

# Reckless Local and Ill-Fated Stranger

Reimagining Vietnamese National Sentiment during  
COVID-19

Shani Tra

Received: 18 April 2024; Accepted: 7 February 2025; Published: 15 June 2025

## Abstract

Since the beginning of the COVID-19 pandemic in Vietnam, the media has meticulously covered disease prevention and reported on infection cases. This article will explore the current and shifting gender relations of Vietnam's state and societal expectations by comparing Patient 17, a female Vietnamese citizen, and Patient 91, a British male pilot. While Patient 91 has received sympathy and international acclaim, Patient 17 has been heavily criticised and shunned from Vietnamese society. Through these case studies, I seek to understand how individual patient cases reflect the nuances of nationalism in Vietnam and how online citizens interpret the quintessential traits of Vietnamese character. Drawing on media analyses from an online news outlet, I delve into themes of media representation, gender, class, and race. By exploring how media coverage and online commentators shape perceptions of these patients, I aim to shed light on how patient stories can transcend individual experiences and become emblematic of broader societal ideals.

## Keywords

COVID-19, Gender, Nationalism, Illness, Vietnam.

## Introduction

‘BỐN MƯƠI NGƯỜI MUỐN HIẾN PHỔI CỨU BỆNH NHÂN PHI CÔNG’ (‘Forty People Want to Donate Their Lungs to Save the Pilot Patient’.) This headline, featured on VNExpress, an online Vietnamese news website, exemplifies the sensational approach taken to draw attention to the COVID-19 narrative surrounding Patient 91. These exaggerated titles not only aim to captivate readers with the gripping story of Patient 91’s battle with the virus but also subtly underscore the immense goodwill and generosity of the Vietnamese community toward a critically ill foreigner, a white British patient. This headline is just one among many instances where Vietnamese communities rallied together in support of Patient 91, celebrating not only the miraculous recovery of Patient 91 but also the remarkable achievements of the Vietnamese healthcare sector. However, this outpouring of kindness was not universal, as evidenced by the starkly different treatment received by another COVID-19 patient, Patient 17. Both case studies garnered significant media coverage, demonstrating how disease and infection can become morally attached to individuals. Where one patient was deemed immoral, the other was used as a ‘national’ figure exemplifying Vietnam’s healthcare and disease prevention system. By examining societal responses to both patients, this paper delves into the complexities between the insider and the outsider, the familiar and the strange. I explore how Vietnamese nationalism has been rethought and redefined by citizens during the COVID-19 pandemic, using these two cases to probe ideas surrounding the body, disease, and the modern political subject. How might these two COVID-19 cases aid in understanding the evolving shifts in nationalist identity and ideology within Vietnam? This paper highlights how nationalism influences and intersects with media, community, gender, and the national healthcare system. I explore Vietnam’s history of epidemic and disease control and the ways that disease can affect nationalistic sentiment. I argue that, during health crises like COVID-19, Patient 17 and Patient 91 became distinct ‘figures of disease’ that came to embody certain morals and values projected by Vietnam and its citizens, each shaped by their narratives of illness.

## Methods

Through media analysis, this study follows the narratives of Patient 17 and Patient 91 on VNExpress, a Vietnamese online news outlet, and explores how public comments either supported or criticised these narratives. By contextualising these cases, this paper highlights how the narratives around Patient 17 and Patient 91 reflect underlying societal values and fears, shaping public perceptions and contributing to a collective sense of national identity during a health crisis.

The case study methodology used here enables an in-depth examination of subjects within their nuanced, real-world contexts. Clifford Geertz's concept of 'thick description' exemplifies how detailed, contextualised narratives reveal the complexities of social practices and cultural meanings (Geertz 1973). Similarly, this paper investigates how media portrayals of COVID-19 patients reflect and shape public sentiment, particularly through VNExpress reader comments. Media analysis as an anthropological and ethnographic method provides insight to how people engage with media to interpret societal values, identities and collective response to historical events (Hall 1997; Ginsburg, Abu-Lughod and Larkin 2002). This approach allows for exploring intersections of people, media and nationalism.

This paper primarily focuses on online comments rather than the news articles themselves, selecting comments based on recurring themes that reflect prevalent public sentiments about Patient 17 and Patient 91. These selected comments reveal Vietnamese perspectives on COVID-19 cases and emphasise issues of gender, race, class and nationalism. These selected comments are illustrative of Vietnamese perspectives on COVID-19 cases and underscore temporal themes of gender, race, class, and nationalism. With its active engagement, VNExpress serves as a 'virtual community' where commenters debate, express judgments, and articulate perceptions of COVID-19 patients. This digital space enables an analysis of themes that draw significant public attention, shaping conversations on national identity during crises. Studying this online community anthropologically acknowledges that individuals belong to multiple interacting communities (Wilson and Peterson 2002).

Using media analysis as a methodology involves ethical considerations, especially around consent, anonymity, interpretation, and privacy (Robinson 2001; Jacobson 1999; Sixsmith and Murray 2001; Whiteman 2007). While VNExpress comments are posted in a public forum, they do not represent all Vietnamese perspectives, as VNExpress is just one source of news. The interpretations in this study are my own, shaped by how these comments align with or diverge from the intended message. Biases are inherent in selecting specific comments, and because I did not interact with commenters directly, the focus remains strictly on content rather than demographics. Although lacking the depth of ethnographic work, this method offers an accessible view of the narratives around Patient 17 and Patient 91. The immediacy and anonymity of online platforms often encourage more extreme expressions, requiring careful interpretation of these insights. Overall, this study frames VNExpress as a 'virtual community' in which public debate and perception-shaping occur, providing a unique, albeit partial, view into nationalist sentiment during the COVID-19 pandemic.

