

# Securitization of infectious diseases in Vietnam: the cases of HIV and avian influenza

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The frequent and swift emergence of new and devastating infectious diseases has brought renewed attention to health as an issue of international importance. Some states and regional organizations, including in Asia, have begun to regard infectious disease as a national and international security issue. This article seeks to examine the Vietnamese government's response to the epidemics of avian influenza and Human immunodeficiency virus. Both diseases have been recognized at different times as threats to international security and both are serious infectious disease problems in Vietnam. Yet, the character of the central government's response to these two epidemics has been starkly different.

How and why this disparity in policy approaches occurs depends largely on the epidemiological, economic and political context in which they occur. Although epidemiological factors are frequently explored when discussing disease as a security issue, seldom are the political, social and economic characteristics of the state invoked. These dimensions, and their interaction with the epidemiology of the disease, are central to understanding which diseases are ultimately treated by states as security issues. In particular, the role of economic security as a powerful motivator for resistance to control measures and the role that local implementation of policies can have in disrupting the effect of central government policy are explored.

In exploring both the outcomes of securitization, and its facilitating conditions, I suggest some preliminary observations on the potential costs and benefits of securitizing infectious disease and its utility as a mechanism for protecting health in Asia.

**Keywords** HIV, H5N1, Vietnam, health security, health governance

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## KEY MESSAGES

- Avian influenza has been treated by the Vietnamese central government as an issue of national security, whilst the response to HIV/AIDS has largely been handled as a public health and social hygiene issue.
- In Vietnam, a disease's economic impact is one of the key motivators for securitization by the government but is also involved in resistance to securitizing moves by the population.
- International discourses which link an infectious disease with security are subject to the local political context in which they are reproduced, problematizing the instrumental use of securitization as a mechanism for protecting international health.

## Introduction

In recent years, the emergence of new and devastating infectious diseases has brought renewed attention to health as an issue of international importance. Some states and regional organizations, including in Asia, have begun to regard infectious disease as a national and international security issue. This article seeks to examine the Vietnamese government's response to the epidemics of avian influenza and human immunodeficiency virus (HIV) and its manifestation as acquired immune deficiency syndrome (AIDS). Both diseases have been recognized at different times as threats to international security and both are serious infectious disease problems in Vietnam. Yet, the character of the central government's response to these two epidemics has been starkly different. In particular, the central government attempted to treat avian influenza as an issue of national security, whilst the response to HIV/AIDS has been coloured by competing domestic political priorities and influenced heavily by international donor preoccupations.

### Infectious diseases as security issues

Analysis of the security dimension of infectious diseases has recently received expanded attention within the global health governance literature.<sup>1</sup> Two questions occupy the bulk of inquiries: 1) How does an infectious disease move from being a public health issue to become a security issue? and 2) What are the costs and benefits of treating infectious disease outbreaks as security threats?

The concept of 'securitization' has garnered particular attention as a way of analysing the first question. The securitization framework, a product of the so-called Copenhagen School of security theory, seeks to identify and then analyse the inter-subjective understanding reached by actors about what constitutes a security issue:

*"If by means of an argument about the priority and urgency of an existential threat the securitising actor has managed to break free of procedures or rules he or she would otherwise be bound by, we are witnessing a case of securitisation."* (Buzan *et al.* 1998: 25)

Securitization of an issue therefore involves two interrelated steps. Firstly, the securitizing actor performs a 'speech act', by making the claim that a referent object is existentially threatened by some issue, to justify the use, or planned use, of emergency measures. Secondly, this discourse must be accepted by its audience: the political constituency who must accept the exceptional procedures (Buzan *et al.* 1998: 25).

The theory is flexible enough to be applied to almost any political collective, but cannot be applied uniformly. The logic of treating disease as a security issue may therefore operate at an international, national or local level, but the process and outcomes may be radically different depending upon the actors and audiences which participate. At the international level, global health advocates or organizations may suggest that infectious diseases are a threat to 'international security' in order to initiate higher contributions of aid from developed states to improve the disease control capacity of disadvantaged states. At the domestic level, the government may frame the disease as an internal security issue in order to legitimate the

mobilization of resources and institutional attention to control the disease.

