young social workers, recent college grads and foreign volunteers who looked up to and fed off the energy of the worldly and experienced Hung. His group was flush with cash from partnerships with international NGOs, and conducting work whose rightness was unquestionable. Additionally, some people I interviewed mentioned that Hung developed a strong romantic attachment to his partner Tran, one that may not have been completely reciprocated, though it was clear their partnership was mutually supportive, beneficial, complementary and wildly successful. It was under these glowing conditions that I first met the man in 2002, he a well-established and well-known personality in Saigon social work, and me a young undergraduate conducting his first field project in Vietnam on Saigon street children. I had been living in an open air loft room down the same alley off of Hai Ba Trung street as the Thao Dan Drop-In Shelter and was granted an introduction by a neighbor. In those days the group was implementing a multi-tiered project to gradually shift children off the streets and into established homes. This involved holding open a 24-hour Drop-In Shelter where streetchildren could come in, have a bed for the night, take a shower, have a meal and so forth completely at their own discretion. The second tier was a more stable Safe House where children seriously looking to move off the streets (not all streetchildren, it bears mentioning, care to leave the liberty and self-determination they know on the street for schools, jobs and households) could get long-term lodging and be enrolled in further programs. Additionally, the group was also informally supporting a house run by a former heroin addict and sex worker, to care for HIV positive children. For a local NGO to enjoy such a range of facilities and the funds to support them was unprecedented and speaks to the success of the partnership between the fiery and persuasive Hung and the calculating and meticulous Tran.

To my eyes the program then was the most "progressive" and resourceful I had encountered, Hung sending me out on rounds of the seedy districts with this or that peer educator, all young former streetchildren, former addicts and former sex workers. This was in stark contrast to the government policies I had witnessed in action; sweeps and raids of the central districts, round-ups of children ending in small bands clambering across the city in the backs of police cage trucks, on their way to processing, then the reformatories and vocational schools in remote provinces. In those days all I saw was this contrast; the police and their batons versus this street-hardened but kindly man, tireless and determined, leading his small squad of young, energetic, educated social workers and salvaged children out into the streets of Saigon to do what they could. I saw the bustle of the Drop-In Shelter, the rambunctiousness of dozens of children who had known nothing but barefoot life on the streets, the preparation of huge but simple meals by weary but happy volunteers, the pride with which the children I met wore the badge "*tre bui doi*" (roughly, "children dust life") rather than the more politically correct "*tre em duong pho*" (children of city streets). It was 2002 and the problem of the global streetchild was still very much on the international radar, Thao Dan was still the Saigon gold standard, and I was still a young undergraduate and a fledgling fieldworker. I had missed Hung's drinking, his outbursts, his need to micromanage, his refusal to explain himself or be held accountable. I had missed the fact that some of the peer educators I had ridden out into the dark districts with were not so "formerly" drug addicts, and that sending them out to shooting galleries and their old copping spots may not have been the best idea. I had missed the fact that some of the impromptu spending that Hung and the others were doing, spur of the moment support for this family or that hospitalization, a funeral or festival, though immediately effective, gratifying and useful, were

conducted without a policy, inconsistently, were causing problems and unbalancing Tran's carefully kept books. I had missed the specter of AIDS.

Not long after I filed my report and returned home, Tran left the group to pursue an MA in social work in 2003 in the US. People who had worked closely with Hung told me that the man, distraught at the departure of his partner, became more erratic. He began to drink heavily, and resented the younger staff members who had come in to replace the outgoing Tran. He was chaffed by the new need for documentation, the filling out of application forms and the filing of paperwork. These new workers and the new donors wanted consistency in policy and programs, not spur of the moment decisions and small ad hoc interventions into the myriad gritty daily dramas of Saigon street life. Those who worked with him in those days remembered his angry assertions that "this was not how we used to run things," clearly frustrated, unused to such checks on his cowboy managerial style and spending. A program coordinator for Thao Dan who had been with the group since 1999 also mentioned that in those days before the wide availability of ARV medication several of Hung's friends had begun to grow extremely ill and die from AIDS. Under these conditions Hung, who one peer educator in a lyrical turn of phrase described as a man "with angels and demons at war inside him," and another described as "two people inside one man," gradually lost control, once reportedly lashing out at some children in the Drop-In Shelter. Embittered by the curbs on what had before been his unilateral decision-making and freewheeling spending Hung left Thao Dan in 2004, more or less severing his ties with the group he had helped found and which he had almost run into the ground. Madame Nguyen Thi Oanh, perhaps the most famous social worker in Saigon history and current vice director of the Psychology and Education Association, once referred to Hung as a "poet," referencing his fiery spirit, charismatic personality and relentless drive. However, she cautioned, these days groups involved in social work had less and less need of these types and increasing need for smart managers. The days of the 24-hour-a-day on-call street poets were coming to an end, or at least the *romance* of such figures was gradually no longer enough to secure funding and maintain group operations. The realities and constraints of social work in Saigon in the middle of the last decade were changing. The problem of street and working children was giving way to the problem of HIV/AIDS. Hung, ever sensitive to such details, responded in kind.

In a move that mirrored that by which Trong Diem became Nhan Ai in the previous chapter, Nguyen Van Hung broke away from the faltering Thao Dan to found the Smile Group, dedicated to the care and support of children infected and affected by HIV/AIDS. Hung wasted no time. By the next year the group, which 12 months before did not even exist, appears as a PEPFAR subpartner in the first accounting list of the first full fiscal year of PEPFAR Vietnam. In this period Hung became increasingly involved, politically, economically and romantically, with a freelance minor French director, Leslie Wiener. The pair met in the mid-1990s at Thao Dan, when Wiener was then shooting a film on Vietnamese children. Apparently impressed by the fiery Hung and the work of Thao Dan she was instrumental in promoting the group, specifically in terms of linking them up with two small French donor NGOs, AEM and Promethee Humanitaire, who continue to fund the group. In 2005 she was completing a project entitled "Agent Orange on Trial," a 90-minute documentary about the ongoing struggles of Vietnamese victims of the defoliant used by French and American forces during the First and Second Indochina wars. Once this project closed she took up work on a documentary that centered on Hung and his new work on HIV/AIDS. She began work on the project in 2006, and it seems that in this close collaboration between the globetrotting French cosmopolitan do-gooder and the masterly charismatic self-promoter love blossomed. The two were engaged about

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the time Hung began to deteriorate from liver cancer. Wiener completed editing in the spring of 2008. One of Wiener's associates said she hired a Canadian editor for three months on the project for 50,000 USD. Entitled "Le Professeur" and accompanied by a dramatic, if a bit overheated, poetic description of the man and his work, the short film is a romantically idealized version of life. The camera follows Hung as he wanders from one dilapidated part of the city to another, from one hovel to another, seemingly without direction, talking with children, mothers, the dying, promising aid, instructing his charges on how to live, instructing his peer educators on how to interact with children, and in one scene performing a kind of awkward medical exam. In short the film, subtitled inaccurately in French, depicts a dying man wandering here and there, a man who more often than not seems to be performing for the camera and the woman behind it.

　　The film is a work of misrecognition and mistranslation. In one scene there appears a young man, Hoang, one of the peer educators Hung poached from Thao Dan upon his departure. A former streetchild himself, Hoang was deeply devoted to Hung. He was one of the peer educators with whom I had gone on rounds in 2002 during my first work with Thao Dan and Hung. Hoang, who is HIV positive, had been using heroin throughout that time, in fact, in at least one case, using it at the Thao Dan Drop-in Shelter with children then under his care. One of these children, a young woman, told me of these sessions, of sharing drugs and needles with Hoang and several other streetkids, this woman suspecting that it was from Hoang that she and some of her cohort contracted HIV. Moreover, the film says nothing of the mismanagement of the group itself. The Smile Group's books were in such disarray that Mr. Vu and I spent a good deal of time reorganizing them before the visit by AEM, a bit worried that the shoddy nature of their keeping under the previous director would reflect on the current state of the group. For instance, in Hung's budget for 2007 a not inconsiderable sum is allocated for the director's salary. In fact, Hung took home more per month than what the group allotted for the children's nutritional support and medication, and earned more than that allotted for "regular group activities," "urgent aid," "education" and "funerals" combined. Even the film's title is suspect. The title is derived from Wiener's assertion that the children Hung served called him "dad" or "professor." It is more likely that these children referred to the man as "*thay*," in Vietnamese a formal word of address used when speaking with instructors that translates as something between "teacher" and "master." The film closes with an over-dramatic montage of Saigon night scenes accompanied by a slow droning rock cover of Dylan's "Knocking on Heaven's Door."

　　The times I met Wiener, an older woman with short swept-back hair, she struck me as affable, lively, good-natured and intelligent, if slightly naïve and flighty. Despite having worked in Vietnam for over a decade she had only managed to command a few very basic phrases in Vietnamese and had only a sort of standard European liberal understanding of the tricky politics that had to be navigated by any group or individual working in Saigon. She also had an unusual temperament that tended toward the dramatic statement or gesture that often confused or frustrated the NGO workers she collaborated with. Mr. Vu and some of my other informants who had worked with Wiener frequently referred to her as an "artist," someone who put or had "*trai tim de tren dau,*" that is, put their heart in their head. It was absolutely true that she cared a great deal about social problems in Vietnam, that she had helped Hung garner funding from various sources for both Thao Dan and the Smile Group by activating her network of contacts and friends in France and that she had spent not inconsiderable amounts of her own money to secure at least one of the houses used by Thao Dan. However, it was never clear to me how much she understood about the work or management of either group except what she learned from Hung and what she fixated on in her film, the parts that made the best images and most exciting stories;

the overt and dramatic, the emergency, Hung's ceaseless prowling through the city to solve some pressing crisis. It was this fixation, this misrecognition of the work, mandate and demands of these groups that would inevitably lead to the weird interaction Mr. Vu and I had with the AEM "Vietnam-Cambodia Team," and the defunding of the Smile Group and its 62 families.

Hung was in charge of the Smile Group for a little over a year before the symptoms of his illness became such that he could no longer carry out his duties. He asked Mr. Vu, an associate and one-time collaborator, to take over the administration of the group while Hung convalesced and sought treatment. By all accounts Hung fully expected to recover, even during his final weeks planning to travel to Japan for a medical procedure sponsored by a Japanese NGO. Mr. Vu was not a social worker. Vu had worked for a long time for a German chemical company, and though affable and good-natured, was considerably more business-minded than Hung. During his time with his company the shrewd Vu had managed his money very well, purchasing a number of rental properties in the burgeoning "Saigon South" development, and saving a comfortable-enough nest egg to enable him to effectively retire in his late thirties. Despite his success, by his own admission Vu had grown tired of his life with the company and wanted a change. His rental properties providing a stable and comfortable source of income, Vu did not even need to draw a salary as the group director. This gave him distance enough to cut into the director's allocated salary in the group's books, as well as devote himself full-time to the Smile Group. Vu saw himself as an administrator first. When I came on to help him his first priority was the reorganization of group governance. We designed a tiered hierarchy where the director ran day to day operations, but was responsible to a board of stakeholders including social workers, financial officers and community members, a vast improvement over Hung's autocratic managerial style. Second, we rationalized the budget, cutting into the grossly disproportional salary of the director and setting new allocations, prioritizing educational and nutritional stipends and health education. Third, for better or worse, Vu gutted the staff. He had learned that a number of Hung's peer educators, those staff members in charge of child/family recruitment, HIV and drug education, home visits and the like, had been using heroin, neglecting their duties and filing false reports. He was operating with a skeleton crew of staff members while he interviewed prospective educators to fill the vacant spots. Consequently, home visits and street approaches were almost never carried out during those months.