## COVID-19 in Vietnam

After the severe acute respiratory syndrome (SARS) in 2003, Vietnam has had a successful history of epidemic containment. At the start of the COVID-19 pandemic, Vietnam chose to react to the first stages of COVID-19 cautiously and was able to keep their rates of infection low. This success was due to quick, early intervention, consistent public communication, strict travel restrictions, and diligent contact tracing and quarantine measures (Thai et al. 2021). On 23 January 2020, the first case of COVID-19 was reported in Vietnam, and by the next day, Vietnam canceled all flights from Wuhan, closed all universities by 6 February and launched multiple prevention campaigns (Huynh 2020). This also included a temporary block of entry of all foreigners who came from known COVID-19 affected countries and a 14-day mandatory quarantine for any individuals coming into Vietnam (*Socialist Republic of Vietnam* 2020). All these efforts resulted in low cases and low infection rates in the beginning period of the pandemic. Therefore, at the time that Patient 17 and Patient 91 became widely reported in Vietnamese media, they were more commonly referenced nationwide by news outlets and netizens by their COVID-19 case numbers rather than by their names. I have chosen to continue this trend throughout this paper. I want to note that I do not use these patient numbers to diminish their personhood, but rather, to make claims about the ways that the media and society can take patients and make them become symbolic figures of disease. Although Vietnam had a successful containment strategy, the Delta variant would have transgressed all precautionary procedures in late August 2021; the new COVID-19 variant spread in hospitals, local communities, and large industrial zones, creating a massive burden onto the healthcare system.

## Patient 17 and Patient 91

Patient 17 is a Vietnamese female citizen from Hanoi. In mid-February 2020, Patient 17 traveled to England, Italy and France and returned to Vietnam on 2 March. On 29 February, Patient 17 developed a cough but did not seek medical attention (Quynh 2020). Although she had minor aches and pains, she did not have a fever nor did she decide to report on the status of her health, and she was allowed entry back into Hanoi. As a dual citizen, Patient 17 used her UK passport to travel around Europe and used her Vietnam passport to enter Hanoi. Because Patient 17 used her Vietnam passport to gain entry back into Vietnam, there were no verification marks to indicate that she had traveled to Italy, where a COVID outbreak took place. On 5 March, the patient was admitted to Hong Ngoc Hospital for fever, cough, and fatigue, and was confirmed positive for COVID-19 the next day. The patient did not have any underlying diseases, respiratory failure, and any extra respiratory support. Due to the confirmed case and the amount of time that the patient waited until they were isolated, the neighborhood around the patient's

house on Trúc Bạch Street was put into lockdown (Quynh 2020). On 7 March, a confirmed 200 people were in close contact with Patient 17 and about 500 people were required to isolate to prevent any more infections (Chi Nguyễn 2020).

Patient 91 was arguably one of the most famous cases of COVID-19 in Vietnam due to the severity of his illness and the massive media attention following his treatment. Patient 91 differed from most patients in Vietnam at the beginning of the COVID-19 pandemic. This patient was a 43-year-old white male British national pilot. Although Patient 91 is a British national, he frequently flew to Vietnam as an employee of Vietnam Airlines. Patient 91's first entry to Vietnam was on 8 February 2020, as an airplane passenger to Ho Chi Minh City, Vietnam. On 16 March, he was a pilot on flight VN272 from Ho Chi Minh City to Hanoi, and the following day, he experienced symptoms of fever and cough. On 18 March, Patient 91 tested positive for COVID-19 and was subsequently isolated and admitted to the hospital (Lê 2020). His health declined and was thus placed on ECMO (extracorporeal membrane oxygenation) treatment, a cardiac and respiratory machine where oxygen is pumped into his bloodstream. By 13 May, Patient 91 contracted lung fibrosis with about only 10% lung activity. By that time, the doctors were in the works on preparing and procuring a lung transplant. Fortunately, Patient 91 was able to recover and regain lung activity to 90% activity, discontinued ECMO treatment and mechanical ventilation in June, and was completely recovered by 6 July; the treatment and recovery period was 115 days (47 days on life support) (Lê 2020; Việt 2020).

A significant factor of Patient 91's case was his involvement in the COVID-19 cluster cases at Buddha Bar and Grill in Ho Chi Minh City. The director of Ho Chi Minh City Department of Health named Patient 91 one of the main sources that caused the outbreak at the bar (Hữu 2020). Buddha Bar and Grill was not only the site of 19 confirmed COVID-19 cases but nearly 4,500 people came into close contact with the confirmed cases and had to be monitored and tested (Hữu 2020). To control the spread, 150 doctors and 200 government workers (including policemen and military) were mobilized to curb the spread of the outbreak (Hà 2020). As news outlets began to report on this event, there were two main topics that were brought up: that the bar was still open despite government orders to close all bars by 15 March; and that the bar caters mainly to foreigners and expats. Because Buddha Bar and Grill operated as a restaurant as well as a bar, the store was still open despite orders for bars to be closed.

While two cases should not be held to holding the same amount of responsibility and blame, it's noteworthy that both individuals failed to adhere to government-mandated procedures aimed at safeguarding the general populace and curbing the spread of the disease. On a similar note, casting either one of them as

perpetrators and deserving of blame is not the goal here; instead, the focus here is to demonstrate that while both individuals deviated from pre-established rules and boundaries of the Vietnamese state and were seen as culpable to being subjected and scrutinised by the online Vietnamese community, Patient 17 received the expected reaction from the Vietnamese community, while Patient 91 did not.

## **Vietnamese Nationalism and Epidemic Politics**

For Vietnam and most Southeast Asian countries, it's impossible to discuss about nationalism without including colonialism, imperialism, and their lasting impacts. According to William Duiker (1976), Vietnamese nationalism prior to French colonisation was not cohesive as individuals held more loyalty to their village rather than the state. The development of contemporary Vietnamese nationalism was significantly influenced by exposure to Western cultures and a concerted effort to forge a national identity independent of French dominance following the Vietnam War (Duiker 1976). Early scholarship on Vietnamese nationalism was mainly debated among French scholars and since then, there have been three main avenues in understanding nationalism: situated within French colonialism, as an ethnic group rather than a modern society, and not as an ethnic but communal identity (Vu 2007).

Today, nationalism in Vietnam is expressed through the ways individuals are cognisant of their surroundings and community rather than understanding how the state evokes nationalism to fight against foreign powers (Vu 2007). As perceptions of what influences nationalism evolve, it's crucial to consider how new media technologies shed light on how individuals construct their own notions of nationalism and nationalistic attributes online. Benedict Anderson theorised how the language of nationalism was heavily impacted and standardised by print and mass media (2006). Expanding on this notion of mass media, it's important to recognise how citizens utilise the Internet and the virtual space to produce ideas of being 'Vietnamese'. Kim-An Lieberman explores how the Internet is 'a site of imagination and empowerment, of possibility for change — and how that environment can affect the formation of individual identity' (2003, 74). Lieberman introduces the internet as the perfect platform for Vietnamese political activism, and although the main topic is focused on the Vietnamese diasporic community, she looks closely into how common national identity markers such as language, history, and homeland provide a connected sense of community on the vast virtual space (Lieberman 2003).