This ability to break free from normal political processes and take extra-ordinary action has direct consequences for the costs and benefits of treating infectious diseases as security threats. The great potential of constructing health as a security issue is that it promises the appropriation of vast resources and institutional attention for the defence of people's well-being, regardless of the state's attitude to public health. According to the logic of this argument, all states value national security, whether or not they value the health of their citizens. As others have explored, there may also be significant downsides associated with a security-based approach to disease (see Elbe 2006; Selgelid and Enemark 2007), particularly in situations where good public health practice operates in opposition to the principles upon which the securitization process has been justified.

Although originally theorized as a process which, when successful, overrides 'normal' politics, recent scholarship (Balzacq 2005; Vuori 2008) has argued that securitization may have a range of purposes broader than simply manufacturing consent for emergency measures among a democratic polity. In non-democratic contexts, where the line between normal and emergency politics is sometimes blurred, securitization may be motivated by a desire to reinforce social control or legitimate policy to bureaucratic elites (Vuori 2008: 68). Broader contestations surrounding the very meaning of security—in Elbe's (2009) analysis driven by the Foucauldian process of governmentalization—further complicate the outcome of securitizing moves. Such motivations, emanating from the relationship between the actor and the audience, structure the type of responses to the security threat which are contemplated. The policy consequences of the securitization process will thus depend upon the political context in which the claims to 'security-ness' are made and whether these conform to the established security narratives of the relevant political constituency.

### International discourses and the Vietnamese political environment

When assessing purportedly ascendant international discourses, we must be sceptical of the support they enjoy and the effect that they have. International health policy operates under a number of competing discourses, with security one of many. The security discourse, although existent for well over 20 years, assumed greater prominence after the 2002–03 Severe Acute Respiratory Syndrome (SARS) emergency and saw form in initiatives such as the revised International Health Regulations (2005) and the Global Outbreak Alert and Response Network (GOARN) (Lee and Fidler 2007: 220). Importantly, both these instruments, or parts therein, are premised on the argument that states affected by the virus have a duty, when assisted by the global community, to monitor and control the spread of diseases of international public health concern. This discourse is controversial however, not least because it seems to privilege the concerns of developed states (Aldis 2008: 372) and further marginalizes diseases whose epidemiology makes them unlikely to spread rapidly across the globe.

Nonetheless, as a focal point for the outbreak of SARS, such a discourse does have special relevance for Vietnam. Not only did SARS illustrate the tremendous economic costs that can be

associated with (even relatively small) infectious disease outbreaks, it also reinforced the powerful incentives for transparency and cooperation with international and regional organizations such as the WHO and ASEAN. The domestic political context in Vietnam is particularly sensitive to these kinds of shocks and conducive to their securitization. Traditionally, the mandate of the Communist Party in Vietnam was embedded in its leadership role during the nationalist struggle of the mid-twentieth century. Yet during the early 1990s, this began to be supplemented by the concept of 'performance legitimacy' (Abuza 2001: 21). Continued economic growth, initiated in the late 1980s by the process of *'doi moi'*, has become central to the maintenance of this legitimacy and the stability of the Vietnamese political system (Abrami 2003: 91).<sup>2</sup> The protection of the 'Vietnamese-cultured family' and the maintenance of social norms play an important ballast role to this liberalization, and have been the site of increased policy focus since the mid-1990s (Phinney 2008: 654). The maintenance of economic success and of social order thus play important roles in Vietnamese politics, and as a non-democratic polity, the continuation of the status quo political order is intimately connected to national security (see Vuori 2008). As we shall see, these economic and social discourses inform, though do not control, the articulation of, and response to, security threats within Vietnam.

## Method

The respective epidemics, HIV and avian influenza, were selected for their prominence as diseases with security relevance, as well as their importance as infectious diseases within Vietnam. The research was conducted through primary and secondary source analysis. Local media representations and government statements were used to evaluate the construction of HIV/AIDS and avian influenza domestically. Reports from the government *Vietnam News Agency Bulletin*, the English-language *Saigon Times Daily*, and translated versions of the Vietnamese-language *Thanh Nien Daily* were gathered from two separate study periods: December 2003–July 2007 and 1993–2007. The first study period covered the major outbreaks of Haemagglutinin-5 Neuramidase-1 (H5N1) amongst poultry and humans. The second study period covered the initial emergence of HIV in Vietnam until the post-PEPFAR period. The H5N1 study consisted of a detailed analysis of all news documents over the period in question, while the longer HIV/AIDS study period was targeted more closely to identified periods of policy change or flux.

