

✿ SENIOR STUDENT ESSAY COMPETITION: 2021 AWARD WINNER ✿

ORANGE JUICE HORROR:
AN UNFINISHED CONVERSATION ON COVID-19 IN VIETNAM

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ABSTRACT

A COVID-19 story reflecting on personal and global blind spots revealed by a deeply discomfiting personal conversation, this essay explores a collision with colonialism. On a personal level it suggests an autoethnographic practice that may enable the author to find a way forward. On a global level it suggests 'the West' can risk dropping its colonial assumptions of intellectual superiority and listen to lessons forged in nearly 20 years' experience of managing coronavirus pandemics and being openly shared by Vietnam and China. Frightening evidence mounts every day that those who ignore such lessons risk world-changing losses of economic and political stability.

INTRODUCTION

22 March 2020. My country New Zealand is scrambling to go into Level 4 lockdown in three days' time. Government and media are broadcasting daily messages about the frightening 'coronavirus' COVID-19 that has the potential to kill tens of thousands of New Zealanders. To save lives we must distance ourselves from each other in household-based 'bubbles', and 'stay home' (Cooke 2020; NZ Herald and RNZ 2020). Through Facebook I am keeping an eye on my friends in Vietnam, particularly entrepreneur Anh², young CEO of the company I have volunteered with regularly from 2015 to 2019. On 22 March I notice he has organised his Ho Chi Minh City (HCMC)-based team in an orange juice charitable enterprise, named 'Oji' in line with the company's branding. With no tourists to host and guide, they are busy in the home-style kitchen of the accommodation, working closely together squeezing and bottling fresh oranges destined for free delivery to staff in their local hospital specialising in tropical diseases – including COVID-19. Funded by Facebook appeals to international friends, this is Anh's contribution to the cause: his post declares, 'You stay at work for us. We deliver Oji to you' (Onetrip, 2020a).

On 27 March I am horrified to see Anh has posted a video of himself and team delivering juice to the hospital (Onetrip 2020b). Despite his good intentions I am convinced he is risking my friends' lives! If tens of thousands of 5 million NZ lives are at risk, how many more are at risk in HCMC's population of over 8.5 million? I message the team via the Facebook fundraising page that they should stop producing the juice and go home. Anh is furious and personal messages me to stop interfering. He says I do not understand how it is in their country. I counter that he is putting lives at risk. After several increasingly heated messages from his side he blocks me from his Messenger account. On 31 March, I see in another company-related Facebook page (now blocked to me) that Anh is halting the enterprise: it is too risky, the team should head home.

I was relieved the risky initiative had stopped but distressed my communications with Anh remained blocked, our friendship at a standstill. I wondered if he'd stopped production because he came to agree with my communications but was too proud to admit that to me. As the weeks went on it became obvious that Vietnam was outstandingly successful in handling the first months of the COVID-19 pandemic. On 24 April I was astonished to read a team Facebook post asserting, 'Vietnam is open for business again... 268 cases, ZERO death [*sic*]' (Onetrip 2020c). By this time NZ had over 1400 cases and 17 deaths and was still in strict national lockdown (Worldometers.info 2020c).

This disturbing experience left me with troubling questions: how could Vietnam, which I experienced as extremely crowded and chaotic, have been so successful in handling the pandemic? What had I failed to understand when I caused Anh to become so angry that he cut off communication? Had my NZ lens blinded me to Vietnam reality?

SELF-REFLECTION

Attempting to understand my own behaviour, I began by reflecting on my experiences of living in Vietnam. My daily life there, for nine months over the previous six years, played out in alleys, markets, restaurants, coffee shops and the negotiation of traffic, in an atmosphere I often described to NZ friends and family as 'controlled chaos'. Life is conducted at very close quarters; it is impossible to walk down the street or buy essentials at market without constant physical jostling. The traffic is a sea of small motorbikes going in all directions at once and just as likely to be on the footpath as well as on the road. I had learned the apparent chaos is in fact governed by unspoken norms, a way of interacting and negotiating space that keeps everything moving and is at once surprisingly efficient and completely unfamiliar to me as a New Zealander. You

cross the road by simply keeping moving at a steady pace, the traffic streaming around you like the sea around rocks. If you hesitate, stop or run you interrupt the flow and risk injury to yourself or others.

It occurred to me that my intervention in Anh's enterprise had interrupted a flow I didn't understand. I had assumed he was at best incapable, and at worst ignorant, of the new things we in NZ were learning at pace: how could he and his team possibly be practising physical distancing and strict hand hygiene? How could I stay silent while he risked the lives of himself and the team? Surely it was my responsibility to warn the team if he wouldn't? In the light of Vietnam's subsequent COVID-19 statistics, however, Anh's angry response was forcing me to admit that I had at least two blind spots: one on the national level, and one on the personal level. On the national level, I was simply ignorant. I had no idea how Vietnam was managing to handle the pandemic so successfully. On the personal level, I had acted on hasty assumptions without checking. Had I fallen into the coloniser's trap of considering my knowledge superior to Anh's? Had I seen him as a member of an inferior society, that needed me to save them? My reflection thus revealed two areas for inquiry: Vietnam's early handling of COVID-19, and the unspoken norms of my relationship with Anh.