On a global scale, Vietnamese media has undergone many changes and restrictions. Despite advances in communication through media, limitations persist

in the communication between Vietnamese citizens and the state, which has a history of controlling and monitoring Internet use with regard to political ideologies. The Internet offers infinite possibilities for exploring and rethinking the characteristics of Vietnamese citizenship, where online comments from fellow Vietnamese nationals can either reinforce or challenge national ideals. Specifically, the Internet now provides an opportune space for Vietnamese society to formulate their collective identity beyond the confines of the state and Western ideology. Mass media is both nationally mediated and constructed by citizens to debate and reproduce national ideologies. Both Vu and Lieberman demonstrated how nationalism is created and shaped, but I want to further highlight how nationalism is impacted through monumental historical events that are defined by disease rather than political movements. ‘Figures of modernity’ in Vietnam represents certain ideals and aspects of modernity in a certain period, and how understanding modernity can also represent the goals of the Vietnamese people for the country (Barker, Harms and Lindquist 2014). These figures of modernity are utilised to understand how society transforms and to empirically engage with key aspects of modernity. Here, I argue Patient 17 and 91 are *figures of disease* that embody the larger social structure and critically analysis key aspects of modernity in relation to disease and infection (Barker, Harms and Lindquist 2014). As I explore the impacts of Patient 17 and patient 91, I will examine how these individuals became early ‘figures’ of COVID-19, becoming figures of disease that became shaped by media coverage and public perception. Each figure became representative of a particular image that Vietnam and Vietnamese citizens projected onto each individual, each defined by the narratives of disease and its management.

Research on infectious disease and epidemics/pandemics have touched upon the relationships that are affected that comes with the rise and control of a disease (Porter 2019; Lincoln 2021; Ho 2022). With epidemic control, the politics surrounding control and containment illustrate how disease can influence nationalism and foster a sense of national pride. Natalie Porter (2019) researched how Vietnam navigated the H5N1 (Bird Flu) outbreak, specifically on the evolving biomedical relationships at the local, national, and global level. Vietnam’s management and regulation of the bird flu demonstrated how the government leveraged disease control to shape and modify human behaviour (Porter 2019). Porter states ‘that both socialist mass mobilization and HPAI [highly pathogenic avian influenza] communications used artistic depictions of virtuous sacrifice (*hy sinh*) and the technoscientific management of livestock to regulate behavior’ (2019, 273). Propaganda posters, for example, displayed symbols of family health and happiness alongside with idealised images of livestock production and care. Porter connects the concept of *hy sinh* or ‘virtuous acts of family sacrifice and the

protection of life against avian flu' to allude to citizens that certain behaviours were considered necessary in Vietnamese society (Porter 2019, 294).

Martha Lincoln (2021) examines how epidemics in Vietnam influence both public behaviour and the political landscape, illustrating the complex interplay between public health initiatives and society. Lincoln presents through cholera how outbreak narratives presented presumed assumptions and association that comes with infectious diseases. Cholera became associated with eating dog meat and 'unsavory associations and symbolizes forms of masculine recreation that are transgressive, anti-family, and event antisocial' (Lincoln 2021, 110–1). These two examples give a brief example of how epidemics and infectious disease become more than just the illness. As both cholera and bird flu became managed by the Vietnamese government, positive or negative associations became synonymously linked with the respective disease. Further, Ho Wing-Chung (2022) researched how nationalist sentiment among Chinese youth was impacted by the COVID-19 pandemic. Despite the large criticism in Western media for their initial spread of COVID-19, Ho demonstrated that China still held a strong domestic support and satisfaction amongst Chinese youth towards the management of the pandemic (2022). Ho illustrates that with the successful containment of the SARS epidemic in 2003, China was able to strengthen community and national pride through strict health policies and political propaganda (2022). I take this further, arguing that Patient 17 and Patient 91 became reflective of these epidemic politics with the ways that their narratives were speculated about by Vietnamese netizens.

## **Critical Policing vs Sympathetic Solidarity**

Since the outbreak of COVID-19, fear and anxiety have fueled harmful social perceptions of infected patients who have contracted and inadvertently spread the disease. Patient 17 demonstrates the ways social suffering and stigma can be displayed and enacted in media by Vietnamese citizens. Social suffering has been defined as how individuals or societies respond to social problems that have been influenced by political, economic, and institutional powers (Kleinman, Das and Lock 1997). Stigma, on the other hand, entails a negative societal response to an individual's action or behaviour perceived as having transgressed prescribed cultural norms. Social consequences may include negative judgments or even violence and abuse directed at a specific person or group of persons associated with a specific ethnicity, as we have seen with the increase of anti-Asian violence and discrimination in the US after the start of the current pandemic. In Vietnam, stigma is linked to an individual's background, or to families, with some believing that illness is due to karmic and moral consequences of 'disorderly' conduct (Gammeltoft 2014). This strict scrutiny and policing by Vietnamese netizens



towards Patient 17 illustrate how personal actions became directly linked to community well-being.

Women have been stigmatised as carriers of disease associated with ‘immoral’ conduct going back to Typhoid Mary and her antecedents. Vietnam women are often symbolised as ‘cultural representations of suffering . . . [and] can be (and frequently are) appropriated in the popular culture or by particular social institutions for political and moral purposes’ (Kleinman, Das and Lock 1997, xi). Helle Rydstrom has demonstrated how women who have contracted illnesses or disease have been historically more discriminated against than men (Rydstrom 2006). Rydstrom comments on the ‘social evils’ campaign and female sexuality, in which the Vietnamese government believes that ‘female sexuality is construed as something which invites control—imposed by oneself and/or by the government’ (Rydstrom 2006, 297). This is because Vietnamese women are expected to have upstanding morals, and by association, hygienic integrity in their caretaker roles in society while men are given more leniency. Thus, the social consequences of COVID-19-associated stigma and discrimination are of a greater risk for women. Research has shown that during the global pandemic that there are increased burdens that coincide with social distancing and stay-at-home orders, such as increased labour, childcare, and housework (McLaren et al. 2020). Moreover, these burdens were not paid much attention by the media. There were no acknowledgment of Vietnamese women fighting against and surviving COVID-19. For instance, the media tends to pay more attention to men who work at home or spend time with their children (McLaren et al. 2020). The erasure of women’s labour has continuously been reproduced while men’s labour is celebrated and through a global pandemic, this has been especially exacerbated. But with Patient 17, we see how when a woman’s action goes against the betterment of society, the consequences towards them are harsh.