Government policy documents, legal instruments and budgetary allocations were also obtained from Vietnamese and international sources in order to evaluate response implementation and commitment. Disparities between statements and policy action were of particular interest.

## Findings

### The epidemiology and economics of security: avian influenza in Vietnam

The World Health Organization (WHO) considers an influenza pandemic—such as those experienced in 1918, 1957 and

1968—to be 'the most feared security threat' which might harm global public health security (WHO 2007: 45).<sup>3</sup> In 2006, the WHO estimated that a global influenza pandemic could claim the lives of 2–7 million people within a year and cause widespread economic chaos (WHO 2006: 2).<sup>4</sup> From 2004 till 2009, the world's attention was focused upon the H5N1 subtype of Influenza A, as a potential pandemic strain. Known colloquially as 'avian influenza' or 'bird flu', the H5N1 strain primarily affects poultry and water fowl but has also caused more than 500 human cases, including some 269 deaths, concentrated in Vietnam and Indonesia.

Since 2003, Vietnam has suffered two major outbreaks of the H5N1 virus in humans, corresponding with the northern hemisphere flu season.<sup>5</sup> The first, occurring in the first few months of 2004, resulted in 23 human cases of the disease. The second, occurring from late 2004 until the middle of 2005, resulted in a further 62 cases. From December 2005, Vietnam reported no further cases of human infection for 2 years, before small numbers of cases were reported between 2007 and 2010.<sup>6</sup>

Three key components of the disease's epidemiology made securitizing moves attractive to the Vietnamese government. Firstly, the Vietnamese farming methodology, the 'VAC agro-ecosystem', incorporates the recycling of animal droppings for use in aquaculture and as fertilizer for crops (Cristalli and Capua 2007: 462). As such, the transport, close physical handling and dissemination of potentially infected poultry (and their waste) is deeply ingrained in traditional Vietnamese agricultural practices. Secondly, subsistence farming and small-scale poultry trade of this type (internationally classified as 'Sector Four' production) are the primary site of poultry production and the major source of livelihood for Vietnam's rural poor, who make up approximately 80% of the population (see Rushton 2005: 499; MOH and MARD 2006: 4). As the World Bank (2004) notes, the poorest 60% of the population earn 6–7% of their household income from sector four poultry production. Finally, H5N1 influenza, although highly virulent in most birds, can exist asymptotically amongst poultry and waterfowl populations (Webster and Govorkova 2006: 2176). Technical recommendations for outbreak control thus require the culling of all birds within a wide radius surrounding infected farms, whether those birds are visibly sick or not (FAO 2004: 6).<sup>7</sup>

These factors work together to significantly increase the risk of an avian epidemic, and extend its economic impact (see Thorson *et al.* 2006: 122).<sup>8</sup> In 2007, poultry production accounted for 0.74% of GDP (GSO 2008: 230). In 2004 it was estimated that ongoing disease outbreaks could retard GDP by between 0.3% and 1.8% (World Bank 2004). More importantly than the macro-economic effects, the structure and farming practices of the poultry industry in Vietnam meant that area-culling operations and associated economic costs were concentrated amongst rural small-scale holders (see MOH and MARD 2006: 1).

In the context of the disease's epidemiology and its potential for economic damage, the government made strong efforts to securitize avian influenza. Statements by the government, and related media reports, continually emphasized the economic impact of avian flu outbreaks (and the possibility

of a human pandemic) over and above any human toll (see Vietnam News Agency 2005a). In its National Response plan, the government made clear its primary focus was on the 'effects of sickness and mortality on *potential output*' and that its chief fear was the 'devastating economic and social consequences, including large scale loss of life and *livelihoods*' which might occur during a possible human pandemic (emphasis added; see MOH and MARD 2006: i). Because such a pandemic 'would damage not only Vietnam's agriculture but also "almost all other fields"', control policies were to be followed 'even if it hurt growth' (*Thanh Nien Daily* 2005). Such statements stand in contrast to the assumption that securitizing moves against infectious diseases would be motivated by the human toll and, importantly, such a motivation structures the response to the epidemic.