STATISTICS AND STRATEGIES

In investigating the first area I compared Vietnam's statistics and those of NZ and three countries New Zealanders were most aware of at the time: China, Italy and the USA. I then asked what strategies Vietnam had employed and why. I examined current news media and journal articles, government and IGO website postings, as well as case studies discussing Vietnam's response to the HIV/AIDS and Severe Acute Respiratory Syndrome (SARS) epidemics.

Statistics

By 24 April 2020, when I noticed my friends' astonishing Facebook post, it was clear that Vietnam, with zero COVID-19 deaths despite its proximity to the pandemic's epicentre and population of 97 million, was handling the situation extraordinarily successfully (Humphrey 2020). At this point, China had soared from 17 to 4,600 deaths in three months and then plateaued (Worldometers.info 2020a). By contrast, in the two months after their first COVID-19 deaths the USA and Italy were skyrocketing past 53,000 and 26,000 deaths respectively (Worldometers.info 2020 d, b). Vietnam continued to record zero deaths until 31 July, and as of 9 September remained among the countries with the lowest number of reported cases (Nguyen *et al.* 2020). After a sharp rise and second

wave Vietnam had 1059 cases on 9 September, rising to 1124 on 16 October, with deaths plateauing at 35 on 3 September (Worldometers.info 2020e). At the time of writing (18 October 2020) this death rate remained unchanged, at 0.4 per million people in contrast with NZ at 5, China 3, USA 679 and Italy 606 per million (Worldometers.info 2020a-e). While China and NZ were doing well in contrast with the USA and Italy, Vietnam's record remained outstanding.

Strategies

What strategies led to Vietnam's achievement? Looking for lessons to share with the world, La *et al.* (2020) and Ha *et al.* (2020) examined policy and media documentation to analyse Vietnam's early success in managing COVID-19. Both studies note the government notified the World Health Organisation (WHO) as soon as the first case was diagnosed on 23 January, and immediately applied measures beyond WHO recommendations including, by the end of February, border and travel controls, aggressive contact tracing, and encouragement of mask wearing, handwashing and social distancing. Bui's (2020) news article points out that due to limited treatment infrastructures, early mass testing was critical. All confirmed cases and contacts were put in hospitals for isolation and treatment, their neighbourhoods locked down and nearly 800 people tested for each new case, the highest ratio in the world (Bui 2020, 1). Close contacts of confirmed cases were quarantined in state-run facilities; close contacts of those in quarantine were required to self-quarantine at home (Bui 2020, 1): 'hundreds of thousands of people [...] were forced into quarantine' (Walden 2020, 3). On 31 March, in the context of rising community transmission, two weeks of unprecedented nationwide social isolation measures to prevent spread were ordered, including mandatory mask wearing, strict social distancing and all except essential businesses closed. Vietnamese were directed to 'Stay at home as a patriotic act' (Nguyen *et al.* 2020, 9). At this point Anh halted his juice enterprise: not my doing!

Ha *et al.* (2020, 5) caution, 'The wider applicability of these experiences is subject to differences in socio-political environments, which determine public compliance with the government agenda.' Both analyses acknowledge weaknesses in the under-resourced healthcare system, mistakes made, and challenges faced. La *et al.* (2020, 3) acknowledged lessons from SARS: 'early risk management requires taking adequate actions from the early stage of the disease', noting high international regard for and domestic confidence in the Vietnamese government, as a result of its prompt and effective measures underpinned by timely communication and up-to-date science research (2020). Ha *et al.* (2020)

discuss detailed measures for prevention and control, citing rapid response and strong leadership with clear motivational communications as key themes linking specific measures.

Nguyen *et al.* (2020) conducted an online questionnaire from 31 March to 6 April which found a high degree of adherence of Vietnamese people to COVID-19 personal and community preventive measures such as face masks, frequent handwashing, avoiding large gatherings and social distancing. They attributed this to the government and health agencies' 'pandemic preparedness and control plans in place following the fairly recent experience with fighting SARS, swine flu and avian influenza' (2020, 2). Media reports also linked high Vietnamese compliance with lessons from SARS (for example Humphrey 2020, Jones 2020, Walden 2020).