Reports on Patient 17 did not only update the wider public on her treatment and travels but also mentioned those who were in close contact with her. For instance, VNExpress published information on Patient 17’s sister (Anh 2020), father (Thuy 2020), aunt (VnExpress 2020) and driver (Thuy 2020). Patient 17’s sister was also traveling with her in Europe and was confirmed positive with COVID-19 on 2 March. Like Patient 17, her sister has also been deemed a ‘super spreader’ along with ‘Fashion’s Coronavirus “Patient Zero”’ (Friedman 2020). Like Patient 17, her sister is an influencer or a social media celebrity, using Instagram to post photos of her fashion lifestyle and luxurious trips. After contracting COVID-19, the amount of backlash she received resulted in making her public Instagram account private. From all these examples, Patient 17’s acts and decisions reported in Vietnamese media not only alluded to netizens about her moral character but her associates’ and family’s character as well.

The media response that Patient 17 mostly received were harsh criticism and reprimands by Vietnamese netizens. For instance, there were multiple comments judging her inability to be a conscious member of the Vietnamese community.

Nhà cô gái ấy giàu kinh - những 11 người là giúp việc, làm vườn và 1 y sĩ cơ đấy. Thế nhưng ý thức cộng đồng của cô ấy thì . . . bó tay chấm com.  
(The girl's family is rich, but 11 people are housekeepers, gardeners and a doctor, but her sense of community is give up dot com.)<sup>1</sup>

Đầy đủ nhận thức, sức khỏe, học vấn..cỡ lẽ có vài nguyên nhân khác.Nhưng hành động che giấu dịch bệnh là tiềm tàng nhiều nguy cơ cộng đồng. Cộng đồng là yếu tố tiên quyết cho tồn tại nền văn minh và sự phát triển. Không thể chấp nhận điều này xảy ra lần nào nữa. Một bài học sâu sắc. Nên nhớ,điều trị sớm lúc nào cũng hơn là chậm trễ.

(Adequate awareness, health, education, etc. perhaps there are other reasons. But the act of concealing the disease is a potential threat to the community. Community is a prerequisite for the existence of civilisation and evolution. Can't accept this to happen again. A profound lesson. Remember, early treatment is always better than late.)

Numerous comments on VNExpress regarding Patient 17 implied and questioned her position as a Vietnamese citizen. These comments not only cast doubt on her faithfulness to Vietnam but also scrutinised her family background, often linking it to her education. By associating her character with her family, Vietnamese citizens not only attribute her recklessness to selfishness but also suggest it as a consequence of a poor upbringing. For one commenter, they emphasise how 'community is a prerequisite for the existence of civilization and evolution'. In Vietnam, these comments allude to how family, the community, and the collective are more prioritised than the individual. Many individuals linked Patient 17's social status, gender, and class status to her national identity, viewing her actions as a threat to the Vietnamese community. They depicted Patient 17's story as a 'profound lesson,' position her as a cautionary tale and justifying stringent community policing. These comments on VNExpress reflect the broader cultural emphasis on collective responsibility and the societal repercussions of individual actions in Vietnam.

But not only where Vietnamese citizens criticising her background and education, they utilised her class status as further proof as being culpable to all the critical comments. Her class status as wealthy upper-class provided concrete proof to some individuals who were addressing her 'recklessness' and 'irresponsibility' as

<sup>1</sup> All translations are the author's own.

a member of the Vietnamese community. Individuals commented critiques and judgments such as:

Em rất xinh, em rất giàu nhưng em cực kỳ cầu thả và rất rất nguy hiểm cho toàn xã hội mà có anh trong đó. Buồn.

(You are very pretty, you are very rich but you are extremely sloppy and very very dangerous for the whole society that you are in. Sad.)

Đây là căn bệnh của con nhà giàu được chiều chuộng, cứ nghĩ mình là nhất thích làm gì thì làm không cần biết xung quanh nghĩ gì.

(This is a disease of spoiled rich children who think they are the best and do whatever they like, no matter what the people around them think.)

Patient 17 was deemed as an irresponsible member of the community as both a Vietnamese woman and a wealthy individual. As seen from the comments above, many people believe that there is a connection between COVID-19 and one's class status within Vietnam. One of the commenters equates COVID-19 as 'a disease of spoiled rich children', due to the ability of those with high-class status to be more mobile and therefore reckless than those who cannot afford to. While Patient 17 herself is not an entrepreneur, her family's wealthy background has struck discussions between Vietnam and the liberal lifestyle of the West. This anti-rich anxiety and discomfort became increasingly more common since the introduction of the Đổi Mới (Renovation) policy in the mid-1990s. As Vietnam was established as a socialist market economy, public anxieties and opinions began to form linking an individual's morality to topics of wealth, foreignness, and mobility. Those who are in the upper class tend to live in 'conspicuous invisibility' (Harms 2013). This meant that those with money in Vietnam had to pick and choose when to display their wealth. In addition, some scholars have shown how wealth and entrepreneurship in Vietnam have been linked to corruption, greed, and selfishness (Gainsborough 2003; Duong 1995; Thanh 1998). As a result, 'managing the display of wealth is thus important to managing impressions others might have of one's ethical and moral character' (Harms 2013, 205). Because Patient 17's travels were the reason that she had contracted COVID-19 and that her fashion trip is typically only available to those with fame or wealth, she deviated from maintaining this 'conspicuous invisibility', so her class standing became one of the subvert reasons that she was subjected to harsh criticism.

