Ho Chi Minh City during the fourth wave of COVID-19 in Vietnam

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Vietnam was a remarkable COVID-19 success story, logging zero cases for months on end and keeping life close to normal for much of the population. For much of the pandemic, cases and deaths per 100,000 remained among the lowest in the world (Dong, Du and Gardner 2020, 533-534). But in late April 2021, the highly transmissible Delta variant began to take hold in Vietnam and Hồ Chí Minh City - the country’s economic engine, where 13 million people live and work - is now the locus of struggle against the virus: amid mass testing many thousands of cases are logged daily. Social distancing measures used to control previous variants have proven ineffective against the virulent Delta strain, and this prompted the Vietnamese authorities to impose increasingly strict lockdowns (Figure 1) and scale back contact tracing efforts to focus on treating the sick entering hospitals. This dispatch, written in late July 2021, offers first-hand observations from Vietnam’s megacity as the country’s fourth wave of COVID-19 hit. It draws on conversations with city dwellers as they try to make sense of huge disruption in their daily lives and suggests lessons that can be drawn from this phase of Hồ Chí Minh City’s COVID-19 experience that may interest readers studying pandemic responses in other cities.
Vietnam’s fourth wave began on April 27 (Vietnam Government Portal 2021). As COVID-19 spread, an infographic produced by the Hồ Chí Minh City Center for Disease Control (Trung Tâm Kiểm Soát Bệnh Tật Thành Phố Hồ Chí Minh (HCDC)) circulated on social media and instant messaging channels listing locations, flights and bus routes with confirmed cases and providing instructions to either isolate at home or enter a government quarantine facility depending on one’s exposure to the virus. When arranging to meet friends and research participants, I was often sent this graphic, asked to confirm that I hadn’t been in one of the affected places and probed further on my whereabouts in the preceding days and weeks before individuals felt comfortable with a face-to-face meeting. And in other conversations, many people confessed to being scared (sợ) that they or their family members could get infected at any time.
Fear of Infection

Relatively high levels of public anxiety around COVID-19 in Vietnam have been captured in surveys conducted by YouGov (2020) with online panelists in 28 countries since early 2020: the percentage of respondents in the Vietnam sample who have said they are ‘very’ or ‘somewhat’ scared of contracting coronavirus - ranging from a low of 75 per cent in July 2020 to a high of 88 per cent in July 2021 - puts Vietnam in the top two most fearful nations surveyed throughout the pandemic. This may be surprising, given that Vietnam protected its population remarkably well from the spread of COVID-19 for so long, winning plaudits from the World Bank (2020) and others for its low case rates. Citizens’ well-founded anxieties about hospital capacity for treating victims and fears about losing income due to ill health may be behind such high levels of concern. But the social ostracization linked to a COVID diagnosis - at least during the long period when cases were very low - has been another reason to fear infection.

A district 11 resident recounted how the family of a COVID positive airline worker living in an alley opposite his apartment block faced moralizing gossip for undermining the community’s efforts to stay covid-free due to failing to adhere to the government’s so-called 5K campaign (Khẩu trang - face mask, Khử khuẩn - disinfection, Khoảng cách - distance, Không tụ tập - no gathering, Khai báo y tế - health declaration). And the infected (‘covid suspects’) have been scapegoated in articles that publish their movements around the city prior to their diagnosis. As during the 2007-2010 cholera outbreaks in northern Vietnam (see Lincoln, forthcoming for a detailed analysis of these epidemics) the COVID-19 pandemic has prompted cadre, citizens, and the media to set forth visions of moral behavior and social order that they link to controlling the virus and to highlight conduct that does not conform to these visions. Thôi (2020), for example, describes angry criticism aimed at residents of the Phú Mỹ Hưng new urban zone during last year’s short nationwide lockdown for their perceived failure to respect social distancing regulations while exercising
outdoors.

Until mid-July, when the HCDC signaled that the city’s COVID-19 response would now concentrate on treating the sick (HCDC 2021), health officials focused on aggressive contact tracing and quarantining. Outbreak areas were quickly sealed off while life in other parts of the city could continue as usual. A notice posted on my local ward committee noticeboard (Figure 2) invited a representative from each household to participate in community testing. This involved multiple samples being pooled and then tested with every individual in any positive pools called back for resampling and retesting. This strategy has been used across Vietnam to reduce the time needed to screen large numbers of individuals and conserve tests and other consumables. It brings down costs significantly.