Although it is difficult to identify when securitizing moves are being made, one key indicator is that the focus on the economic consequences of an influenza pandemic was accompanied by statements which reinforced the need for an urgent response. Initially, provincial and ministerial officials were reluctant to identify poultry deaths in the later months of 2003 as avian influenza (Tuong 2009: 13). However, once the situation started to escalate, in January 2004, the central government acted swiftly, with Prime Minister Phan Van Khai issuing an ultimatum demanding that government officials endeavour to end the epidemic by the end of February 2004. In order to accomplish this 'all State apparatuses and administrative bodies of all levels must take the fight against bird flu seriously, focusing human and financial resources on the focal job [*sic*]' (*Saigon Times Daily* 2004).<sup>9</sup>

Such statements were not mere rhetoric but were backed by substantial resource allocations. Between 2006 and 2007, the Vietnamese government allocated US\$266 million to control both the agricultural and human health implications of the H5N1 epidemic (MOH and MARD 2006: 11).<sup>10</sup> The most recent World Bank audit of the Ministry of Finance's budget, in 2002, shows that US\$560 million was spent on health (World Bank 2005), suggesting that the government was prepared to spend a sum equivalent to nearly a fifth of government health expenditure in furtherance of their avian influenza control programmes.

In making the control of the virus a 'key and immediate mission', distinct sets of 'drastic' measures were implemented (Prime Minister quoted in *Vietnam News Brief Service* 2005). During 2004, a policy of area-wide culling, or 'stamping-out', was implemented with severe restrictions on poultry trade within Vietnam and across the border with China (Tuong 2009: 26). This was followed in 2005 with a national poultry vaccination programme, which endeavoured to vaccinate every domestic fowl at an estimated cost of almost US\$33 million (MOH and MARD 2006: 54).

Despite initial successes in controlling avian influenza, a high number of human cases were recorded from January to June 2005 (WHO 2009). Interestingly, relatively few media reports regarding the human cases, and even fewer securitizing speech acts, were observed during this period. This is in stark contrast to the response in November 2005 when, despite the poultry vaccination campaign, a large avian epidemic ravaged Hanoi and surrounding provinces (Pfeiffer *et al.* 2007). Throughout

late 2005, the outbreak and the control efforts appeared daily in state-run media outlets; variously referring to avian influenza as an 'imminent danger' (Nguyen 2005b), a 'deadly threat' to Vietnam (Van and Cuong 2005), or even a 'global threat' (Van and Ngoc 2005). Such pronouncements underscored the government's desire to 'mobilise the entire political system' (Cuong and Van 2005) in the 'fight against the H5N1 virus' (Van 2005d). In the context of the avian epidemic, and in contrast to its response to the human cases 6 months earlier, the Vietnamese government declared the need for a comprehensive strategy:

*"The formulation and implementation of such urgent action plans (against bird flu) must be considered an unexpected and urgent task of Party committees and administrations of all levels and a duty of each citizen and, therefore, the strength of the whole political system should be mobilized for this task...even the army and police forces..."* (Resolution 15/2005/NQ-CP 2005).

These programmes, and accompanying statements regarding their urgency, continued throughout 2006 and 2007 in the absence of human cases, perhaps indicating a preoccupation with the more economically significant avian outbreaks.<sup>11</sup>

Overall, these statements and policies constitute strong securitizing moves by the Vietnamese government. In the language of securitization theory, the Vietnamese government (the securitizing actor) made a claim that the continued prosperity of Vietnam (the referent object) was existentially threatened by avian influenza (the threat) and that this necessitated sustained and widespread action (the emergency measures) to contain the avian form of the disease. The absence of securitizing moves in the presence of human cases, and the forcefulness of control measures for avian outbreaks, points to a view of avian influenza which emphasized its economic impact rather than its human toll, and sought to deal with it as a matter of urgency for the security of the Vietnamese economy.

### **Social hygiene: Vietnam and HIV/AIDS**

HIV/AIDS was one of the first diseases to receive global attention as a national and international security issue. In 2000 the UN Security Council officially named the disease as a threat to international security (cf. Rushton 2008). The experience of HIV/AIDS in Africa illustrated the disease's capacity to hollow out populations, damage bureaucracies and suppress development. Generalized HIV/AIDS epidemics have been suggested as a permissive factor in state failure and regional instability (see Garrett 2005). The security importance of HIV/AIDS has thus been one of many justifications for the developed world's aid interventions. In particular, the large expenditures which underpin the US President's Emergency Plan for AIDS Relief (PEPFAR) have, in part, been justified because of their relevance to security policy (Ingram 2005).