Both Patient 17 and Patient 91 reveal how public perceptions of individual COVID-19 cases in Vietnam intersect with broader issues of class, morality, and national identity. While Patient 17's actions sparked criticisms related to wealth and Western lifestyle, rooted in historical anxieties over class and mobility, the case of Patient 91 illustrates how compassion can be amplified through media portrayals,

shaping national responses to the pandemic. The severity of Patient 91's illness and extended hospitalisation likely drew sympathy from Vietnamese citizens, but this sympathy was further exacerbated by media coverage. Elizabeth Povinelli introduces 'quasi-events', which speak to events that while in the beginning, are not significant as crises or catastrophes, become 'aggregated and thus apprehended, evaluated, and grasped as ethical and political demands' (Povinelli 2011, 14). These quasi-events have the potential to become 'events' through their intensification by the media, which in turn, are open to ethical and moral responses (Povinelli 2011). While COVID-19 in Vietnam is undeniably a crisis of considerable magnitude, individual patient cases typically do not rise to the level of being considered significant events. However, Patient 17 and 91 defy this norm. By examining these quasi-events that have been elevated to the status of 'events,' we gain insights into nationalism through the lens of such occurrences. In navigating the pandemic, both the state and its citizens engage in a process of reaffirming and reshaping the meanings of nationalism and national ideology. These events serve as critical junctures where the collective identity of Vietnam is negotiated and constructed collaboratively between the government and its people.

Vietnamese nationalism can be perceived as responses and critiques of quasi-events that are transformed into significant 'events,' as exemplified by the cases of Patient 17 and Patient 91. Vietnam has consistently used media and propaganda content in order to allude and reveal insights to an idealised image of Vietnamese society, albeit one that is generated and produced by the Vietnamese government (Schwenkel 2020; Bayly 2020; Porter 2019; Lincoln 2021). Susan Bayly, for instance, illustrates how Vietnamese citizens interact with and interpret propaganda and media in ways that resonate with their daily lives and values (2020). Bayly's informants actively engage with state ideals, such as propaganda and visual representations, showing how these state-driven messages influence their personal morals and thought processes around morality. While Patient 91 may not have directly elicited empathy from Vietnamese citizens, the extensive coverage of his story in news articles and photos certainly did. VNExpress, for instance, published many articles providing updates on Patient 91's condition, accompanied by photos intended to evoke sympathy. These images depicted Patient 91 appearing frail amidst medical equipment, conveying the vulnerability of his condition. Additionally, videos and photos showcased the efforts of medical professionals assisting Patient 91 with basic tasks like drinking water. In contrast, the coverage of Patient 17 was limited, with only a single photo of her back being circulated. Most articles about Patient 17 focused on individuals who had come into contact with her and subsequently contracted COVID-19. The differing approaches in how the media portrayed Patient 17 and Patient 91 influenced public reactions. By examining these cases as quasi-events turned into events, we can

discern how media representations shaped perceptions, with Vietnamese citizens more inclined to rally support for Patient 91 while critiquing Patient 17.

As we discuss COVID-19 through the specific lens of two individuals, it brings questions into media portrayal, human nature, character, and the concept of 'Vietnamese'-ness. These case studies recognise these topics that are couched in themes of illness, health, disease and arguably, suffering. Judith Butler theorises the different avenues that people discern humanity through the recognition of violence and how people are either 'deserving' or 'undeserving' to be seen as human (2006). In essence, 'What makes for a grievable life?' (Butler 2006, 20). For Butler, while she understands humanity through examples of war and terror, the overarching message is that humans acknowledge each other's humanity by recognising vulnerability (2006). Although COVID-19 and illness lack the inherent violence of war or terrorism, I argue that the ramifications of a global pandemic can be socially violent, affecting interpersonal relationships and people's perceptions of one another. 'If vulnerability is the precondition for humanization, and humanization takes place differently through variable norms of recognition, then it follows that vulnerability is fundamentally dependent on existing norms of recognition if it is to be attributed to any human subject' (Butler 2006, 43). Moreover, Butler posits that social vulnerability is a key factor for social beings, and that vulnerability is crucial in the formation of new social relationships (2006). Expanding on this conception of recognition, I propose that illness and the severity of disease, as exemplified by Patient 91, further elucidate how individuals are accepted as 'human'. In the case of Patient 91, his vulnerability was underscored by the severe nature of his illness, as he teetered on the brink of death and garnered daily online attention. Conversely, Patient 17 was not perceived as 'human' by netizens, as she failed to meet their criteria for vulnerability in their eyes.

Similarly to Patient 17, Patient 91 also disregarded government orders to stay indoors to contain the spread of COVID-19. Despite not taking precautions like Patient 17 and going to Buddha Bar and Grill, a known area that caused multiple infections in Ho Chi Minh City, Vietnamese citizens did not directly associate him with spreading the virus. I argue that, while Patient 91 displayed similar recklessness to Patient 17, netizens ultimately perceived him as 'reborn' as a Vietnamese citizen and accepted him with sympathy and compassion.

Xong trận này anh nhập tịch làm người Việt Nam được rồi, ở bên đây anh sống trong tình cảm đùm bọc của bao người Việt. Về bên đó cô đơn lắm anh phi công à.

(After this battle, he has been naturalised as a Vietnamese person already, over here he lives in the affection of many Vietnamese people. It's lonely over there, pilot.)

Ôi mừng cho anh quá anh phi công ơi, anh hãy sống và làm việc tại Việt Nam này đến cuối cuộc đời anh nhé, đây là đất nước tươi đẹp nơi đã sinh ra anh lần thứ 2, đây là nơi mà mọi người xem anh như người thân, luôn theo dõi từng ngày tình trạng bệnh của anh, mỗi khi anh có sự tiến triển thì mọi người mừng

(I am so happy for you Mr. Pilot, please live and work in this Vietnam until the end of your life, this is a beautiful country where you were born for the second time, this is where everyone sees you like a relative, always following your illness every day, every time you have progress then everyone is as happy as celebrating their loved one's recovery.)