Figure 2: Local ward committee information board “NOTICE. Regarding COVID testing: On July 1, one household representative is invited to attend School 58 on Đinh Tiên Hoàng Street between 7pm and 8.30pm to take a covid test.” Photo by the author.

District authorities kept citizens informed about localized lockdowns affecting alleys, streets, and individual buildings by sharing and periodically updating maps on social media
channels (Figure 3). In addition, emergency vehicles (xe cấp cứu) with red flashing lights and loudspeakers toured city neighborhoods broadcasting recorded messages to the public. One often paid evening visits to the alleyway (hẻm) I lived on to remind citizens of the day’s case rates and the ongoing complicated pandemic situation and to tell everyone to go inside and close their doors. On its departure, hastily concealed badminton nets and plastic tables and chairs would reappear, and the evening would continue as before. On the first day of a citywide ban on informal street markets (chợ cóc), the van returned at 6am and for 20 noisy minutes urged women touting fruit and vegetables from bowls and baskets on the pavement to pack up their wares and clear the area.

Figure 3: Map produced by the Division of Communication and Culture of District 11, June 2021 “Quarantine areas due to COVID-19 in District 11, Hồ Chí Minh City”

**Impacts on Traders**

Street traders have faced severe financial hardship during the COVID-19 pandemic in Hồ Chí Minh City due to bans on hawking during periods of social distancing. Sellers interviewed by Pham, Nguyen, and Earl (2021) estimated that around thirty per cent of their old customers did not return even when the curbs had been eased. Delivery apps such as Grab and Gojek were already hugely popular with food and beverage outlets in Hồ Chí Minh City before the pandemic. Many
independent traders have now turned to them in a bid to keep selling. Vegetables, breads, fruit, snacks, and regional specialties can also be bought from sellers’ personal Facebook pages - bartering and delivery arrangements are made through comments exchanged beneath photos of the produce. Not only traditional hawkers but also office professionals seeking extra income engage in these informal Facebook sales which involve the seller or a member of their family delivering the goods on their own scooter and taking a cash payment on delivery. Even when Hồ Chí Minh City’s street traders can resume in-person trading, e-hawking will likely stay popular with sellers now skilled in using online platforms, some of whom have found their products in high demand with buyers across the city. Electronic payments have become more widely used as online purchasing platforms have gained popularity, leading some to speculate about the end of cash in the city.

However, in ethnographic research exploring the function of money in everyday life in Hồ Chí Minh City, Truitt (2013) has shown that the anonymity offered by cash is an important quality for Vietnamese purchasers. This quality is absent in networked systems of payment: when a prominent individual’s electronic purchase history was leaked online revealing spending on an affair, judgement from netizens was fierce and the individual’s reputation was seriously damaged.

Decentralizing the Infected

As case numbers have rocketed in Hồ Chí Minh City, the policy of incarcerating the infected (known as f0) and their direct contacts (known as f1) in centralized facilities - the former in hospitals, the latter in high schools, university dorms and other institutions around the city - has proven unsustainable. First f1s and now some f0s have been permitted to isolate at home (Tuổi Trẻ 2021) meaning it’s becoming more common to have a virus sufferer or sufferers living in your alleyway or apartment building. Over the past few months, many residences with an f1 or an f2 (a close contact of an f1) quarantining inside have had red signs affixed to them by the local peoples’ committee to warn the community of an infected or potentially infected person inside (Figure 4). A
city resident who underwent 14 days of self-isolation with such a sign on her door thought it an unnecessary step but one that she was powerless to object to, given it was mandated by the authorities. It is unknown whether these acts of COVID-19 signposting will continue as isolating at home becomes more commonplace. But, anecdotally, objections from the community appear to be lessening as the city’s pandemic response shifts to account for a virus now circulating widely in the community. One student said “The situation (with stigma) is changing. Now f0s are quarantined in their own homes and since there have been so many cases, people no longer gossip. It is less shocking than before.” Future anthropological research with recovered COVID-19 sufferers, their families, officials, and neighbors could help to understand how Hồ Chí Minh City’s close-knit alleys, dilapidated tenements, new luxury developments and other residential settings have shaped how individuals experience living with COVID-19 in the community, away from institutional settings like hospitals and collective quarantine facilities.