How was this compliance achieved? Communication strategies employed by the Vietnamese government motivated critical behaviour changes. Key to motivation were discourses employed in regular clear messaging using traditional and social media and text messaging. The pandemic was framed as a war from the earliest days, with medical staff referred to as 'soldiers', the National Steering Committee for COVID-19 Prevention and Control as 'General Headquarters' (Bui 2020, 2), and the Prime Minister declaring, 'Each citizen is a soldier, each house, hamlet, residential area is a fortress in the fight' (Walden 2020, 3). The government did not restrict itself to rigidly militaristic communications, however, and employed popular musicians and artists to create educational songs and posters with wide entertainment appeal (Bui 2020; La *et al.* 2020). Government also made it clear they were willing to sacrifice economic benefits short term for the health of the people (Ha *et al.* 2020).

An examination of Montoya's (2012) and Fahlman's (2019) case studies of Vietnam's response to the HIV/AIDS and SARS epidemics suggested the origins of the COVID-19 strategies and discourses. These studies show zoonoses (diseases transmitted from animals to humans) and pandemics were familiar territory to the Vietnamese. Vietnam tackled HIV/AIDS from the 1990s, SARS and avian influenza in 2003 and swine flu in 2009, and learned key lessons that paved the way for their COVID-19 response (La *et al.* 2020).

Montoya's (2012) study of Vietnam's governance of the HIV/AIDS epidemic shows how the country shifted its discourse crucially. Drawing on archival research and fieldwork conducted in HCMC and its environs in 2007-8, the study traces the change from an ultimately ineffective punitive to a more successful 'adherence' response to epidemics triggered by the advent of SARS in 2003. From

1992 until 2003 the government sought to control HIV/AIDS through 'fear-based media campaigns, large-scale police actions[...] the official marginalization of HIV-positive citizens', and notoriously harsh and corrupt 'reeducation camps' (2012, 567–8). Government discourses cast HIV/AIDS as one of the 'social evils' or 'enemies' of 'the People' of Vietnam that they were at war against, alongside gambling, alcohol use, prostitution, poverty and drug use (Montoya 2012, 564–5). This punitive discourse and 'enforcement' approach only worsened the epidemic, however, hampering its prevention and the care for infected people. HIV/AIDS spread as risky behaviours were driven underground, so that by the early 2000s heterosexual sex was the most common 'transmission vector' and such discourses were no longer compelling (2012, 568–9).

The millennium's first global pandemic, the coronavirus SARS, emerged in Vietnam in February 2003. While the eventual death toll was not huge, SARS 'caused great fear and social disruption' (Fahlman 2019, 1) and triggered the shift in government response to epidemics from punitive enforcement to co-operative adherence (Montoya 2012). This open approach cast individuals as free 'humans' (rather than the embattled 'People') able to make responsible choices to adhere to scientific knowledge, forms of social organization and bodily disciplines that ensure harm reduction (Montoya 2012). In contrast with China, where the virus had been spreading unchecked for four months, Vietnam initiated international cooperation with the WHO hours after diagnosing SARS (Fahlman 2019; Montoya 2012). Vietnam was the first in the world to diagnose, contain and eliminate SARS, achieving this in five weeks (Montoya 2012) and proving that a swift response fostering transparency and cooperation was highly effective in combating epidemics. It also made authorities aware of the 'economic profitability and benefits to Vietnam's international image' of such openness (Montoya 2012, 570). Further, it clarified that denial or poor management of infectious diseases was no strategy for protecting political stability and economic growth: 'States' capacities to deal with public health crises now reflected their overall capacities to govern.' (Montoya 2012). After SARS, China joined the Association of Southeast Asian Nations (ASEAN), South Korea, and Japan in agreements that stressed preparedness and collaborative responses to pandemics.

Fahlman's (2019) study of Vietnam's successful containment of SARS attributes discourses grounded in decades of war to effectiveness of its communications. Fahlman highlights the potency of war imagery for a nation whose identity 'has been forged through a tradition of resistance to foreign aggression', citing its history of 'three thousand years of colonialism and conflict' as embedding 'cultural logics linked to war' (2019, 34). Fahlman (2019, 35) discusses the ethos

of solidarity integral to Vietnam's long history of successful resistance, and casts it as 'a nation of counter-colonial strategists'.