Vu's style was nearly the inverse of Hung's. Instead of tirelessly tooling around the city from one minor crisis to another, Vu preferred to rely on his remaining peer educators, who, with drastically reduced capacity, continued to make home visits and rounds. Because of this, family members were now asked to come to the group house to pick up their allotted educational or nutritional stipends, monies that Vu kept scrupulous watch over. Besides having reduced staff, the group was running out of money, and the meticulous Vu made it a priority to keep tight control of the purse strings. Vu had inherited a sinking ship. We made a point to calculate not only the actual budget for the purposes of making proposals to the site visit teams of the group's foreign funders, but in those dire straits an internal budget that represented the absolute minimum amount of funding the group could operate on without sacrificing the bulk of its vital services. Vu, with the mind of a businessman, reasoned that though this restructuring was drastic and a serious departure from the operations of the group under Hung, it was in the best long-term interest of the group. This was a reasonable assumption, but what he did not count on, what his managerial experience and faith in transparency and accountability had not prepared him for was the simultaneous necessity, within the demands of an economy of virtue, to frame these changes, speedily and aggressively, as part of a humanitarian effort, as necessary to maintain the group

and the services it provided, to preserve the children and families it served. In effect, Vu underestimated how vital it would be to actively manage the group's image.

Unfortunately, other parties were quick to fill the discursive void. And they did so, as is too often the case, with misreadings. Vu's instrumental and summary firing of the majority of Hung's misbehaving peer educators was taken, by Wiener and her friends at AEM and Promethee Humanitaire, as a malicious housecleaning by a new administration, not the elimination of a resource-sucking and potentially catastrophic and unnecessary risk. It was never clear to me if these parties were aware that these peer educators were endangering the reputation of the group by actively engaging with the drug economy, falsely reporting their work hours and drawing stipends for little more than driving around the city and hanging out. Additionally, these changes were framed as a renegotiation of the mission and operation of the group. With a scuttled staff whose street rounds and home visits came less frequently, and a director who no longer saw it as his place to fly day and night from one urgent problem to the next, the group's romantic self-portrayal under Hung, that fever dream of ceaseless (if inconsistent) crusading, came into question. Vu's decision to opt out of the rounds and home visits in order to maintain the critical distance he felt he needed to make administrative decisions about resource allocation and fundraising were read, uncharitably, as a sharp ethical departure from the demonstrably (read performatively) engaged Hung, and a renegotiation of the mandate of the group. What the French teams heard from Wiener and saw on their brief fly-by visits, was a Smile Group that had recently dismissed three quarters of its "experienced" staff, now asked their constituents to come to the group house to pick up and sign for their stipends, and seemed overly concerned about keeping tight control of their budget. They also met a friendly and intelligent, if slightly aloof, middle-aged director who favored casual polo shirts and light-colored jeans, not the soiled and slept-in threadbare garments of Hung. Vu, who shared a comfortable apartment in District 3 with his mother and drove a newish Honda, who did not sleep in a cramped Da Kao tenement apartment with ten of his extended family members nor drive an ancient noisy Chinese motorcycle. The understated Vu, who was reluctant, not eager, to parade the children his group served around for the cameras, not the "living legend on the streets of Ho Chi Minh City," nor the "ultimate and tenuous thread that still holds the human community," nor the founder "in the largest city in Vietnam" of the "main source of information and the first support for young and poor patients," (Wiener 2007) a spurious claim at best considering the massive funds pouring into the city for HIV/AIDS. No, they found Vu, suspicious of their intentions, but honest to a fault, almost pathologically incapable of softening his matter-of-fact and businesslike delivery when reporting, without embellishment or explanation, the changes he had made to the group. Why the suspicion and reserve?

Vu had suspected for a long time that due to dwindling support from their outside funders Thao Dan, backed by the well-intentioned if ill-informed Wiener, planned to, in his own words, "swallow" or "capture" Smile, a group well-positioned to give the larger and perhaps overextended Thao Dan a much needed handhold in the new Vietnamese humanitarian economy that prioritized HIV/AIDS. In the fall of 2007, not long after Vu took the reins of the group, Wiener and the Thao Dan administration set a meeting with him in which they proposed that Smile be consolidated with Thao Dan, in fact, proposing that the Smile group be moved out of its current three story space to the first floor of the Thao Dan Safe House in Go Vap District. From the perspective of Wiener, the French NGOs she had placed at Hung's disposal, and Thao Dan, the proposal made a lot of sense. The French NGOs could roll back their support without losing their humanitarian credentials, no longer obliged to fund both groups and their facilities

separately; Wiener could extend her control over the group she helped Hung found and fund even after the inevitable death of the great man; and Thao Dan could win a much needed shot in the arm in terms of publicity and resources. Vu, unwilling to be "swallowed," stubbornly refused the proposal. This apparently outraged the already primed Wiener who by some accounts began to badmouth Vu and the group to her contacts with AEM and Promethee Humanitaire, a tremendously venal move from someone who had ostensibly devoted the last decade of her life to helping the marginalized. Vu had already rubbed Wiener the wrong way, weeks before declining to gather the group's children for a second photo op after Wiener stood them up the first time. Wiener charged that Vu was running the group too differently, and that Vu did not have the same humanitarian compassion as his predecessor, charges we heard parroted almost verbatim from the AEM and Promethee representatives in their bewildering and patronizing lectures on the "proper" ethical disposition of a group director.

Disciplining Virtue

In the bright, hot upper playroom of the group house Vu gave the presentation we had prepared to the pair of French visitors and their translator, as I looked on. The French asked him to produce the coming year's proposed budget, one we had slashed to the bone, diverting the majority of funds away from staff compensation to educational and nutritional support for the 62 children supported by the group. Noticing the entry for "emergency care," a quite small allocation as the group was not particularly well-funded, they asked; "What do you do when this amount runs out?"

This fund was used primarily to support emergency hospitalization and treatment for children supported by the group who, because of complications related to HIV, fell ill, children exactly like Tri. Vu, new to the game, answered bluntly, honestly, that children requiring emergency medical care after the funds were exhausted might very well die.

At this, the French representative, a minor television actress, clearly not taking this as an honest assessment of the resources then available to the group or a realistic portrayal of the material conditions of the children and families the group served, exploded in a righteous rage, berating the bewildered director for many long minutes in French and heavily-accented English, crying that they could not believe he had said that, that "everything must be done to save the children." Furthermore, they added that they did not think he was running the group with the same compassion and human feeling as his predecessor, either unaware or unconcerned that his predecessor, though a tireless and famous social worker, had basically run the group, as an opaque autocracy, more or less into the ground.

I intervened, explaining that of course everything should be done for the children, that in the best of all worlds no child would die from preventable illness, and furthermore no child would contract HIV. I explained that the director's statement was not meant callously, but was an expression of the demanding conditions in which this group operated, the limited resources available to it, and the stigma, poverty, lack of education and basic health care that—I was cut short.

"Thank you. We have to leave," said the television actress, brusquely collecting her scarf and purse, standing to go, "We are to play guitar with streetchildren at the Thao Dan Safe House in ten minutes."

The battle between Wiener and Vu culminated in a very public way in late October-Early November of 2008. After the October 12 death anniversary of Nguyen Van Hung, the Smile

Group cut off support for a number of children whose families had attended the ceremony (Thanh Nien 2008a, 2008b, 2008c). This shocking denial of support prompted Wiener to shoot off a characteristically dramatic letter to the Thanh Nien office in Saigon in which she denounced Vu and claimed that he had "hijacked" the Smile Group (Thanh Nien 2008b). Other contributors chimed in saying that such work should be carried out by someone with a "social worker's heart who is acquainted with unhappiness," and no less than the famous Dr. Le Truong Giang, head of the HCMC PAC, weighed in on the debate, mistakenly characterizing it as one that had to do with the expression of religious freedom (Thanh Nien 2008b). In fact, the withdrawal of support had everything to do with the diminished resources of the Smile Group after Wiener's smear campaign in the Spring. Vu had identified a number of families who may have been receiving support from *both* the Smile Group and Thao Dan for the same purposes, nutrition and education. Hating to be cheated and eager to cut waste, Vu temporarily (if abruptly and unexpectedly) suspended support until an investigation could determine if this was the case. Vu said as much in an interview with the Thanh Nien reporter, though, predictably, he does not explain himself, or draw the proper connections, coming off as crass and aloof: "Families attended the death anniversary without informing us. Thus, we had to cease providing aid to make sure they were not receiving support from other charity groups" (2008c). No one, including Vu, ever questioned the ethics of distribution under conditions of scarcity, nor bothered to mention that this was a necessary cost-saving measure under conditions produced by Wiener and her associates. Instead, Vu and the group took a major hit. Wiener, with her fiery rhetoric and image (in an engagement photo clasped to a rail-thin and barely-there Hung in his last days) splashed across newspaper copy and webpages, emerged as the virtuous guardian of the legacy of Nguyen Van Hung, the late, great saint of the streets of Saigon.

In the time of virtue, HIV along with the people it affects and the suffering it causes, carries multiple meanings, performs many functions, and is multiply represented. These are put to work within an economy, within a certain regime of truth and power that, like all others, has no lack of disciplining mechanisms. One's virtue, one's "ethical disposition" finds its expression, its proof, in account books and digital photographs, the circulation of narratives, virtual and actual, that tie one to suffering bodies, that attest to good will and good faith, man-on-the-spot credibility, a virtue polished, valuable and vulnerable, in the conspicuous and spectacular performance of performance. While it is true, to borrow from Madame Nguyen Thi Oanh's famous dictum, that the time of "poets" has given way to the time of "managers," a mastery of a certain poetics of suffering and intervention, a command of the contemporary grammar of humanitarianism that entails a delicate balance between technoscientific rational-choice and efficiency calculations and a familiar politico-ethical discourse of sentiment and sympathy, that are both mobilized within and are expressions of a contemporary brand of neoliberal calculation. From the bureaucratic accounting mechanisms that govern the millions of dollars dispersed by PEPFAR Vietnam to its international and domestic partners, down through the complex and interlinked strata that culminates in a two-hour translated site-visit by a minor television actress to a faltering NGO, the game is not one of coolly identifying a problem and then applying the resources and manpower necessary to rectify it, nor is it even one in which the manpower, recognizing they are on the same "side" of a problem are content to put aside competitive pettiness and leave each other be. What there is instead is a gift politics saturated with a neoliberal impulse toward optimization, shored up by technoscience, a tightrope walk with tremendously high stakes.