Figure 4: Sign affixed to a residence containing quarantining people in Thủ Đức, Hồ Chí Minh City. “Center for Disease Control of Tam Phú Ward. NOTICE. This family has (a) member(s) quarantining at home. Please: do not come into contact with them. Note: family members must wear masks and stay at least 2 meters away from the person who is quarantining” Photo from Nongnghiep.vn.

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The State Spectacle of Pandemic Control

What tackling the COVID-19 disaster in Vietnam’s biggest city looks like has clearly been important to the authorities. Throughout the pandemic, state media has evoked themes of war and sacrifice and the government has used the slogan “Fighting the epidemic is like fighting the enemy” (“chống dịch như chống giặc”). After the citywide stay at home order was introduced on July 10, COVID-19 prevention measures became even more elaborately choreographed. During a seven-day decontamination effort, army personnel in protective uniforms sprayed over fifty hectares of near-deserted city streets with six tons of chloramine B disinfectant (Figure 5). Official images from the event show rows of soldiers being briefed in a municipal depot ahead of their mission and a cavalcade of specialized military vehicles crossing Sài Gòn Bridge en route to disinfect high risk areas. One resident dismissed this as a mere exercise in public health theatre that would do little to stop the spread of the virus, while joking that it might helpfully kill off a few mosquitos or cockroaches. District 1 pensioner Nguyen Hoang Thinh, quoted in Nguyen and Van (2021), was less skeptical about the sight of the army trucks: "My neighborhood has been blocked for a week now because of dozens of infections, now seeing the soldiers spray chemicals I feel more secure". In recent days the Vietnamese Ministry of Health has told local authorities to end this practice, as it contravened World Health Organization advice on the appropriate use of disinfectants in tackling infectious diseases.

The detection of new community cases brings its own spectacle - citizens blockaded inside apartment buildings without warning while personnel in hazmat suits, their individuality obscured by gas masks, fumigate the locality. Images showing barbed wire barricades and signs reading ‘Quarantine area - do not enter’ (‘khu vực cách ly - không vào’) with worried captions and tearful emojis underneath often circulated on social media during and soon after these events. However, some residents told me they felt reassured when they saw the authorities taking strong action to protect their community in this way.
The narrative of Hồ Chí Minh City during the COVID-19 pandemic has been crafted through clothing as well as through disinfection drives and sloganeering. Protective blue suits (quần áo bảo hộ) are ubiquitous in hospitals, clinics, and airports, and are also worn by health officials conducting community testing and Vietnamese returning home on repatriation flights. This utilitarian garb speaks to the situation under COVID-19 - business not as usual. A nurse monitoring foreign arrivals at a quarantine hotel in Tân Bình district told me how uncomfortable these one-size-fits-all suits can get over the course of a shift, especially during Hồ Chí Minh City’s hottest months. As the city’s vaccination drive gets underway, health workers and citizens will hope that the days of quan áo bảo hộ are numbered and that Hồ Chí Minh City can begin its pandemic recovery in earnest. But many concede that this is unlikely to happen soon and accept...
that the blue suits and the collective sacrifice of the city’s health workers wearing them will be needed for some time yet.

**Conclusion**

Hồ Chí Minh City’s recent COVID-19 experience offers lessons that may be of interest to readers considering other cities’ pandemic responses. Firstly, however successfully a city may have controlled the virus through a zero COVID strategy in the past, this approach is unsustainable in the long term. As Hồ Chí Minh City has imposed increasingly strict lockdowns (*phong tỏa*) case rates have escalated. This shows how persisting with harsh measures in the face of a more infectious variant brings diminishing returns. Resources should be focused on vaccination efforts – these have brought a return to near normal life in other cities worldwide. Secondly, city authorities risk eroding rather than increasing public confidence in their COVID-19 response measures if these are not grounded in science. Hồ Chí Minh City authorities had to end their highly publicized neighborhood disinfection drives after the Ministry of Health told them to stop the practice, invoking World Health Organization (WHO) guidance. This shows how, during a global pandemic, local authorities are subject not only to the usual scrutiny from national government but also the scrutiny of outside bodies. Removed from the political context in any particular nation, external experts are at liberty to call out measures used in some authoritarian settings that aim to boost morale or project state power but do not protect the population from infectious disease. Finally, while the pandemic may have popularized electronic payments among city dwellers, predictions of the demise of cash do not account for cultural factors behind an ongoing need for discreet ways for city populations to transact as well as the important role of paper money in shaping people’s sense of belonging. These factors mean that cash will likely be a persistent artifact in city economies when normal life returns post-lockdown.
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