Vietnam is one of only 15 states originally designated as PEPFAR focus countries, which are considered priority locations for in-country interventions. In contrast to most states which receive assistance from PEPFAR, the HIV epidemic in Vietnam has not yet established itself within the general population.<sup>12</sup>

However, the potential for a generalized epidemic is growing, through a burgeoning commercialized sex industry and an under-reported female epidemic (Tuang 2007; Nguyen 2008; Phinney 2008). In 2007, almost 300 000 people, 0.53% of the population, were estimated to be living with the HIV virus and over 15 000 deaths had been attributed to AIDS in Vietnam since 1991 (Socialist Republic of Vietnam 2007: 6). The bulk of the infections and mortality in Vietnam are concentrated in high-risk epidemiological groups, including intravenous drug users (IDU), female sex workers (FSW) and men who have sex with men (MSM). Of these groups, the bulk of current AIDS cases can be found amongst male IDUs, for whom rates of HIV infection are as high as 23% (Socialist Republic of Vietnam 2007: 6).

The epidemiology of the disease in Vietnam interacts with a political and social milieu surrounding AIDS, associating the disease strongly with the 'social evils' of commercialized sex and drug addiction. Vietnamese society is highly conservative in its views on drug use and commercial sex, and since the first cases of HIV in 1991, this has coloured the government response. Not only were many FSW and IDU carriers of the virus, their activities were also threats to social cohesion and the standing political order (Thanh 2009: 99).

In the 1990s, a series of directives were promulgated to stamp out so-called 'social evils'. Policies on HIV/AIDS control in this period conflated the prevention of HIV infection with the criminalization of the drug trade and prostitution. Harm minimization strategies were slow to be adopted, of small scale and coincided with harsh penalties for high-risk behaviour. Possession of harm reduction material, such as clean needles or condoms, could be used as evidence of a person's status as an illegal IDU or sex worker, undermining the few programmes which operated (POLICY Project 2003: 5). Arrest and 're-education' of IDUs and FSWs was also common, resulting in large cohorts of HIV-infected individuals being stigmatized and isolated from the community for periods of up to 5 years (Hammett 2007: 138–9). As late as 2002, the Deputy Prime Minister was still referring to HIV/AIDS as a policy strongly associated with the 'fight against social evils' (Vietnam News Agency 2002).

The second phase of the response has seen a shift of policy; still justified via reference to social order but driven by the preoccupations and projects of international donors. Since 2004, after the initiation of PEPFAR projects in Vietnam, the government's response to the epidemic softened, in line with the priorities of large international donors such as PEPFAR, the Global Fund and UNAIDS.

The *National Strategy on HIV/AIDS Prevention and Control till 2010 with a Vision to 2020*, signed in 2004, adopts a best-practice framework favoured by UNAIDS and PEPFAR (UNAIDS 2008). De-stigmatization and harm minimization activities amongst high-risk groups attract notably more attention in the strategy (Decision No. 36/2004/QD-TTg 2004). This shift is in part because of the receptivity of health officials to evidence from international studies, as well as the obvious failure of criminalization in curbing HIV rates. Pressure from donors has also driven policy changes such as the funding of, previously illegal, drug-assisted rehabilitation for IDUs (*Than Nien Daily* 2007; PEPFAR 2009a: 43).

While policy change is evident, particularly in documents designed for international technocrats, the political justifications for HIV/AIDS control programmes continue to rely on discourses of social control, whereby the government positions itself as protecting Vietnamese society from the influence of foreign moral degradation (Rydström 2006: 289).

*"HIV/AIDS is a dangerous epidemic, threatening people's health and life and the future generations of the nation. HIV/AIDS directly affects the country's economic and cultural development, social order and safety."* (Decision No. 36/2004/QD-TTg, 2004)

While the political rhetoric utilized above is reminiscent of the pronouncements on avian influenza, it is unclear, when viewed in the context of the size of the government's own resource allocations, how committed the Vietnamese government is to the urgency and priority of the threat (see also Duong 2005).

The implementation of PEPFAR has garnered Vietnam massive increases in AIDS-related funding, including US\$34.1 million in FY2006 and US\$65.8 million in FY2007 (PEPFAR 2008). This dwarfs the Vietnamese government's own expenditure, which amounted in 2006 to US\$5 million and in 2007 to US\$9.4 million, essentially unchanged (adjusted for economic growth) from spending during the 1990s (Socialist Republic of Vietnam 2007: 1). External funding has allowed Vietnam to implement the vast majority of the worthwhile projects outlined in its *National Strategy*; however, the cumulative total of foreign and domestic investment in the problem is still far below the domestic commitments made to avian influenza.