It bears mentioning that all of the actors involved in this awful little drama survived, with the exception of Hung and little Tri. I returned to California to teach and read, reflect and write. The French NGOs, after defunding the Smile Group, are slightly more solvent and certainly still open for business, once a year fielding their regional "teams" who return from Asia with heart-tugging if dislocated images. Wiener still flits around Vietnam, making moving films, the onetime fiancé of the late famous Nguyen Van Hung. Thao Dan continues to operate, its excellent and tireless workers, under trying conditions, committed to supporting the children of Saigon's streets. And the "Smile Group" is doing best of all. In fact, it is doing twice as well as before. There are now *two* Smile Groups, one headed by the headstrong Mr. Vu, and one that operates through Thao Dan at the pleasure of Leslie Wiener.

"Di Voi Phat Mac Ao Ca Sa, Di Voi Ma Mac Ao Giay"

Nights out with Paulo inevitably began at his flat, a disordered two-bedroom apartment beside the Ben Nghe canal, near the famous "Y Bridge" in Cho Lon. Not far away Cho Lon's famous Binh Xuyen gangsters had operated a major opium-boiling plant at their headquarters during the turbulent final years of the colony in the late 1940s and early 1950s. Their leader, Bay Vien, had been given free rein by the French to organize gambling, prostitution and the drug trade in Saigon-Cholon in exchange for the support of Bay Vien's small army of gangsters and thugs against the Communists (McCoy 1972). It was twilight on a Saturday in late 2007. I pulled up to the building and paid the *xe om* driver, hoping, naively, that Paulo and his ragged little band had planned a quiet evening in. He and I were, after all, scheduled to catch a government bus at 5 AM from the MOLISA office across town. But the evening proceeded like so many others, from the flat to a divey restaurant to a succession of *bia hoi*, including a stop at a deafening Cho Lon night-club just after midnight to meet and conduct a bit of obscure business with one of Paulo's more unsavory contacts. The middle-aged man, dressed in a suit, introduced himself as Mr. My, a Saigon banker. He called for another bottle of Stolichnaya and a broad tray of fruit, placing a heavy arm around my shoulders. He told me, in a friendly way with just the barest hint of menace, that it was good to meet a friend of Paulo's and that I should come to him, and only him, if I should ever need anything. By the time we returned to the flat no one but me was in the mood for sleep. Paulo and Long and the two young women we had been out with opened a further round of 333 beers and proceeded to crush and snort ecstasy. At 4:30 I casually reminded Paulo about the bus. He sprang up and into the flat's cramped washroom for a moment, then emerged hunting for his shoes and cigarettes. In minutes we were tearing down the deserted streets of Saigon, a purple dawn glimmering in the east over the river, Paulo's voice drowned in the fearsome howl of the motorbike, me clutching the back rail and hastily tightening the strap of my shoulder-bag, trying futilely to recall how many drinks and lines he had taken in the last ten hours.

We pulled up to the old French colonial building that housed the MOLISA office near where Nguyen Thi Minh Khai and Xo Viet Nghe Tien streets meet, just before five. Two ancient buses grumbled to life, coughing exhaust into the lightening sky of the walled-in courtyard. As Paulo wrestled with parking his motorbike I purchased the tickets: 200,000 VND a piece for round-trip tickets to Phu Van and Phuong.

Paulo tossed away the end of his cigarette and we climbed aboard the bus with the Phu Van placard, handing the sleepy driver our tickets. He hesitated, wary at the unexpected pair of

foreigners; a restless and rumpled Frenchman, and a disoriented American trailing a battered shoulder bag stuffed with papers. Checking our stubs he let us on with a shrug.

The ride was long and cramped and stuffy, even in the relative cool of the early morning. When we reached the industrial belt on the outskirts of Saigon, about the time rush-hour began in earnest, the sun was already baking the long hot road out of the city. Paulo fell asleep against the window. Walled electronics and textile factories gave way to endless green stretches of rubber trees cut by long straight plantation roads. The sun was high in a bright cloudless sky when we wound up the narrow road beside the Thac Mo hydroelectric plant, the wheezing bus pulling slowly up into the highlands. Finally, at about 10, the bus groaned to a halt and sputtered out at the weathered gates of Phu Van. All the passengers collected their things and disembarked. Paulo and I passed quickly through the gates and moved with the others up a long tree-lined gravel drive to a low spare administration building. Behind a glass-enclosed counter like one might find at the DMV sat three gruff and distracted MOLISA agents. I sat in the long rows of chairs and Paulo, who had painstakingly arranged the documents he needed to visit Phuong, dealt with the bureaucrats. The room was about the size of a school cafeteria, lit by the glaring sunlight that streamed in the open door and filtered through the grimy windows, its walls unadorned but for lists of rules and regulations for visitors, and old deteriorating HIV, drugs and social evils posters. The regulations dictated proper attire, decorum and appropriate topics of conversation. Paulo returned with my passport and international student ID. Over Paulo's shoulder I could see one of the MOLISA agents glaring at us through the glass of his station, and I told him as much as we emptied our pockets into my shoulder bag and I reluctantly placed it into one of a bank of rusted lockers. "Because foreigners never come here. Good thing you are not from Amnesty International," Paulo joked in English.

Carrying nothing, we walked up the gravel drive. The heat was oppressive. Cicadas buzzed in the thin heat-weary orchard to our right. To our left were a pair of low non-descript buildings. Security directed us to an open-air canteen with a sheet-metal roof flanked by a pair of cement cisterns. We were seated at a long metal table with the other visitors, chatting nervously as the inmates, about twenty of them, all young, both men and women in uniform sport shirts of green or yellow, were brought out, alone or in small groups. It was there, under the eyes of the uniformed MOLISA security and members of the Youth Front with their trademark guerrilla-green bush hats, sitting shoulder to shoulder with wives and mothers, brothers and sisters, children and grandparents, that I first met Phuong.

Paulo went off to the canteen line to purchase drinks and food for our visit. The MOLISA security guards flirted with two young women from the Youth Front who had been chatting idly in the thin shade of a tree by the cisterns, occasionally glancing over at us to make sure no one passed anything suspicious to the inmates. I had introduced myself, but once there, in the weight of the heat and history of that camp, with the guards looking on, I found myself at a loss for words. It was Phuong, clear-eyed and curious, who, sitting across from me, began our two-hour conversation.

Phuong was a lively young woman, nearly 24, with uncommonly light eyes and a deep tan that revealed two light razor-thin scars on her right forearm. She was born in Dalat, the product of a brief romance between her mother and a local neighborhood boy. When the boy found out her mother was pregnant he left her to fend for herself and her child. Her mother married. When Phuong was 14 her stepfather raped her. Deeply ashamed but unwilling or unable to bring charges against her husband, her mother expelled Phuong from their home and sent her to a Dalat orphanage. It was in these unhappy circumstances that Phuong fell in with a group of

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friends who decided to make a new start in Saigon. They traveled to the city and found it difficult to support themselves, living on the street, hanging out in city parks, and experimenting with heroin and other drugs. At some point they were approached by Thao Dan peer educators who counseled and supported them briefly. It was during this period that Phuong says she contracted HIV, regularly sharing needles in a group for the first time. Shortly thereafter the tough little band of streetkids burgled Thao Dan, relieving the group of a television set and other valuables, most likely to support their growing heroin habits, effectively severing their ties with the center. During this period Phuong worked at a club on Trang Hung Dao street in Cho Lon, a highly lucrative multi-level karaoke owned by a gangster and famous for peddling drugs and sex in its many small lockable rooms. It was not clear if Phuong worked there as a prostitute or simply a hostess/waitress. Either its profile became too great or the kickbacks insufficient, but the police shut the club down, though its owners simply opened it up again, audaciously, albeit in much reduced form, on the tony stretch of Dong Khoi near the river and the Majestic Hotel.

Sometime in late 2002 or early 2003 Phuong met Paulo by chance tooling about the Turtle Lake on Pham Ngoc Thach street in downtown Saigon. The newly arrived young Frenchman and the pretty young urchin struck up an unlikely friendship, intense if brief. Paulo, at least, was smitten. Unfortunately Phuong would be arrested not long afterward in downtown Saigon, swept up at the height of the "Three Reductions" campaign. She was processed and packed off to the "Fatima" detention facility near the Binh Trieu bridge, so named because it stood on the grounds of a former Catholic seminary of the same name. In early 2006 the deputy director of this facility, Nguyen Thi Kim Xuyen, would hang herself in her office after a series of disputes with her new boss, and ongoing financial and familial problems (VietnamNet 2006). Phuong was kept there for about six months, during which time Paulo, not without considerable effort and expense, tracked her down. He managed to keep track of her, even after she was packed off to the camps in Binh Phuoc, first to Trong Diem for two years. During her time at Trong Diem, Phuong began to suffer from the first signs of diminished immune capacity, her CD4 count dipping dangerously low. She lost weight at a precipitous rate, new and unusual infections sapping her strength. A number of her fellow inmates in similar straits attempted suicide; a few succeeded. Luckily, this coincided with the first availability of PEPFAR-funded ARV medication in Vietnam, which undoubtedly saved her life. She was transferred to Phu Nghia next, and then moved for a final stint at Phu Van. Phuong said Phu Van had housed at least 1,000 people when she arrived, but was at the moment home to only about 600. The 2004 HCMC People's Committee budget, published while Phuong was still interned at Trong Diem, reported a total of 2,000 inmates (PCHCMC 2006). Phuong mentioned that she had had to borrow 2 million VND, about 125 USD at the time, from friends to pay for medicines, toilet paper, food and other amenities while at Phu Van. She had, in turn, borrowed the money from Paulo to repay her friends. Paulo mentioned that the transfers of funds to her account happened through the MOLISA office in Saigon. She spoke with Paulo about a female drug dealer from the Pham Ngu Lao backpacker ward whom they both knew whose son had recently been released from jail. The boy apparently used a cigarette pack stuffed with drugs to bribe his way into Phu Van to meet with his sister. He had been out of jail for three days. She also said that about six months prior prisoners at Phu Nghia or another of the lesser known reformatories had rioted and burned down a main building there, news she reported with barely disguised relish.

We snacked on a plate of barbeque chicken wings and Phuong offered me sips from the Bird's Nest soft drink she preferred. Phuong spoke hopefully, if reservedly about her impending release, scheduled for a month and a half after my visit (though it would in actuality be three).