The most notable aspect from these two comments was the netizens accepting Patient 91 as a 'naturalised Vietnamese citizen'. The comments relate to Patient 91 not only being accepted as a reborn Vietnamese citizen but accepting him as a family member to all of Vietnam. With this acceptance of Patient 91 as a newly implemented Vietnamese citizen, it could be assumed that he would be subjected to the same boundaries and rules that would be given to any Vietnamese citizen but, in his case, Vietnam (where he was 'born for the second time') held him to a higher symbolic and moral standard that freed from the boundaries and rules of an ordinary citizen. These comments were just a select few out of the hundreds of comments that wished Patient 91 a speedy recovery. Through these comments and the overwhelming amount of support towards Patient 91, I argue that having compassion and sympathy towards others can be viewed by Vietnamese citizens as a national characteristic required during a health crisis. To be Vietnamese means to have compassion towards others in need.

But this compassion is not only directed towards the person Patient 91, but towards the situation that arose from his sickness and his status as a foreigner. Georg Simmel and his understanding of the 'stranger' is conceptualised to be a figure of juxtaposition, both a unit of closeness and distance (Simmel 1950). In a sense, 'to be a stranger is naturally a very positive relation; it is a specific form of interaction' (Simmel 1950, 1). Drawing from Simmel's definition of a stranger and relating this to the character of Patient 91, the stranger that is utilised and ultimately welcomed by the host country and used to elevate the country's status onto the global stage. While in opposition is Patient 17, who is not a stranger (rather a local) and bound by social rules and judged properly according to Vietnamese citizens. According to Simmel, 'the stranger' is someone who can 'develop all kinds of charm and significance, as long as he is considered a stranger in the eyes of the other, he is not an "owner of soil"' (Simmel 1950, 1). The stranger can be defined as an individual who can be a part of a community, but simultaneously not connected to it and not belong. With Patient 91, he had been accepted by many online

Vietnamese citizens to a certain extent, relating him in a familial sense to be like a relative and naturalised as a Vietnamese person, but he is still free from social rules because he will always be seen as a stranger, but as a stranger that will be acknowledged in a favorable light. This freedom was ultimately used by Vietnamese commenters towards Patient 91 so that Vietnam would forever be memorialised as the generous and upstanding country in Patient 91's (and, perhaps, Western) eyes.

## **The Bodies of Vietnamese Women and Vietnamese Exceptionalism**

Vietnamese women have long been utilised as symbols and upholders of morality and rationality in Vietnam while also being subjected to intense criticism when they do not act accordingly (Schwenkel 2020; Rydstrom 2006; McLaren et al. 2020; Lincoln 2014). The gendered body has been employed to implement discipline and control while simultaneously also being a site of struggle against forms of domination. Scholars have demonstrated how gender, particularly women, has been historically utilised to further the ideals of the model citizen/subject (Schwenkel 2020; Pettus 2003; Hoang 2015; Gammeltoft 2014; Rydstrom 2006). This can be best exemplified in Kimberly Kay Hoang's work on sex work in Vietnam and its direct connection to the local and global economy (2015). Hoang demonstrates how female Vietnamese sex workers and their bodies are utilised to represent Vietnam in contrasting views: as an up-and-coming country ready to make business in Asia for Vietnamese businessmen, to reinforce nostalgic ideals of femininity for male Viet Kieu, or to reinforce Western superiority for Western backpackers. In this context, these groups projected their own ideals onto female Vietnamese bodies and expected certain types of behaviours to be catered towards them. Further, Ashley Pettus researches on the role of Vietnamese women and bodies in relation to the state. Pettus reflects women's role as symbols of hygienic and moral upholders throughout Vietnam's history. In social campaigns to redirect the Vietnamese government's ideals onto its citizens, women were equipped as a national character. True Vietnamese women were women who sacrificed their lives in both tending their children and rebuilding the nation. Pettus demonstrates how the Heroic Mothers exhibit linked definitions of Vietnamese femininity to economic goals and cultural dilemmas of market modernisation (2003). These education campaigns, as Pettus shows, note how Vietnamese women are seen as symbols of modernity and state ideology, but simultaneously also as markers of backwardness and in need of education and re-socialisation (2003). Christina Schwenkel addresses how architecture and urbanisation reflects ideologies of modernisation from the Vietnamese state and its citizens. Schwenkel argues how 'urban subjects, particularly women, have been utilised as a space to

engage in urban provocations meant to alter or contest urban policy and daily forms of governance through infrastructure' (2020, 212). She notes how Vietnamese women were once modern symbols alongside socialist building, in the past as builders of a new modern Vietnamese state to old, obsolete, and abandoned as they were blamed for the city's ultimate decline (Schwenkel 2020). Through the manipulation of the body, women have continuously been policed, controlled, idolised, and critiqued.

Not only is the Vietnamese female identity being constructed by people and the state, but further displays how women have been an attested topic for which the Vietnamese government and state feel a need to shape and control. In the following comments about Patient 17, a Vietnamese woman was not only used to further state agendas but are also heavily chastised when societal realities fail to meet individual and state expectations.

Chính quyền người ta chỉ có thể kiểm soát với điều kiện người dân có ý thức hợp tác cùng thực hiện chứ không có quy trình nào có thể kiểm soát tất cả và với những người không có ý thức vì cộng đồng thì chính quyền cũng bó tay. (The government can only control as long as people have a sense of cooperation to implement it, there is no process that can control all, and for those who do not have a sense of community, the government will also give up.)

Nhân nói về ý thức, mọi người bỏ luôn việc xả rác ra đường đổ chất thải bừa bãi, giữ vệ sinh chung cho cộng đồng, vì ko có con cov thì có ngày sẽ có con virus khác từ rác thải gây ra. Cũng bỏ luôn cái việc uống bia rượu khi lái xe, hút thuốc nơi công cộng chứ ko chờ đến bị phạt. Những điều này gây nghiêm trọng đến sức khỏe và tính mạng của cộng đồng không kém đâu. (Speaking of consciousness, people give up littering on the street to dump waste indiscriminately, keep the community clean, because without COVID then there will be another virus from the garbage. Also quit drinking alcohol when driving, smoking in public, do not wait to be fined. There are equally serious to the health and life of the community.)

These comments express how Vietnamese society requires and expects community policing behaviour as a marker of what it means to be a good and moral citizen. For one commentor, they further expect people to adhere to societal rules, and when they do not, 'the government will also give up'. They believe that to continue community and social reproduction, people must be actively conscious of the actions that they make. While these comments do not specifically voice ideas about gender, I argue that under the public eye, Vietnamese women receive stricter policing than men. So, when women are



seen as transgressing the boundaries of what national ideology expects of them, they are often placed under intense scrutiny.