PEPFAR warrants further study, because of its disproportionately large contribution to HIV/AIDS prevention and treatment in Vietnam. Originally envisioned as a US\$15 billion expenditure, the reauthorization of the Bill in 2008 expanded the mandate by US\$48 billion over the next 5 years (PEPFAR 2009b). Such resource allocations were arguably politically possible only because of explicit links which were made between HIV/AIDS, US strategic interests and international security (see Public Law 108–25, the *United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003*; s2 ss10).

Yet, despite explicit links to security policy, domestic political considerations have structured PEPFAR in Vietnam, by forbidding the funding of needle-exchange programmes (Oanh 2007: 32–33) and organizations which advocate for the decriminalization of sex work (irrespective of their experience in HIV/AIDS control). This represents a major challenge for the effectiveness of PEPFAR in Vietnam, where IDUs represent the largest and most potentially explosive section of the epidemic, and especially while medical evidence supports the effectiveness of needle exchange and other harm minimization activities in limiting the spread of HIV amongst drug users (Hammett 2007: 137–8). Additionally, early PEPFAR funding was, in part, allocated through Department of Defence spending programmes and focused specifically on HIV/AIDS in the military (Ingram 2005: 523). This is a relatively minor part of the epidemic in Vietnam (only 0.16% of potential military recruits were HIV positive in 2006; see Socialist Republic of Vietnam 2007: 6), and increasingly regarded as an over-emphasized phenomenon globally (Feldbaum *et al.* 2006: 775).

Perhaps in recognition of this, since 2008, defence-administered programmes in Vietnam have been folded into mainstream funding allocations. While securitization may have contributed to the unprecedented resource allocations from the US, it has been structured by domestic political relationships and security interests, which are sometimes radically at odds with the control of the pandemic.

The HIV/AIDS epidemic in Vietnam has thus been riven by competing discourses, domestic and international, which emphasize pre-existing political priorities and serve to de-emphasize disease control strategies which break existing norms. As has been theorized by others (Elbe 2009; Davies 2010), the use of security rhetoric by international organizations and donor states may be instrumental to broader public health goals. In Vietnam, two phases of intervention can be charted: the initial, locally-driven campaign against the 'social evils' which were associated with the epidemic; and a later, donor-driven campaign based around international priorities. While aspects of the discourse which links HIV/AIDS with security are evident in statements by international donors and the rhetoric of Vietnamese leaders, the policy outcomes have remained focused on the public health significance of the disease and, at least in the domestic context, their perceived implications for social order. Thus, there appears to be a complex set of local priorities, particularly related to 'social order', which have accompanied policy implementation on HIV/AIDS. However, as is explored below, a lack of urgency and attention from the Vietnamese government, and a willingness to accede to donor priorities, may be influenced by HIV's minimal impact upon the economy and its prevalence amongst economically and politically marginal groups.

### The role of economic security in disease securitization and its resisters

While it is difficult to ascertain the precise motivations for Vietnam's differing treatment of HIV and avian influenza, one under-explored factor is the respective political economies of each disease. Other scholars have noted the importance of economic factors in Vietnam's rapid response to SARS in 2002 and 2003 (Curley and Thomas 2004: 23) and the evidence presented here concurs with this analysis. While it is difficult to definitively disentangle the Vietnamese government's motivations for treating the two disease outbreaks differently, it seems clear that the economic impact of the diseases has played a significant, though not sufficient, role.

Avian influenza outbreaks, though predominantly affecting poultry, had an enormous impact on the livelihoods of large swathes of the traditional support base of the Vietnamese Communist Party (VCP) in the rural communes and provinces (Vietnam News Agency 2005b). The epidemiology of the outbreaks, and their close association with rural agricultural practices, meant that the potential existed for widespread economic damage to a politically important segment of the Vietnamese economy. This was reinforced by the threat posed to Vietnam's international reputation. The cost of SARS to the tourism sector, as well as foreign direct investment, were fresh in the minds of central officials and the constituencies surrounding trade and tourism hubs such as Ho Chi Minh City (see Tuong 2009: 25). In the case of avian influenza, any

perceived failure to contain the disease would have cut deeply into the performance legitimacy of the government in one of its key domestic constituencies as well as its international reputation as a competent authority.