She said that inmates were required to prove some employment and provide evidence of stable lodgings before their release. She said that many simply purchase fake documents from small companies attesting to their "hiring" to meet the employment requirements. She asked me if Thao Dan might consider hiring her as a peer educator to which I replied that I would certainly inquire on her behalf. My noncommittal answer perhaps prompted her to comment that maybe she would move back to Dalat to live with her mother after being released. It was not clear to me if she meant this seriously. Two months later, granted leave from the camp for Tet, she and Paulo made an ill-fated trip to Dalat to visit her mother. Her mother was not entirely thrilled to see Phuong. She told her, in no uncertain terms, that Phuong was not welcome back in her home. Since Phuong's incarceration the mother had accrued both a new husband and two children. She told Phuong that she did not want to make trouble with her new husband by allowing her grown delinquent child to live with them, nor did she want Phuong to negatively influence her young stepsiblings. To add insult to injury the mother also inexplicably asked Phuong to honor the grave of her first husband, Phuong's stepfather, the man who had raped her as a girl and who had hung himself after hearing that Phuong was returning to Dalat. Phuong, of course, refused, wounded, furious and distraught, and Paulo brought her back to Saigon for the remainder of her leave.

Around noon the security guards came over under the sheet-metal shade of the canteen to begin rousting the families and friends from their loved ones. Paulo and I stood to go, he and Phuong exchanging a warm, almost shy goodbye. I moved to collect the plate of chicken bones and soiled paper napkins. Phuong touched the back of my hand to prevent me, making me and one of the guards pause. The guard scowled at me, suspicious, gesturing gruffly for me to keep moving. "Goodbye," I said to her, "I'll see you soon."

Paulo and I moved with the group down the sun-bleached gravel drive. A few lost clouds hung limp and weary in the bright noon sky. "She talked to you," Paulo grinned, "That is surprising."

We collected our belongings from the locker in the administration building and found the antique bus sputtering, ready to disembark. It was stifling inside, even with the windows and doors thrown open. Paulo talked the whole way back and I listened, exhausted and feverish, shifting my shoulders under my shirt to unstick it from my back. He told me that he was very worried about her release, how he wanted her with him and was scared when he thought that she might not be, worried about what she would get into again. I gently reminded him that he kept strange hours, associations and a considerable stash of drugs in his house for personal use and sale. Taking my point he assured me that he was trying to give up his bad habits in anticipation of her release, that it had been hard, but he was determined to do so for her. I did not then nor do I now doubt his sincere desire to do so.

Phuong was released in early March, 2008, after five years in the camps. She was issued a registration card by the PAC which entitled her to free PEPFAR-funded ARV medication. Two months before, the PAC and HCMC People's Committee approved a new PEPFAR supported "Community Reintegration Program" (*Chuong trinh Tai hoa nhap Cong dong*) known colloquially as the "Three Month Program" as inmates are enrolled three months prior to their scheduled release, designed in part by my friend and colleague Hanh from the PAC. The program would provide voluntary HIV counseling and testing facilities and facilitate the delivery of ART medications in the centers. It included provisions for HIV, STI and health education, vocational training and employment counseling for camp releasees. Additionally, program personnel would conduct home visits and facilitate family-member communication and

counseling. These interventions could not have been more divergent from the pre-PEPFAR governance and epidemic prevention mechanism the camps represented. Always a *de facto* part of Vietnam's HIV prevention and control strategy, the camps, operating through discursive entanglements, neglect and the exception, were never *explicitly* used to control HIV. Their task remained political and social under the conditions we have outlined at length in the preceding chapters. Different from the wholesale retasking of a camp as we saw with Trong Diem/Nhan Ai, here we find that even these last bastions of the pre-PEPFAR mode of governance, these once fearsome and only partially knowable spaces of exception, have begun to be penetrated and put to work, not under the auspices of rights-based political or even social reforms, but through a technoscientific intervention that claims political neutrality. The program's aim is not to challenge the existence of these camps, or even to grant rights where they had heretofore been denied, but to make them work better, differently, to reduce morbidity and mortality, "to curb the high rate of readdiction and prevent the spread of HIV" (HCMC PAC 2008). About the time Phuong was moving into Paulo's flat in Cho Lon the first pilot programs were being implemented in 06 centers throughout the south, most notably in Nhi Xuan, PEPFAR's showpiece center in Hoc Mon District. She had gone into camps that operated under a particular mode of governance within a theory of communist penology, camps known to be little more than "dumping grounds for the abandoned and sick," and had emerged from facilities whose health, vocational and community support programs rivaled any found elsewhere in the world.

  A day or two after her release I was invited out to celebrate her return. I met Phuong and Paulo, Long and Quyen, a young Vietnamese woman and salon attendant who was a some-time roommate and friend of Paulo's, at a mid-to-low-range street restaurant near the border between Districts 5 and 1. Paulo insisted on paying for everything. He had bought Phuong flowers, the bouquet displayed prominently on the metal fold-out table top. Phuong, who ate heartily and had only a soft drink with her dinner, told me that she had gone to Thao Dan to inquire about a job, that she had mentioned to them that she was a friend of mine, and that the program coordinator had directed her to visit the USAID Health Policy Initiative office. There they said she would have no difficulty linking up with one of the self-support groups that HPI had organized into a Saigon network, the same groups that would soon be incorporated into the ambitious VCSPA. I told her that she might also visit the Smile Group where my friend and collaborator Mr. Vu was in need of reliable peer educators. She told me that she had heard about the Smile Group and had a good feeling about it. It had, after all, been founded by Mr. Hung, who knew a great deal about addiction and life on the streets, having himself been a homeless heroin injector for many years. Phuong, who had known Hung during her brief time with Thao Dan, was sad to hear that he had died. We drank a toast to Hung. Paulo let me help him take care of the bill. We drank a toast to good friends. He and I went inside to settle the check. He took the opportunity to confide in me, saying that Long had warned him against trusting Phuong, Long cautioning him about people who had come out of the camps, people who would do anything to survive. I pressed him, a bit pointedly, about the drugs in the house. He told me that Phuong was so far indifferent to them, they were only meth, ecstasy, hash and marijuana after all. She had even taken on a kind of pedagogical role, dispensing drug advice to Paulo and Long and their frequent visitors, warning Paulo to stay away from heroin. He reassured me that he was careful to keep opiates out of the house, though this would shortly not be the case. He had even slowed down his dealing. "Ask Quyen," he said, "she will tell you, though she is mad at me at the moment."

  He proposed that we meet some more friends in the Pham Ngu Lao backpacker ward at one of their old haunts, a divey restaurant-café called Huong Vy down one of the ward's well-

trafficked alleys. We settled the bill, Phuong carefully gathering her flowers and climbing onto the back of Paulo's motorbike just as they shot off into the crowded early evening streets. Quyen offered to drive me. I asked about her recent trouble with Paulo. She, like Long, expressed reservations about Phuong, not completely trusting the recently-released inmate of Phu Van. In the house Phuong also apparently "act(ed) like a queen," ordering Quyen around like a servant. Her anger at Paulo stemmed not only from her problems with Phuong, but from a recent drug deal. According to Quyen, Paulo had stepped up his dealing just before Phuong's release, trying to save up enough money to support her and pay off the debts she incurred while in the camp. He was purchasing ecstasy wholesale from the mysterious Mr. My and selling it at just above normal street prices to foreigners who did not know enough to question his prices. Paulo had asked Quyen to deliver 10 tabs of ecstasy to a buyer, an older American and his Thai wife, at their home in Phu Nhuan District. The sale was to bring in slightly over the 2 million VND Phuong needed. However, things quickly went bad for Quyen. The American wanted Quyen to stay for a drink and take some of the ecstasy. Quyen reluctantly agreed. Then, once the drinks and drugs started working, the man tried to force Quyen into bed with him and his wife. Quyen managed to escape, though she was vague on how. What was clear was that she now bore a serious grudge against Paulo for putting her in that precarious position for Phuong's sake. "I'm sorry, Quyen," I remember saying from the back of her motorbike, instantly embarrassed by the lame, stilted inadequacy of the words. The smell of garbage and exhaust mingled with jasmine and the cool round smell of the nearby river, and I rode quietly, confused by the violence and tenderness, loyalty and disregard this doomed little family showed one another, half-hoping my words to Quyen, my laughably insufficient apology, had been swallowed up by the wind and the night.

These young people, my friends and collaborators, of course were never capable of weaning themselves off of the dizzying array of substances they had available to them. Marijuana, hash, opium, ketamine, heroin (snorted, never injected as far as I knew), ecstasy and increasingly crystal meth moved in and out of that untidy apartment, a not inconsiderable portion consumed by the tenants. Phuong also regularly partook, though, in the months between her release and when I left the field, I never saw her use opiates. In fact she was always a bit shy about her drug use around me, something Paulo occasionally teased her about. While my study did not focus explicitly on drugs, drug users or the drug trade, I did manage to learn that ecstasy and meth were fast replacing heroin as the street drug of choice, that the china white heroin that made its way to Saigon in the main came out of the remote areas of eastern Burma near the Laotian border, Lao production having been slowed to a trickle by aggressive US DEA intervention in partnership with the Lao government. The meth also had its origins in that part of Burma, shipped down the Mekong on barges, or else manufactured in remote plants in Cambodia near the Vietnamese border, reportedly by some elements of the Cambodian regular army. For our purposes, my time with this tender and violent little family threw into sharp relief the limitations and strangeness of my position with them in the field. The best I could manage was suggesting harm and risk reducing modifications to their habits. For instance I introduced the use of short lengths of disposable soda straws for snorting, replacing the filthy rolled up bills they had been sharing. Second, was the problem of how to write this harried little group, how to convey both the way they could not help but exploit and harm each other, and the warmth, loyalty and affection they so obviously shared. Paulo, the privileged European head of the household, dispatching the others on errands and drug deliveries, holding them all to himself with the apartment, money and drugs. Phuong mistreating Quyen; Quyen and Long mistrusting

Phuong; Phuong, Quyen and Long using, even manipulating Paulo. But then what of his care for them, his providing shelter and support, his obvious love for Phuong (he introduced her to his visiting mother didn't he?), his long devotion to her, his rough and ready friendship with Long? What of Quyen's confession to me that though she was mad at Paulo she considered him a brother? And how about when he fell seriously ill and was hospitalized, didn't they all camp out in his hospital room for days on end, bringing him the cigarettes and food he could not get, and at some personal risk, drugs? And what about Hung? Was he too not a kind of genius and a kind of monster? And these squabbling NGOs? And what of PEPFAR itself, so brilliant in its ambition, lofty in its vision and lifesaving in its execution, while so barbed and unyielding in its demands, unforgiving in its constraints and entanglements?

The position of this anthropologist was summed up by my friend Vu after I recounted the story of my visit to Phuong and broached the possibility of her being employed by the Smile Group. He shook his head, half-astonished and half-amused at my having a cordial relationship with a small-time drug dealer with whom I had, on top of it all, entered the reeducation camp. He said that being an anthropologist was something like the Vietnamese proverb: "*Di voi Phat mac ao ca sa, di voi ma mac ao giay*." When you go with Buddha you wear monks' robes, when you go with a ghost/devil you wear clothes of paper, the paper a reference to the ceremonial paper offerings burned for the deceased or for spirits.