Khoẻ lại đi em, bước ra ngoài nhìn gia đình, hàng xóm, khu phố, phường, Thủ  
đô, cả nước đang lãnh hậu quả vì em  
(Become healthy again miss, go outside to see your family, neighbors,  
neighborhood, ward, capital, and the whole country currently suffering the  
consequences because of you.)

In understanding the role which Vietnamese women play in society, the actions of Patient 17 not only extended to her family, but to the overall image of Vietnam as well. Through her actions and, as their direct result, contracting COVID-19, Patient 17 was defined and labeled as a reckless person ‘who do not have a sense of community’ and therefore did not reflect what a moral Vietnamese citizen should be, resulting in multiple online commenters attacking her and her sense of community. Tine Gammeltoft explores how abortion and reproduction in Vietnam are closely tied to the nation and community responsibility (2014). Gammeltoft states how official discourse towards family planning and population quality in Vietnam ‘continues to tie family and nation closely together, representing both as timeless and enduring communities of loyalty and shared responsibility’ (2014, 62). As such, women’s bodies and responsibilities are intricately intertwined with the nation, a collectivist identity in Vietnam centers on a collective social obligation and in turn, becomes a part of national belonging. From the comments, in which online individuals relate her actions as selfish, they try to reprimand her by reminding her of the qualities in which a moral Vietnamese citizen should have, specifically, *ý thức* (consciousness). Many individuals brought up how it is important to have consciousness. In this sense, we can link having consciousness as a necessary criterion for being a Vietnamese national citizen, to knowing how to conduct oneself in a global pandemic. But as she contracted, failed to report her sickness, and eventually spread COVID-19 to many individuals, Patient 17 elevated herself over the well-being of her society, provoking others to step in and ‘educate’ her on her misdoings. For many commentators, they use this opportunity to reprimand all citizens who violate the rules set by Vietnamese society, and in doing so, also defines the boundaries and rules which all individuals need to follow to be moral and upright national citizens.

In examining the role of Vietnamese citizenship and morality through Patient 17’s actions, we see how her perceived disregard for community values placed in opposition to national ideals, sparking public reprimand around the qualities expected from a moral Vietnamese citizen (and even more specifically, a moral Vietnamese woman). Patient 91’s case, however, expands on this concept, positioning the foreign body as a site which Vietnam’s national image can be projected globally. As Patient 91’s situation unfolded on the Internet, his body

became a symbol of Vietnam's international standing in infectious control and care. I argue that Vietnamese citizens utilised Patient 91's body to further elevate Vietnam's status onto the global stage. Patient 91 became an unintentional and unofficial foreign representative for Vietnam on an international level (the internet) for their status as a British citizen, using his national status to gain proximity to the global north and power. Approaches about the body have been theorised as a political subject, as one that changes with the changing market economy, and as a subject to the nation-state. Aihwa Ong thinks about modes of neoliberalism in East and Southeast Asian countries and how it redefines the relationship between the state, its citizens, globalisation, territoriality, power, and sovereignty (2006). Ong conceptualises neoliberalism as a new relationship between government and knowledge that governs nonpolitical and nonideological problems in need of technical solutions. In response, neoliberalism is applied to two types of optimising technologies: technologies of subjectivities and technologies of subjection (Ong 2006, 6). Technologies of subjectivities 'rely on an array of knowledge and expert systems to induce self-animation and self-government so that citizens can optimize choices, efficiency, and competitiveness in turbulent market conditions' while 'technologies of subjection inform political strategies that differently regulate populations for optimal productivity, increasingly through spatial practices that engage market forces' (Ong 2006, 6). Both technologies connect political ideologies and market forces by rethinking ideas of the political subject and the state. With globalisation, the political subject and ideas of citizenship become reimagined, challenged, and less fixed to a territory. In reference to Vietnam, Christina Schwenkel and Ann Marie Leshkovich also agree along with Aihwa Ong that modes of neoliberalism are not distinct, either-or, and totalising. Specifically in Vietnam, with deep histories of socialism and communism, the ways that neoliberalism is prevalent are still in conversations with the political state of the government. Vietnamese bodies are regulated by neoliberal technologies informed by historical and cultural backgrounds that seek to proliferate 'market logics of efficiency, efficacy, and profitability as the yardsticks for assessing health, aesthetics, or government performance and the conflation between market behaviors and appropriate forms of moral personhood' (Schwenkel and Leshkovich 2012, 382).

The body has also been heavily situated in the world of health and medicine. Many scholars examine how the body has been regulated by technologies, procedures, political and social economies, through the topic of health, illness and disease. Adriana Petryna contemplates about bodies and varying forms of citizenships through a nuclear waste disaster. Petryna utilises the term 'biological citizenship' as 'a massive demand for but selective access to a form of social welfare based on medical, scientific, and legal criteria that both acknowledge biological injury and compensate for it' (Petryna 2004, 6). Petryna demonstrates how the state

determines the value of life towards specific bodies, how scientific knowledge can politically strengthen that value and the kinds of rationalities that evolve within biomedicine, disaster, and the social and moral economy. Warwick Anderson focuses on the colonial development of biological citizenship and how hygiene reforms in the Philippines by the United States sought to reconfigure bodily and behavioural practices in Filipino social life (2006). Through these examples, the body has been a site of modification regulated by health ideologies and practices.

Vietnam's successful containment of COVID-19 during the beginning stage allowed it to position itself as the leader for successful disease prevention and containment. This is demonstrated through Vietnam's role in the Association of Southeast Asian Nations, or ASEAN. With Deputy Prime Minister Pham Binh Minh as the chair of ASEAN during 2020, Vietnam became the leading face of the collaboration and fight against the pandemic. Not only was Vietnam at the forefront among Southeast Asian countries, but they also collaborate internationally with Western countries and organisations as well. Vietnam chaired the ASEAN-European Union ministerial teleconference and the United States-ASEAN Summit, where both meetings were about COVID-19 (ASEAN 2020a; 2020b).