HIV/AIDS, although it caused more than 2000 deaths in the first half of 2007 alone (UNAIDS 2007) and has the potential for far greater long-term economic and social destruction, currently afflicts economically marginalized and supposedly 'unproductive' sections of Vietnamese society. Vietnam has yet to experience the workforce depletion and household income losses that coincide with a generalized epidemic, and thus macro-economic effects are limited (POLICY Project 2003: v). Additionally, many conservatives within Vietnam's political elite associated the increasing rates of drug use and commercialized sex with the epidemic, and blamed the liberalization and foreign engagement which occurred under the *doi moi* policy framework (Rydström 2006: 289). The response to these social changes became a political battleground where the central place of the 'Vietnamese cultured family' and the traditional social order could be reinforced (see Instruction No. 52-CT/TW 1995, Vietnamese Communist Party 1995). Rather than a serious threat to growth, HIV/AIDS was thus initially seen as an unfortunate by-product of modernization, affecting constituencies with little political or social clout. The response to AIDS, although initially influenced by political discourses of social order, has been malleable to international funding priorities and weakly resourced by the Vietnamese central government.

While macro-economic and political concerns motivate the government's response, these are counteracted by the private economic security of its most economically marginalized communities—the rural poor, IDUs and FSWs—who exist, in different guises, at the epicentre of both epidemics.

In the case of avian influenza, much of the community and local bureaucracy resistance was structured by the impact that control programmes—such as culling, wet market closures and provincial trade bans—had on the livelihoods of rural producers. Outbreaks in one village resulted in a 'cost (of) US\$69–108 for households' which typically received 'an income per person of \$2 per day or less' (FAO 2005). For farmers who rely on poultry as a source of food and of trade, especially when initial compensation rates were a fraction of market prices and their flock was not visibly affected by the disease, the reaction to culling programmes was covert non-compliance. Farmers sought to hide poultry from government veterinarians, to sell dead poultry at unregulated wet markets and to ignore official policy banning the breeding of ducks (McKenna 2006; Tuong 2009: 45).

Complementing community resistance was the complicity of mid-level officials. Provincial officials, wanting to limit the financial impact of the epidemic on their local producers, were much less vigorous in their response to the disease than officials in urban areas (see Van 2005c; Tuong 2009: 43). Bureaucratic tension resulted, particularly in the South (Van 2005c), before a widespread outbreak of H5N1 amongst poultry farms in the Mekong delta region in early 2005 (Nguyen 2005a). This precipitated the intensification of measures to control the disease, and a ban on the transport of live poultry into urban areas in the November 2005 epidemic (Van 2005a).

Overall, however, resistance to the government's securitizing moves against avian influenza, by poultry farmers and the officials responsible for their welfare, has been limited by political and social disciplining, and unable to derail the securitization process in Vietnam. The VCP, using its domination of politics at all levels of government has been a powerful force for policy discipline (Tuong 2009: 22). In this sense, the audience which the Vietnamese government needed to convince was relatively narrow, consisting of Party elites and bureaucrats for whom strong incentives exist for compliance with the existing power structure.

The characteristics of the HIV epidemic in Vietnam, concentrated as it is amongst disadvantaged and marginalized groups, makes the issue of individual economic security even more salient for the response to this disease. Since 1986, the radical dismantling of social safety nets, the introduction of incentives for urbanization and the emergence of an urban middle class with disposable income and access to Western ideals of 'leisure' have coincided to provide a fertile basis for increases in the numbers of commercial sex workers and intravenous drug users in the early 1990s (Phinney 2008: 652). The HIV epidemic has thus been spurred on by the process of economic liberalization and the dismantling of collectivized forms of economic security.

More alarmingly however, the dismantling of the social safety net, coupled with ongoing social stigmatization, means that prostitution and the drug trade remain co-linked and the basis for economic survival (Ngo *et al.* 2007: 559). Additionally, and in contrast to the experience of small-scale poultry farmers, FSW and IDU are engaged in inherently illegal activities. Despite instructing in 2006 that HIV no longer be referred to as a social evil, the government retained this designation for drug use and prostitution (*Thanh Nien News* 2006). In this sense, at-risk groups face powerful disincentives for open engagement with health officials and compliance with prevention regimes (Thanh 2009: 7). As such, and as shown by previous policies which criminalized the carrying of condoms by FSW, the continuation of high-risk behaviour may be central to the continued economic security of high-risk groups.