But this orientation, I tried to explain to him, had more to do with the problem I was pursuing and the manner in which I wished to take it up and examine it. The target of this study was governance; that is, what the flows of persons, disease, money, equipment, knowledges and narratives were, how they were managed in the past, how they are managed now, and the conditions that gave rise to these forms and their shifts. The character of this study was self-consciously not polemic, that is, it did not take as its mode that of denunciation or expose. It was not an adjudication of the "right" or "wrong" type of governance, or the "good" or "bad" intervention. A whole body of work in the social sciences and certainly in public health does this with more comfort than I. We have here only actors, (frustrated, regretful, good-hearted, well-meaning, hapless, weary, shrewd, venal, idealistic) at every level, in every sector, enabled and constrained. We have an object that is emerging, not settled, and as such, an analytic of assemblage, not structure, of problems, not progress. Here we have Vietnam in the first decade of the 21st century, center stage in a humanitarian domain that prioritizes HIV/AIDS, negotiating the terms of the economy of virtue that today conditions such work.

Conclusion
New Difficulties and the Form of the Future

"And such persons not only received the congratulations of others, but themselves also, in the elation of the moment, half entertained the vain hope that they were for the future safe from any disease whatsoever."
-Thucydides, *History of the Peloponnesian War*, Book 2, Chpt 51

Throughout this work I have deployed an analytic that turns on how a particular difficulty was taken up as a specific kind of problem in a moment of problematization (and how this might have been otherwise), posits a specific (though variable and contingent) relationship between this problem and an emerging assemblage that seeks to deal with it, and between both of these and object at the center of the assemblage. These in turn condition the mode of governance that assemblage operates within and the interventions then available to those actors whose task it is to deal with this problem. Through these processes a loose constellation of local and international governmental and nongovernmental entities, discourses, and actors coalesce into an apparatus. It was essential to develop this analytic frame to cut across the various sectors and domains that are implicated in a problem as wide-ranging as HIV/AIDS, as well as to sidestep the regular narratives of progress and knee-jerk indictments found in countless other works, not least those of public health, PEPFAR and its implementing NGOs. The story of HIV/AIDS in Vietnam told here is quite different from the narrative of progress from a dark age so oft repeated, one that typically culminates with international outcry and the arrival of science-bearing foreign NGOs on the scene. Additionally, the lines of flight traced here, the shift from a mode of enforcement to one of adherence relying on subjects binding themselves to new technoscientific and expert knowledges, the constraints placed on actors at all levels that require a willingness to engage in questionable practices and to speak about them in terms of their uses, the unconsidered possible benefits PEPFAR has accrued outside the domain of health, the shift from a Socialist-inflected moral economy to an economy of virtue where neoliberal calculations and rationality have penetrated the domain of humanitarian ethics, reordering how health and social work is carried out on the ground, are a result of having taken this analytic to its logical conclusions in multiple and interpenetrating domains. This analytic orientation, which attends to the borrowing, discarding, fashioning, and refashioning of knowledges, normativities and relationships to the self asked not "what should they do now?" or offered various ways of completing the well-rehearsed phrase "what they should do now is…," but attended very closely to the present. It rigorously limited itself to the problem of how, today, people are living, labor and speaking with, against and about disease, how this was different from the past, how this changed, and finally, what these changes rendered possible, impossible, and, most importantly, *necessary*, in the contemporary. What this analytic and its single-minded focus on the present could not do, and what we have yet to do in this work, is consider the future.

It is by now a truism that technologies, politics and ethics are intricately linked, even co-constitutive. One of the great successes of PEPFAR has been its massive delivery of ARV medication to HIV positive people. Before PEPFAR it was widely held that funding and delivering antiretroviral drugs to the world's poor, particularly in the complex emergencies found in sub-Saharan Africa, was an impossibility. PEPFAR disabused the global public health community of this assumption, currently providing ART to nearly 2.5 million people worldwide, according to its latest report to congress (PEPFAR 2010). In Vietnam, PEPFAR has enrolled nearly 25,000 people on ART, a cause for celebration for many, and worry for some. A number of Vietnamese health workers and NGO program officers with whom I worked were concerned

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that these newly healthy people, living longer, were boosting total HIV prevalence in Vietnam and represented a considerable risk. Any lapse in their regimens, either through personal negligence, breakages in the supply-chain or failure of PEPFAR reauthorization would undoubtedly mean large numbers of new infections. Additionally, these health and NGO workers privately argued that perhaps those receiving ART should be prevented from having children, again worried that regimen lapses would leave large numbers of HIV positive orphans to be cared for by "society," as they said was the case in Africa. In Vietnam, the older "social evils"-based apparatus for HIV/AIDS prevention and control co-produced, and, in part, relied on the rapidity, ignominy and spectacular nature of AIDS suffering and death to argue for its necessity and continued operation. Under the "social evils" regime of the 1990s, death followed relatively close on the heels of HIV diagnosis, contributing, through this immediacy, to the discourse that posited death as a punishment for the presumably bad behavior of the victim. The technology of the camp and the absence of treatment articulated with the political necessities of the day and an ethical regime that devalued the enemies of "The People" and relied in part on both of these other domains that linked the disease to a moral failing. Now, some of the vestiges of this powerful sentimental education, the decade-long conditioning of affect obtain, despite new conditions. The introduction of ARV therapy changed this. Apart from transforming HIV/AIDS from an acute to chronic illness, the drugs require a new ethics of care to be taken up. This ethics requires from the infected a new reliance on and adherence to expert knowledges and a life-structuring and life-long regimen, and from everyone else, particularly health and social workers, a new kind of vigilance around questions of personal responsibility, and anxiety about monitoring, measuring and instilling adherence.

As argued earlier, in the contemporary, the mode of HIV/AIDS intervention is shifting from one of external *enforcement* (by authorities) to internal *adherence* (by oneself, to ARV regimens, methadone treatment, health and safe sex and injection practices, peer education and self-support groups and so forth). With the shift from enforcement (a present and past-oriented mode) to adherence (a mode that moves from the present forward), the near future has become a target of and problem for governance in the PEPFAR period. But how to apprehend, and more importantly, make calculable, the future?

"This is a kind of fortune-teller, right?"

This is done, first, through an increasing reliance, in both advocacy and program evaluation, on that public health staple, the DALY or "disability-adjusted life year." The DALY, first deployed as an input by researchers for the World Bank in their "World Development Report 1993: Investing In Health" (Anand, Hanson 1997) and later refined (Murray 1994; Murray, Lopez 1994), is the sum of the number of potential "years of life lost" and "years of life lived with disability," based on some calculation of average life expectancy and the assumption that "healthy" (non-disabled and non-ill) years of life are possible and the norm. It is used to measure overall disease burden as well as to calculate the potential economic and social loss a given disease or condition inflicts on a nation or population. Utilizing this device public health officials compare diseases in terms of their impact, make judgments about appropriate relative resource allocation, and estimate the potential benefits of this or that intervention. Given its current ubiquity, few might recall that in its early days the measure was quite controversial, particularly its compressing of complex situations into a single mathematical formulation (rendering the messiness of reality in curiously pat form), its discounting of future health gains

and losses, age-weighting that disfavored children and the elderly and valued the societal usefulness of people's life years rather than the individual life, and its implicit attachment of lower value to life-extending programs for the disabled (Arneson, Nord 1999). Critics charged that "the conceptual and technical basis for disability-adjusted life years (was) flawed," and that "the assumptions and value judgments underlying (the DALY) are open to serious question" (Anand, Hanson 1997). Anand and Hanson suggested that the use of the DALY for *both* quantifying the global burden of disease *and* for determining "appropriate" allocations of resources was problematic, arguing that the "appropriate information sets for the two exercises are quite different" (1997). Despite the DALYs explicit claim to technical objectivity, the use of age- and disability-weighting and discounting in the DALY calculation represented, for some, a certain regime of embodied values and dispositions, pointing toward the "equity consequences of using the efficiency criterion of aggregate DALY-minimization as a tool for health sector planning" (Anand, Hanson 1998). More generally, the DALY, with its focus on disease and treatment outcomes, reinforces a medical model of health and health care, implying that the diseases from which people suffer are discrete entities that can be separated practically as they have been statistically, and tackled one by one (Barker, Green 1996). Barker and Green also contend that cost-effectiveness techniques deploying DALYs almost necessarily focus on vertical *projects* over comprehensive programs, failing to take into consideration or argue for the development of an integrated approach to services for health (1996). Despite these charges, the DALY is still widely, and unproblematically, deployed. "The attractions of applying a universal formula, not only to measure the burden of ill-health, but also to decide how much money should be spent in controlling which disease, and how much money should be spent in doing research on different diseases are clear enough" (Anand, Hanson 1997). Its use persists because, in form, it is an ostensibly rational and unbiased mechanism for conjuring the future, a piece of equipment that exists only in the future perfect tense, working to assign value, make comparisons, and measure merit today, by ostensibly rendering stable and calculable a tomorrow that is anything but. Could anything be more useful in an economy of virtue that rests on optimization and the performance of performance?

Second, Vietnamese authorities, with PEPFAR support, have put to work computer models and simulations to predict the most effective application of resources to prevent and control HIV/AIDS. With PEPFAR funds, FHI, the East-West Center and a US-based NGO, Constella Futures, developed a suite of computer models to support strategic planning by providing a link between program goals, like those put forth in the national HIV/AIDS strategy, and funding. Not terribly creatively christened the "Goals Model," the program sought to calculate how much funding was necessary to achieve the goals of the strategic plan, what outcomes could be achieved with the available resources, as well as what effect alternative allocations of funding would have on plan goals. This remarkable piece of equipment could estimate reductions in HIV prevalence, increases in service coverage, set priorities for "high-risk populations," and assess training requirements for services (USAID HPI 2007a). The model's "capacity module" took into account the number of people each activity would reach, existing numbers of trained staff for each occupation, the number of clients reached per trained person, and salary, attrition, death rates, sick leave, and so forth. The module was to run in tandem with the model's "impact module" that calculated, for instance, the difference between the number of new infections that would occur with no new prevention funding and the number that would occur if current prevention interventions continue, as well as the cost per infection averted. It was this model that

was used to assess the cost of the nine national action plans required by Vietnam's National HIV/AIDS Strategy 2005-2010.

The real advance in the use of this program came when it was put to work in conjunction with a second program, the "Asian Epidemic Model." This model was a simulation based on factors specific to the spread of HIV/AIDS within Asian nations. In a 1998 article in *AIDS*, Chin, Bennett and Mills proposed that there were three such factors: the pattern of heterosexual risk behaviors, the percentage of men visiting sex workers, and the partner exchange rates of female sex workers (Chin, et al 1998). Soon thereafter, USAID funded the development of the Asian Epidemic Model (AEM) to test this hypothesis (Brown, Peerapatanapokin 2004). Created by Tim Brown and Wiwat Peerapatanapokin of the East-West Center in Bangkok, the model produced a baseline scenario for 'an average risk' Asian country, typically one with many injecting drug users (IDUs), large numbers of sex workers and clients, gay men, and relatively few women with multiple partners (Cohen 2004). The model was then tested against actual epidemiological trends in Asian countries, specifically Thailand and Cambodia. "The goal was to develop a model of sufficient complexity to capture the essential dynamics of Asian epidemics, while keeping it simple enough that behavioral and epidemiological inputs could be obtained from existing data sources" (Brown, Peerapatanapokin 2004). The AEM provides a dynamic and realistic picture of the epidemic, one that can be recalibrated year to year. It relies on a more complex set of inputs with a more stringent input requirement than either the UNAIDS workbooks or the Estimation and Projection Package software that is used for national epidemics (Brown, Peerapatanapokin 2004). However, this also limits the places to which the model can be applied, most countries lacking sufficient behavioral and epidemiological data, or such data of sufficient quality, to make proper use of the model (Brown, Peerapatanapokin 2004).