CONVERSATIONS AND COLONIALISM

To investigate the second area revealed by my self-reflection, the unspoken norms violated in my relationship with Anh, I consulted discussions of fieldwork relationships in anthropology and development aid. Anthropologist Ingold (2018, 130) argues for a fieldwork relationship that is at heart a conversation that 'changes the lives of everyone involved'. What were the norms of my relationship with Anh – in Ingold's (2018, 102) terms, our 'ways of going along together, and [...] of forging each other's existence'? I had intervened in the life of Anh's company from its early stages, and been invited to keep intervening as I questioned, and waited upon answers. Our relationship observed the norms of 'what happens in any conversation' (Ingold 2018, 130). In my six years of working as a volunteer educator with Anh and his burgeoning companies providing accommodation, tours and food, I had adopted an approach I termed 'going with the flow'. In the same way as I learned to cross the road and relax in a sea of motorbikes, I learned to manage myself, find my people and find my work. In conversation with Anh and his team I developed training approaches and programmes responding to their perceptions of the companies' rapidly changing needs. Every year I learned alongside them, discovering 'We have much to learn, if only we allow ourselves to be educated by others with experience to share' (2018, 10). Our relationship was driven by an 'ethic of care' rather than a 'demand for knowledge' (Ingold 2018, 131).

Ingold situates the fieldwork relationship in the context of differentiating knowledge and wisdom, asserting 'the more we take refuge in the citadels of knowledge, the less attention we pay to what is going on around us. [...] To be wise [...] is to venture out into the world and take the risk of exposure to what is going on there. [...] Knowledge fixes and puts our minds at rest; wisdom unfixes and unsettles.' (2018, 9). My reading of Ingold caused me to recast my intervention in Anh's orange juice enterprise as falling into the trap of valuing knowledge over wisdom. Imposing my scrap of knowledge of COVID-19 risks on his operation, I ignored the unspoken norms of our relationship. I did not question: I told – and inadvertently shut down the conversation. In my anxiety I forgot our norms of conversation, and that any knowledge I had of Anh and his world was founded on my 'practical engagement' with him and his people, asking questions and waiting. Furthermore, in applying my NZ lens to the situation I had concluded he was ignorant, or foolish. I reverted to an embarrassing colonial view of western superiority, what Ingold terms the as-

sumption of ‘the intellectual pre-eminence of the West, and of those educated in its institutions’ (Ingold 2018, 93).

Uncomfortable moments and the spectre of colonisation appear together in two development workers’ exploration of discomfiting experiences of resistance to development aid as white, university trained middle-class women like myself (Martini and Jauhola 2014). Having learned ‘to appreciate (such experiences) as a resource, rather than embarrassment’ (2014, 79), Martini’s reflection on the resistance of local partners in a humanitarian project in Haiti led her to conclude her very ‘desire to ‘know’ the other could have been perceived as a modern reproduction of the colonial project to [...] domesticate the indigenous people [...] they could not look at me without the prejudice dictated by their experience of foreign domination’ (2014, 90). It now seems possible to me that Anh experienced my intervention in his orange juice enterprise in this way. A recent blog post could even confirm Anh as Fahlman’s new generation of counter-colonial strategists! Advocating keeping borders closed to tourists, he suggests re-imagining the local economy, with the pandemic ‘a golden opportunity for independence from the exploitation of the richer countries [...] we’re now feeding and clothing them, let’s do it on our terms’ (Thuents 2020). Anh may be well placed to enact this. International consultancy firm PricewaterhouseCoopers recently asserted, ‘Vietnam is still [...] expected to be one of the few countries that will continue to grow in 2020, while the rest of the world is being projected to enter into recession’ (Walden 2020, 6).

A WAY FORWARD?

This COVID-19 story, reflecting on blind spots indicated by my discomfiting personal experience, remains unfinished: on both the micro level of my relationship with Anh and the macro level of the situation in Vietnam. With Martini and Jauhola I find myself asking, ‘What happens next?’ (2014, 96). Their suggestion resonates with me: not offering an answer, but finding a way forward through simply ‘sharing the troubling’ and thus getting closer to an autoethnographic practice of ‘writing from the heart’ through which ‘we learn how to love, to forgive, to heal, and to move forward’ (2014, 96). Perhaps I can risk re-opening my conversation with Anh, seeking forgiveness and sharing my reflections. And perhaps ‘the West’ can risk dropping its colonial assumptions of intellectual superiority and listen to lessons forged in nearly 20 years’ experience of managing coronavirus pandemics and being openly shared by Vietnam and China. Frightening evidence mounts every day that those who ignore them risk world-changing losses of economic and political stability. Fortunately, statistics suggest that so far New Zealand is able to listen. The WHO

attributes our early success in ‘crushing the curve’ to our strategy of ‘speedy testing, contact tracing and isolation, while rigorously adhering to public health guidance’. It notes this strategy was ‘influenced by a report from the WHO-China joint mission [in which] the key learning from China [...] is speed’ (WHO, 2020). We must continue this conversation, and encourage the world to do likewise.

NOTES

- 1 Jane Terrell is a Teaching Consultant at Massey University. Her broad background in adult education and staff development in the range of tertiary institutions equipped her to take up volunteer work in Vietnam. This work in turn sparked her interest in Social Anthropology and most recently in education as anthropology.
- 2 A pseudonym (kinship term, meaning ‘older brother’)

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