## Conclusion

Although a security discourse surrounding a disease may be operating at the international level, this does not guarantee that securitizing moves at the domestic level will occur. Ultimately, the securitization of infectious disease is dependent on local political, economic and social factors for its character and success. Global and regional discourses which link security with infectious disease are not operationalized by states in uniform or predictable ways. Instead, the political relationships which help to construct (or deconstruct) the securitization process within a country are fundamentally relevant to subsequent policy.

The securitization of avian influenza in Vietnam has been driven by, and operationalized in, the domestic political sphere. It was Vietnam's central government which initiated the securitization process predominantly because of threats to Vietnam's economy rather than the purported threat to international security elucidated by the WHO and others. This was operationalized in policies which corralled resources and

bureaucratic attention to urgently control the disease through measures such as widespread culling and poultry vaccination programmes. The private economic interests of small-scale poultry farmers and their local political leaders, although present, were insufficient to derail the securitizing moves by the central government.

In contrast, the response to the HIV/AIDS epidemic in Vietnam was muted by its limited economic impact in socially marginalized sections of the community. There is little evidence that Vietnamese political elites attempted to securitize the disease, except as a potential avenue for reinforcing traditional mechanisms of social control. Rather, resources were derived from outside sources which were similarly influenced by domestic political concerns. Indeed, the tendency for socially conservative governments such as Vietnam's to react to PLWHA as threats to social order problematizes the securitization of the disease by international actors.

In this sense, the logic of focusing on the threat to security which infectious disease poses as a way of motivating state compliance may be flawed. International discourses which link an infectious disease with security are subject to the local political context in which they are reproduced. Economic and political imperatives, along with public health significance, can motivate and distort policy action, resulting in unexpected or counter-productive outcomes. In this sense, policymakers, activists and academics must be mindful of the politics surrounding securitizing moves within a constituency when contemplating whether to highlight the security implications of a particular disease.

## Endnotes

- <sup>1</sup> For key texts, see Ingram (2005), Caballero-Anthony (2006), Elbe (2006), McInnes and Lee (2006), Enemark (2007) and Kelle (2007).
- <sup>2</sup> Indeed, the economic reform process has been extremely successful: Vietnam has sustained approximately 7% growth in GDP per year since 1997 (World Bank 2005: 13).
- <sup>3</sup> *Pandemics* are epidemics of disease with a reach that extends across national boundaries, usually to encompass the entire globe.
- <sup>4</sup> This is considered the 'reasonable' mortality estimate. More extreme figures, predicated upon mortality rates similar to the 1918 pandemic, have pegged the worldwide mortality at close to 150 million people (see McKibbin and Sidorenko 2006: 14).
- <sup>5</sup> Data extracted from World Health Organization, WHO/WPRO – Human Avian Influenza A/H5N1 Cases by Onset Date. Online at: [http://www.wpro.who.int/sites/csr/data/data\\_Graphs.htm](http://www.wpro.who.int/sites/csr/data/data_Graphs.htm), accessed 30 April 2009.
- <sup>6</sup> Importantly, there is no evidence and no track record, unlike China and Indonesia, of human infections being hidden from the WHO or Global Influenza Surveillance Network. Thus, it is likely that the number of human cases reported is a true reflection of the situation.
- <sup>7</sup> Of the 31 million fowl culled in the Ho Chi Minh City Region in 2004, only 5.3 million were reported as symptomatic (Van 2005c).
- <sup>8</sup> Indeed, the early cases of the disease were reported from subsistence farmers, and not from employees of large-scale poultry operations (Tran *et al.* 2004: 1186; Dinh *et al.* 2006: 1843).
- <sup>9</sup> Following this announcement, even the Ministry of Defence set up a bird flu defence team in November 2005 (Van 2005e).
- <sup>10</sup> Of this investment, nearly half is being sought from overseas donors (MOH and MAR 2006: 11). A recent UNSIC report (2010) shows that approximately US\$137 million had been pledged by April 2010, although only US\$103 million was disbursed to Vietnam.

<sup>11</sup> As late as March 2007, and in the absence of any human cases for over a year, the Deputy Prime Minister declared that 'the fight against bird flu is an uninterrupted war which requires great responsibilities from the entire political system' (see Vietnam News Agency 2007).

<sup>12</sup> Although recent investigations suggest that the epidemic may be severely underestimated amongst women in the general population (Nguyen 2008).

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