This interface allowed for greater integration of epidemic projections and resource implications, its power and resolution enhanced after the Asian Epidemic Model was adjusted to take into consideration injecting sex workers (previously accounting for injectors and sex workers only as discrete entities) and the use of ART. The aim of this innovative combination of modeling and simulation was to determine how economic factors (read, inputs of one kind or level or another) could affect the future course of the epidemic. The resulting suite of computer models could calculate the unit cost of implementing an intervention, of reaching coverage targets, of achieving required behavior change, of averting a certain number of future infections, and the cost-effectiveness of different interventions, "providing valuable evidence on which to base effective responses to the epidemic" (USAID HPI 2007b).

The linking of the Goals Model with AEM enabled PEPFAR and its partners to do something quite unprecedented. Now, health officials and administrators could estimate, with a good deal of certainty, the projected impact of specific changes in risk behavior for specific groups, and, presumably then in HIV transmission rates, under various coverage scenarios for risk groups. Then, utilizing the Goals Model, they could estimate cost of interventions under each of the scenarios. Finally, they could link the cost of interventions per risk group with number of infections averted to evaluate effectiveness of each scenario. No longer would program administrators and planners have to rely solely on potentially costly (both in terms of dollars and lives lost) experiments targeting specific risk groups based on best-guess work, whose effectiveness could only be evaluated in the long term. Today, it is ostensibly as simple as inputing national epidemiological and behavioral data and running the simulation. The suite of computer models provide reasonably reliable projections about where it might be best to put PEPFAR money. It is now possible to ask, with a certain degree of confidence in the outcomes,

if, for instance, funding interventions for female sex workers will produce greater numbers of new infections averted than the same amount of money spent on men who have sex with men. Will interventions targeting migrant workers be more cost effective, producing more infections averted per unit cost, than interventions targeting injection drug users? Comparing prevention costs per infection averted PEPFAR and its partners recommended one of four possible scenarios in which a cumulative prevention investment of about 12 million USD was projected to avert future treatment costs in 2010 of about 45 million USD (USAID HPI 2007b). With literally more money than has ever been applied to a single disease in history on the line, dialing up the future has never been so necessary, easy or satisfying. But what kind of future is being posited and fashioned here?

In both of these models, but particularly the AEM, risk group categories remain discrete, with the notable exception of the newly included "injecting sex worker." The AEM makes some allotment for "movement" from one category to another, but only diachronically. That is, "Movement is allowed between compartments because, in the real world, people do not remain in one category until death," the software developers providing the example of the female sex worker who after a period of years "returns to the lower risk female population" (Brown, Peerapatanapokin 2004). The only other movement between or out of "compartments" that the developers account for is through death or HIV infection. What this means is that the other categories are treated more or less alone as single, discrete variables. This formulation is, obviously, hardly representative of the complex realities on the ground. What about those men who have sex with men who also have wives and families, or who inject drugs? In the latter case, these men are lumped in with injection drug users, even though their social networks and sexual behavior differ considerably from the average injector, conditioning different possible vectors of infection and transmission. These numerous possible overlaps, and the individuals and their behaviors unaccounted for by the model, trouble these categories even as they are obscured by them, their invisibility in this neat public health schema meaning that they also do not bear themselves out accurately if at all in projections of the future shape of the epidemic, nor, consequently, in decision-making about resource allocation. While it is of course a public health truism that any model is going to have its problems, and that models never represent reality in the strict sense, this begs the question of how these models have been, nevertheless, taken up, spoken about, and relied upon as superimposed portraits of possible futures taken, with what turns out to be a kind of camera lucida of science, surveillance and mathematics. The camera lucida, of course, is that optical device popularized in the 19th century that superimposes an image onto a drawing surface to aid an artist's rendering of said image, the device from which Roland Barthes' meditation on death, the relationship between the image and reality, and the effect of the photographic image on the viewer, takes its name (1981). However, through these mechanisms and the resource allocations they inform, the marginal (here I mean not ontologically marginal, though this is often the case politically, socially and economically, but those already made marginal or abnormalized by the model itself) become even more marginalized, absented to the vanishing point of this technoscientific perspective, leaving pockets of vulnerability and the potential for new unincorporated and unaccounted for infection, the future slipping through the cracks even as it is, and *because* it is thusly, rendered knowable.

Secondly, as its developers admit "models are only as good as their inputs," with failures to properly evaluate the quality and validity of epidemiological and behavioral inputs generating "garbage in-garbage out" scenarios (Brown, Peerapatanapokin 2004). Though in Vietnam today surveillance coverage and data on HIV/AIDS is vastly superior to what it was at the start of the

epidemic, in no small part due to the attention and resources it has received in the intervening decades, it is still by no means complete. Criminalization of sex work and drug use, rampant stigma and discrimination and a decade or more of government policies that discouraged, to say the least, the disclosure of one's HIV status and risk behaviors have produced a situation unfavorable to collecting anything but partial and ever-contestable data. Brown and Peerapatanapokin's admission as to the limitations of the model, however self-aware and critical, does not go quite far enough. They do not entertain the possibility that in the field one can never have completely reliable data, something that is always only an aspiration outside, perhaps, of a laboratory setting. There is a peculiar tension at work. On the one hand we have learned and critical and careful public health intellectuals who develop models and simulations in good faith efforts to make programs run better, more efficiently and effectively, who can lucidly posit the limitations of these models and can argue that outcomes represent only "best guesses" or "good enough" assessments. However, this caution and rigor evaporates in advocacy and resource-allocation settings where the same learned and critical and careful public health intellectuals deploy a related but distinct rhetoric of certainty, a kind of fetishism of the machine and the "best practice," "evidence-based," "scientific" mechanisms that assert that these simulations and the interventions they are informing or are used to argue for are not simply experiments, but tried and true measures sure to produce the most desirable (and cost-effective) outcomes.

In the Fall of 2007 I attended a workshop in Saigon put on by the USAID Health Policy Initiative that gathered the heads of Southern provincial health centers, religious leaders, local NGOs and self-support groups, the HCMC PAC and MOLISA, in the air-conditioned conference rooms of the Hotel Fortuna in District 3. One of the central aims of the workshop was to unveiled the Goals and AEM models and introduce these participants to their possible uses as tools for advocacy. Presenting his work with the two models was Dr. Tran Thinh, the Care and Treatment Program Coordinator for the HCMC PAC, and the deputy head of the HCMC AIDS Standing Committee, a charming, affable older gentleman. The amiable doctor told the workshop about his first experiences with the models the year before, and how he and his colleagues had been introduced to the remarkable machinery. The technicians, he said, had demonstrated the amazing capacities of the computer suite by plugging in data from Bangkok and Phnom Penh, the machines producing several outcome scenarios very quickly, which the technicians then explained to the visitors. However, the doctor chuckled, when they inputted the data from Ho Chi Minh City the computers took an uncomfortably long time to perform their calculations, leading to many long minutes of awkward handwringing by the doctor and his colleagues from the PAC. The workshop erupted in laughter and good-humored (but serious) assertions that the problem in Vietnam was much greater than in those other places (a debatable claim). The models determined that the most important and cost-effective risk groups to be targeted in the near future were the clients of commercial sex workers, with men who have sex with men coming in a close second. "This is a kind of fortune-teller, right?" one of the Saigon NGO heads chimed in, perhaps a bit facetiously.
"Yes," Dr. Thinh, replied, grinning, "In the past we were blind."

Dr. Thinh went on to explain how the models were used in developing the nine municipal actions plans that were then submitted to the People's Committee. "And they listened to your recommendations and accepted them?" asked one woman, the head of a health center in Can Tho. People's Committees, after all, were notoriously oblivious to HIV/AIDS concerns, particularly, apparently, in the Delta.
"Of course!" Dr. Thinh laughed, "It would be a very stupid thing to argue against a computer!"

In this way decision-making about the selected action plans and the burden of proof of their correctness, are moved out of the hands of subjective, limited and assailable human actors and given over to the cool, objective calculation of the machine, one capable of making, by its very form, a powerful argument. This argument, of course, is dependent on a multitude of human actors who provide and interpret the not-always-reliable data. What I wish to show here is not an either/or critique based on a hermeneutics of suspicion. I am pointing toward the variability, as part of a rhetorical strategy, in whether or not this foundation is revealed or obscured, all the while without delegitimizing the models or placing at stake the entire project's feasibility to its users. Strangely, USAID HPI suggested, counter-intuitively, that the "capacity to implement the models (was) not as important as the capacity to use the outputs for advocacy purposes" (2007a), a tacit acknowledgment of the persuasive power of this externalization of expertise. What does this mean if the models are meant to produce scenarios that are ostensibly and simultaneously their *raison d'etre* and their own claims to legitimacy, outputs that are meant to speak for themselves, renderings of objectively and scientifically ascertained possible future "realities"? If the actual implementation of the models is only a secondary concern after their usefulness in advocacy, defined by USAID HPI as "a set of targeted actions directed at decision-makers in support of a specific policy issue" ("*tap hop cac hanh dong huong toi nhung nguoi ra quyet dinh de ho tro van de chinh sach cu the*") then are these simply hyper-expensive fundraising tools that operate, not unlike those images, narratives and films we dealt with earlier, by positing a certain relationship between the threatened (future) world, the deploying advocate and decision-making end-user, a world carved out from the future through creative framing and a knowledge-making regime dependent on an expensive and pervasive microphysics of surveillance and data gathering? Wavering between science and sorcery ("fortune-telling" in the chiding words of one nonplussed workshop participant), public health intellectuals and administrators in Vietnam negotiate a low-level, but consequential tension, relying on rigor and its performance on the one hand, and obscuring it for the purposes of pushing policy on the other. Sometimes, in their eagerness for, and faith in, the possibility of untainted and complete data, these specific intellectuals unintentionally place the entire possibility of knowing the future at all at stake. Other times the self-evidence and unassailability of outputs are the very grounds upon which everything rests. After all, it is, of course, ridiculous to argue with a machine.

Finally, within this discussion of the making and reimagining of the future, I can not help but include a reflection on the rise of insurance in Vietnam, in particular in Saigon. The tallest and most imposing building in downtown Saigon has for a long time been the Saigon Trade Center (though soon to be surpassed by the elegant lotus-petal shaped Bitexco Financial Tower), a gleaming steel and glass monstrosity, emblem of modernity. On my first visit to Saigon in 2002, just at the start of the acceleration of the building and real-estate boom in the city, the Trade Center loomed high above the by-comparison-squat old colonial buildings, hotels, markets, department stores and government offices of the downtown district, glinting in the late afternoon sun, its observation decks offering panoramic views of the river and the snarled city, unobscured, unchallenged and majestic in all directions. Among other multinational corporations, the Trade Center is home to the Vietnam offices of Halliburton, IBM, Cisco Systems, Bayer and Prudential, which has its offices on the 25th floor and whose sign adorns the tower itself. I had the opportunity to meet with a young Vietnamese woman who worked in marketing for Prudential who was eager to speak about the rapid uptick in sales of insurance. Having received its first life insurance application in December of 1999, Prudential Vietnam currently claims about 40% market share in insurance, and is Asia's leading European-based

insurer in terms of market coverage (Prudential 2010). So successful was its insurance division during its fifteen-year tenure in Vietnam that the company was able to expand its operations, in 2005 adding a Fund Management Company that today manages a 1.4 billion USD portfolio, as well as a Finance Company in 2007. That same year it surpassed even Bao Viet Holdings, Vietnam's leading insurance and financial services group (the only one prior to 1993), owned by the state and run by the Ministry of Finance, taking in revenues of about 3.95 trillion VND, nearly a quarter billion USD (VNMOF 2009). In 2009, the company's CEO, Chairman, and Group Chief Executive were each granted "Friendship Medals" by the Vietnamese state, presented by Deputy Prime Minister Pham Gia Khiem (Prudential 2010). But Prudential is not alone in experiencing a rapid increase in investment in insurance. Vietnam's Ministry of Finance reports that the average growth rate for the insurance market was 30% *annually* between 1993 and 2004 (VNMOF 2005). In 2005 there were 27 insurance enterprises operating in Vietnam, along with 30 representative offices of foreign insurance firms (VNMOF 2005). Total insurance premiums for 2005 topped 13.6 trillion VND or 850 million USD (VNMOF 2006c). In March of that year, the MOF sponsored a seminar in Hanoi, attended by representatives from more than 50 foreign and domestic insurance enterprises, the first ever event of this kind. The next year, foreign invested insurance companies accounted for half of all such companies in Vietnam (VNMOF 2006a). The booming market and the influx of foreign investment began to cause problems for local insurance and financial groups unaccustomed to competition or the high volume. According to the general director of Aon Vietnam, the first insurance brokerage to open in Vietnam, although his brokerage had begun to grow strongly, it still could not meet demand, signifying to him a tremendous "opportunity for insurance brokers to expand" in the years to come (VNMOF 2006c). To others it posed a significant challenge as the volume and competition revealed the glaring limitations of the local insurance enterprises. By 2006, foreign brokerages held about 84% of the insurance market share, with financial experts attributing the weakness of domestic brokers to feeble agent networks, lack of capital and poorly trained employees (VNMOF 2006c, 2006d).

By 2007 there were 31 insurance enterprises making up about 2% of the country's total GDP (VNMOF 2007a), a vast increase from only a decade earlier when insurance accounted for a scant 0.37% of GDP (VNMOF 2006b). These developments, accelerated by Vietnam's entrance into the WTO, sparked a kind of competitive revolution in the insurance market, prompting further expansion of scope and services. Le Quang Binh, head of the MOF's Insurance Department, said the entrance of foreign insurance firms forced local insurance firms renew their management mechanisms and create new services to attract customers (VNMOF 2006b). Currently, we are seeing a rapid expansion not only in the size of the insurance market, but in its diversity. Local and foreign insurance companies are now offering re-insurance, house, vehicle, fire, maritime and aviation transport, agricultural, asset and financial, and risk insurance (VNMOF 2009). This is a phenomenal situation considering that up until 1993 there was only a single state-owned insurance company. Even in 2007, when Vietnam joined the WTO, 95% of the country was completely uninsured, with less than four million of its citizens owning any kind of insurance (VNMOF 2007a), compared to 15% coverage in neighboring Thailand (VNMOF 2006c). Some reports indicated that anywhere from between 15-20% of the country, that is, up to 16 million people were potential customers (VNMOF 2006c).

In terms of the rising importance of insurance for the national economy, Phung Ngoc Khanh, Vice Chairman of the Insurance Department of the Ministry of Finance, said that the industry has become an important channel in mobilizing capital for long-term investment in

Vietnam, in 2006 supplying over 34.4 trillion VND (about 2.15 billion USD) for domestic re-investment (an increase of 7.5 trillion VND, almost half a billion USD, over 2005), and completing payment of more than 4.5 trillion VND (about 282 million USD) in compensations for the insured (VNMOF 2007b). Business Wire, one of the world's leading financial news distributors, reported on a Research and Markets projected rate of growth of 25% and 21% per year for non-life and life premiums, respectively, in Vietnam (2008). The report indicated that the main weaknesses of the insurance sector were the relatively small base due to low per capita GDP, and the threat of high inflation (BW 2008). Despite this the market remained relatively robust throughout the worst of the financial crisis and into 2009. The insurance industry posted figures showing 20% growth, reaching 25.5 trillion VND, or 1.3 billion USD, with all but two of the companies reporting increases (VNN 2010a). The overall market reinvested nearly 67 trillion VND (3.5 billion USD) in the Vietnamese economy, an increase of greater than 17% over 2008, with total compensations topping 9.7 trillion VND, or about 511 million USD (VNN 2010b).

  A slowing in the increase in new foreign companies setting up shop in the insurance market in Vietnam did not necessarily mean a reduction in the overall action of the market itself. The larger players have begun to reposition themselves to take advantage of this effervescent moment and Vietnam's still under-exploited insurance market. In October of last year, HSBC Insurance Asia Pacific Holdings Limited exercised its option to purchase a further 8% interest in Bao Viet Holdings, Vietnam's leading local insurance and financial services group, run by the Ministry of Finance, adding to the 10% stake HSBC purchased in 2007, in order to "further HSBC's ambition to be a leading insurance player globally" (HSBC 2009). Michael Geoghegan, HSBC's Group Chief Executive, said that this move was consistent with HSBC's stated "strategic focus on the world's faster growing markets and our intention to meet the insurance and wealth protection needs of our customers in these rapidly developing markets" (HSBC 2009). HSBC specifically cited Vietnam's resilient GDP growth during the financial crisis, as well as the fact that a quarter of its 87 million people are under the age of 15. Indeed Vietnam has kept pace with its much larger neighbors, India and China, to be among the world's fastest expanding economies. Personal wealth and per capita income have risen dramatically in the past five years, from an estimated 638 USD in 2005 (VNMOF 2007a) to 1,024 USD today (USDS 2009), contributing to a greater demand for security.

  We have seen how in one domain, that of health, around the problem of HIV/AIDS, the state, through the mechanisms put in place by PEPFAR and its partners, has begun to shift some of the burden of providing for and protecting its citizenry. But this renegotiation by the state of its responsibilities to its citizens, specifically the shifting of these burdens to individuals can be seen and tracked in other domains as well. All too often theorists are content to make broad claims about world-altering forms of governance. There is a vogue for theorizing neoliberalism as an "economic tsunami" that is everywhere "sweeping away old structures of power," or as a set of coordinates that will everywhere produce the same results and transformations (see Harvey 2005 for an example of this, and Ong 2007 for a trenchant critique of this tendency). Further, there is an older tendency originating in the "globalization" literature of the 1990s toward accounts of "retreating" states (see Appadurai 1996 for a famous premature dismissal of the nation state). More recently, and most egregiously, are the likes of Hardt and Negri who, doing characteristic disservice to Marx, Foucault, and Deleuze, contend that nation state sovereignty has been replaced by a single logic and structure of rule, a spectral "empire," that designates nothing less than the political subject that regulates global exchanges *and* a sovereign power that governs the world (2000).

Here, as throughout this work, we have attempted to provide a concrete indicator of a reimagination of the future under new economic, social and political conditions. The spectacular rise in demand for insurance in recent years in Vietnam can be read as a symptom of both the increase in wealth and the expansion of the middle class, as well as the rise in the necessity for individuals to seek private non-state protections to secure their health, life and property. "As the Vietnamese become wealthier they will begin looking at risk prevention and have the expendable income to invest in policies," said Kenneth Juneau, director of American International Assurance Vietnam (VNMOF 2007a). The Vietnamese are finding themselves suddenly with more to lose and less to protect them from doing so. The state, once having sought to secure for its citizens virtually every aspect of life, from health to employment, security to entertainment, in a totalizing form of secularized pastoral power, now begins to slough these obligations off. In terms of governance, Nguyen-Vo Thu-Huong has argued that the state has been shifting from a former "Leninist mode, in which the state monopolized power and recognized no society or realm outside itself" to what she terms "neoliberal governance" following the socialist government's introduction of the "neoliberal freedom" of entrepreneurial and consumerist choice (2008). As the state renegotiates its obligations to its citizens and the private sector increasingly takes over the functions of the state (for a price), the Vietnamese are increasingly being asked to and learning to bear the burden of their own risks and vulnerabilities. And they are doing so. In 2009, in the life insurance sector alone, new contracts grew 22.4 per cent to 679,710, the revenue collected from these contracts alone representing 3 trillion VND (158 million USD), a dollar increase of 38.4% over 2008 (VNN 2010b). The six biggest insurance firms (Prudential, Bao Viet, Manulife, Dai-ichi, AIA, and ACE Life) collected more than 80% of the total life insurance market revenue. When you factor in the demand in the non-life insurance sector of the market what we have looks less like a smooth transition or remediation than a mad scramble.

The future is being imagined in a new form even as it is given new shape through these increasingly important instruments for calculating, deciding on, and protecting it; a future that is open, but dangerous and individualized. The DALY, simulations and projections, and insurance policies are enabling Vietnamese and American health professional and policy-makers, as much as the Vietnamese consumer offer responses to those Foucauldian questions posed at the outset of the last chapter; "what is today?" "what are we today?" and "how are we to proceed?" They are parts of assemblages that enable what amounts to a type of permanent problematization, intensifying the rate of their own reconfiguration and modulation, responsive, to varying degrees, to changing conditions. These new mechanisms are distinct from but related to the older apparatuses that conditioned their appearance, development and deployment. It was, indeed, against the background of these older forms that these new mechanisms gained some of their current vogue in a modern project based on its own insistence on the new. These mechanisms (and others) bear with them a kind of temporality. The present may be beginning to be thought of as a moment of continual failure or inadequacy, always to be moved away from, to be challenged, a point of departure from which to make the next tactical move projecting into a truncated future. Perhaps there really is no longer a durable coherent vision of the future; no future totality; only an endless series of tactical maneuvers, at every point subject to reflection and revision, whose goal it seems is to continually place the domain of possible action at stake (that is, to make the current course of action subject to reflection and revision) and produce the conditions (knowledges, technologies, discourses, truth claims) for the stabilization (identification, assessment) of, and intervention on, the next object/target/threat. The Vietnamese

are more and more turning to these and other mechanisms to secure the future; their health, life and property.

Summary

In this work I have attempted to trace, from the recent past into the near future, the complex minor history of HIV/AIDS in Vietnam. The first chapter mapped the emergence of HIV/AIDS in Vietnam during the reform era, within pre-existing technological, political and ethical regimes. It marked the rise of the complex of practices, spaces and discourses created to deal with HIV/AIDS, the unfortunate entanglement of this assemblage with the long-standing apparatus set against "social evils," and the rendering of HIV/AIDS a biological marker of socio-moral contagion. I examine the deadly consequences of this entanglement, and the authorities' subsequent attempts at disentanglement following Vietnam's internationally acclaimed success against SARS, and its selection as a PEPFAR focus country. I argue that the new assemblage of HIV/AIDS prevention and control prioritized the figure of "The Human" over the prevailing figure of "The People," and made a shift from a mode of governance that centered on *enforcement* to one based on *adherence* to a new set of expert knowledges and technoscientific practices.

In the second chapter, I examined the problematization of government around HIV/AIDS in the contemporary. As new and massively increased resources for HIV/AIDS prevention and control suddenly become available new contests over jurisdiction and precedence are breaking out between sectors of this apparatus dedicated to public security and health and human services, central and local health authorities. Under these conditions new life-saving and harm-reduction programs are being effected and protected through interpersonal and political arrangements and practices often classified in the foreign and domestic press as "corruption." Through my fieldwork and collaboration with actors in multiple sectors of the HIV/AIDS prevention and control community I argued that these novel practices are forcing a rethinking of the ethical status of these practices through a reexamination of, and my informants' insistence on, their "uses" in these milieu.

The third chapter took us through the brief history and controversy surrounding PEPFAR, with archival and public health research supplementing my own ethnographic work with PEPFAR program officials and their local and international partners. I examined PEPFAR and the sometimes productive and sometimes destructive friction at the meeting points between a pair of incongruous bureaucracies. I looked closely at PEPFAR's effect on local financial, facility and human resource management, the promotion of a certain regime of accounting and audit practices. I argued that PEPFAR was a major factor in a larger effort to move Vietnamese authorities from "needs-based patronage" to "rights-based support" as regards the needs of its citizens. Furthermore I indicated how contra certain public health criticisms against PEPFAR's prioritization of HIV/AIDS to the neglect of other ostensibly more deadly and more easily eradicated diseases, the program is accruing benefits that are not typically figured into the calculations of public health intellectuals; the promotion of heretofore unheard of "civil society" groups, the enforcement of anti-stigma and discrimination laws and so forth are taken up and accepted as *technical* solutions to *health* problems. I show how under these new conditions a notorious reeducation camp was emptied and repurposed as a badly underutilized HIV/AIDS hospital. Finally, I argue that in the contemporary we are operating within a kind of neoliberal humanitarianism, an *economy of virtue* that designates the penetration of neoliberal technologies,

calculations and rationalities into the domain of humanitarian intervention, where these articulate with, and do not oppose, the figure of "The Human." On the contrary, these neoliberal technologies, calculations and rationalities are some of the very means by which the dignity and integrity of "The Human" are guaranteed.

This economy of virtue sets the conditions for the entire grid of HIV/AIDS prevention and control, from the status of PEPFAR, to the interaction between US and Vietnamese government representatives, between foreign funders and local NGOs, and between the diverse range of local workers, their patients and constituents and each other. In the fourth chapter I outline in ethnographic detail the truth games, effected through the deployment of statistics, images, anecdotes and narratives that collapse a broad range of meanings upon the subjected bodies of the ill, and that have become necessary in such an economy. These afflicted bodies and stories of suffering are meant to stand in not only for those innumerable "others like them," but the exchangeable, comparable virtue of the deployer. I describe the brief and uncomfortable site-visits by funders from foreign NGOs and how these become exercises in image-making as foreign representatives seek to bolster donations at home by deploying images of the desperate, destitute and ill, prompting oftentimes intrusive interactions and strange gestures by visitors and locals alike, digital images and home movies stimulating action and affect in an economy where virtue has an exchange rate. These changes do not, I argue, represent a new dawn of scientific efficiency and governing transparency after a decade of darkness. And they only represent a humanitarian compassion insofar as they have as their object and target the figure of "The Human" we have spent so much time identifying. They represent, simply, a shift in the requirements for participation, new credentials for speaking the truth about and acting "appropriately" upon disease and suffering, a new mechanism for the exercise of power on bodies and things, a way of apprehending, knowing and acting upon and in the name of "The Human" in the contemporary.

Last, in this conclusion I have made some tentative attempts to deal with the form of the future and new difficulties arising from a shift from external *enforcement* to internal *adherence*. With the shift from enforcement (a present and past-oriented mode) to adherence (a mode that moves from the present forward), the near future has now become a target of and problem for government. To this end Vietnamese authorities, with PEPFAR support, have remediated existing elements and put to work new technologies, including epidemic simulations, within a diverse range of micro-managed and dispersed points within an adherence regime. I finish by providing some empirical evidence, in the form of tracking the unprecedented rise in the demand for and provision of private insurance in Vietnam, for the renegotiation by the state of its responsibilities towards its citizens. This points not to a bald "retreat" by the state, as some would have it, but a shifting of the burden of risk, responsibilities and (self-)regulation to the individual, something we have traced throughout in the realm of HIV/AIDS prevention and control. The state remains, neither dissolved nor compromised in its sovereignty, as an arbiter, choosing to apply power through a new form of governance, based on new partnerships and new economic, political, social and epidemiological conditions. I ended with some provisional (not prophetic) claims about the reimagining of risk and the form the future now takes, by the Vietnamese themselves.

But if this were more of a work it would have also had the University of Social Sciences and Humanities in District 1, formerly the barracks of the French colonial naval infantry built in 1873, its canteen with the students milling about in the courtyard or hurrying off to lectures; the green grounds of the old French *Cercle Sportif* where streetchildren now swim in the fountains;

the grilled meats and the mugs of thin block-iced beer at Pacific with the Southeast Asia soccer matches on; the empty sun-washed Cho Lon prison yard at mid-day and the solitary swish of a prison-striped inmate's straw broom; the cicadas in the thick tall weeds on the high red montagnard roads in the hills of Binh Phuoc; the golden motes of dust suspended in the sunlight streaming through the slats of French windows; and the long banks of these lining those endless silent halls of old villas. It would have had the pale, limpid skies over the flat southern plains of mud and rice and water; the sunlight lingering late in the tops of the monstrous *cay sao* trees; the distant heavy roll of trucks clambering through the city in the predawn hours; the far wild wail of a night train in those abandoned low towns of the north; fires smoldering by the roadside in the night and the small bus plunging ahead after its headlights into smoke and then darkness. If this were a better work it would have also had the heat and the lines at the district health centers; the stifling spare rooms of Saigon's Pediatric Hospital Number 2, formerly the Grall Hospital, where Tri, perched upon an ancient painted iron bed, chewed a chicken wing and teased the nurses about being waitresses through the occasional wheezing cough; and outside, on the grounds, the linens flapping, drying in the late afternoon sun in the hard-packed dirt spaces between those cracked colonial buildings; warm Saigon dusks, and the evening winds; the desk at the third-tier English-language school in District 4 into which someone had carved the word "inconsolable"; the cold wet streets of the old quarter in Hanoi with the red Tet lanterns dancing in the gusts of rainy wind.

It would have had crossing the city on foot in the late afternoon, at night; all the nights; "*An co di truoc*, *loi nuoc di sau*"; the night food stalls at Ben Thanh; that apartment in Cho Lon and the minor-key Christmas of flame-blackened tinfoil and colorful pulverized pills; making the rounds of Pham Ngu Lao and Cau Muoi on the back of Binh's motorbike; the all-night pharmacists; the motorbike purse snatchers, smoking casually, watchful, engines revved; the half-menacing, half-ridiculous clatter of the metal rattles of massage boys in the alleys of Pham Ngu Lao; street kids hawking plastic roses from baskets outside of the clubs and bars of the downtown districts deep into the night; Leslie Wiener, the doctor and I, and the morphine drip in that airless too-crowded room up the long filthy flights of stairs in a tenement in Da Kao, the night Nguyen Van Hung died; and the doctor, once on the street, disturbed, asking me if I thought about God when I saw things like that; the message I received in the summer stating that Tri had passed away in a hospital the day before, at 4:15 in the afternoon.

It would have had a place for the cold cloud-draped mornings in the high villages above Sapa; for Phnom Penh in the late summer; for the cold rains falling on the Gulf of Thailand at Sihanoukville; for the evenings of what happened in the crush of the old market quarter of Siem Reap; for Vientiane in a burnished copper dusk on a dry-season sweep of sand along the Mekong, hounded by heat; for the quiet of the night market in Luang Prabang; the armed Laotian mountain patrols climbing slowly into the hills, disappearing into the morning fog; the abandoned, harried and harassed Hmong rebels haunting those hills, fighting a two decades long defeat; the Plain of Jars and the razor-scored poppy buds in the dry fields of the high central plateau. Would it have been able to contain all the motorbike drivers and barmen and hotel clerks, the endless toasts ("*khong say*, *khong ve*!") and piled-high dishes in all the crowded raucous multi-level restaurants, all the notebooks and iced coffees, the introductions and telephone numbers and business cards? Would it have been able to fit the roadside cemeteries of revolutionary heroes, and the cemeteries where injectors cooked heroin and prepared to fix in the wee hours? Would there have been enough room for the dangerous pitch of the boat as we left the mouth of the river, the speed and the sea-spray caught in the wind off the waves, knifing

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across the bay in the sun toward the white casino hills of what had been only decades earlier still called the Cap Saint Jacques? All the meals and the meetings, the frustrations and the funerals, the quiet afternoons and the times when I, again, saw the dawn from the wrong side of the morning. The *bia hoi* and the expat bars, the antique book shops crammed with old maps and colonial architectural plans, the sadness of candle-lit cathedral niches plastered with marble petition plaques whose dates crowded around crises; 1914, 1939, 1941, 1954, 1975, 1979; the haunted disquiet of places and dates; the rains, warm or icy cold, thin or in ferocious downpours; a whole book could be written about the rains. Is there room here for luck, for the right place at the right time, for the right place at the wrong time, for the wrong place at the right time, and for the times when everything simply went wrong? A place for untimely encounters, for last lingering looks back, last evenings, for all the friends and collaborators without whom this work would have been impossible. No, it was not enough of a work, but it was written with the desire to identify, and move towards a clarification of a problem, written with the desire to take risks, moving beyond what has already been written or discussed. It is not enough of a work, but it is, at the last, an attempt only to do justice to those with whom I worked and spoke, to those who shared their stories, thoughts and time with me, and to be, finally, the result of our unique collaboration.

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