Using successful stories of medical diseases and outbreaks to elevate one's status is not uncommon. For instance, in the 2003 SARS outbreak in China, where the author noted that the president and general secretary could have used the containment of the outbreak to 'concentrate on promoting social development to accompany economic growth, enhancing accountability within bureaucratic ranks, and restructuring the media to serve better the long-term objectives of the Chinese Communist Party' (Saich 2006, 72). But while some government officials were able to use this outbreak to elevate their status and political agendas, for some, the SARS outbreak revealed structural shortcomings in the Chinese government's system of management that led to distrust, public resentment, and hurt their public image (Saich 2006). From the SARS outbreak, we can see how disease and illness can be the groundwork for the state to promote or impede state goals. In the case of Patient 91, his successful case was not about only his recovery but the efforts of the Vietnamese government and the health sector.

Utilizing Patient 91's body was an ample way for the Vietnamese government to situate itself as leading the world in disease treatment. We can see how Vietnam, its government, and citizens, were able to utilise Patient 91 as a tool to elevate their status.

Rất may cho bạn, Hệ thống y tế của chúng tôi không phải là tốt nhất, nhưng chúng tôi làm điều tốt nhất cho Bạn. Có thể tại quốc gia bạn có hệ thống tốt hơn nhiều, bác sỹ giỏi và ttb hiện đại hơn rất nhiều, nhưng Bạn chắc chắn

sẽ không tận hưởng điều tốt nhất. Bạn thật may mắn, chúc Bạn mau bình phục.

(Very lucky for you, our health system is not the best, but we do the best for you. Maybe in your country you have a much better system, good doctors and more modernity, but you certainly will not enjoy the best. You are lucky, I wish you a speedy recovery.)

Đây chắc chắn là ca covid 19 nặng nhất thế giới, vì nếu là nước khác thì bác sĩ thường bỏ qua vì quá nhiều bệnh nhân.

(This is definitely the most severe case of COVID-19 in the world, because if it was another country then doctors often ignore them because there are too many patients.)

These comments referred to Vietnam's government and its capability to keep COVID-19 cases down. Due to the successful containment of COVID-19 in the period that Patient 91 was ill, the healthcare system was able to provide the best services for a case that was as severe as his. The comment about Patient 91 as 'the most severe case of COVID-19 in the world', leading to the recovery of the patient without the need for a lung transplant, not only reflects the success of the Vietnamese government but emphasises Vietnam's selfless act of caring for an individual outside of their community. In the fight against COVID-19, Patient 91's survival story became the face of Vietnamese exceptionalism. By the severity of his illness and the commitment to his treatment, Vietnam was not only successful at keeping the COVID-19 infection rates down but adept at providing the best care for any individual, whether that be a local or a foreigner. Although having compassion can be a characteristic of Vietnamese nationalism, it is clear that this compassion is not all-inclusive, as a local was ostracised while a foreigner was taken in as a family member. While this may be accredited to the severity of the cases, in which Patient 91 was on the verge of death while Patient 17 had only fever and cough, this could also be attributed to the known history of Vietnam and Vietnamese citizens giving more leniency towards white bodies (Schwenkel 2014). Christina Schwenkel has shown how white male bodies, in this case white prisoners of war, 'were not tortured or regarded unconditionally as the abhorred enemy but were often treated as human beings with dignity and respect' (Schwenkel 2014, 235). Further, Schwenkel argues that this compassion towards white male bodies was perpetuated by neoliberal US rhetoric of 'saving' Vietnam and Vietnam's willingness to forget certain acts of violence done by the US (Schwenkel 2009). While Schwenkel demonstrates the concept of demonstrating memory and forgiveness through film and documentaries, we can expand this understanding to also incorporate how nationalism and shared values, in which products like films or online comments can be made to understand the present and the past and give insight to how Vietnamese citizens understand themselves in relation to the world. Through this, white male bodies are not only a site of

forgetfulness and forgiveness, but also a site where Vietnam and Vietnamese citizens believe they can elevate themselves to a higher, more modern ground.

## Conclusion

Before Patient 91's severe illness captured widespread attention, there was Patient 17, a wealthy Vietnamese citizen. Although Patient 17 did not succumb to the virus as harshly as Patient 91, she faced severe moral scrutiny from online Vietnamese citizens. Despite both individuals displaying recklessness regarding preventative measures, Patient 91 was embraced and heralded as a newly integrated member of Vietnamese society, while Patient 17 was met with condemnation and exclusion. Patient 17 and Patient 91 became symbols within Vietnamese media, reflecting broader national ideology and sentiment. Patient 17, faced online criticism for disregarding COVID-19 protocols, with commenters linking her behaviour to wealth, class, and Western influence. Her actions created discourse surrounding wealth, morality, and the role of Vietnamese women. In contrast, Patient 91 illustrates how white male bodies historically receive leniency and forgiveness, serving as opportunities to elevate Vietnam's moral and healthcare standing. I demonstrate how national pride and identity can be constructed through media narratives and public sentiment during a health crisis. Through comparatively examining two COVID-19 case studies in Vietnam, illness and disease can influence how patients and victims are an important medium through understanding the dynamic relationship between the state, media, and the individual. Vietnamese citizens actively shape state narratives centered on disease prevention and community policing. They project their own ideals onto these bodies afflicted by illness, which ultimately become detached from the actual patients. This underscores how citizens and the media come together to formulate the collective identity of a moral and national citizen in times of a health crisis, fostering and strengthening social relationships through online news articles, comment forums, and the notion of the 'ideal' Vietnamese citizen.

## Authorship statement

This article was created and written in its entirety by the author.

## Ethics statement

The doctoral research project on which this research article is based on received ethical approval by the Ethics Board of the University of California, Riverside.

## Acknowledgements

I thank the anonymous reviewers as well as Tara Westmor for their help in improving this article. I also want to thank my advisor Dr. Christina Sckwenkel for her continued advice and guidance.

This article is based on a doctoral research project funded by the National Science Foundation (NSF Fellow ID 2022332234).

## About the author

*Shani Tra* is a PhD Candidate in the Department of Anthropology at the University of California, Riverside and Research Fellow at the National Science Foundation, Graduate Research Fellowship.

## References

- Barker, Joshua, Erik Harms and Johan Lindquist. 2014. *Figures of Southeast Asian Modernity*. Honolulu: University of Hawai'i Press.
- Bayly, Susan. 2020. 'Beyond "Propaganda": Images and the Moral Citizen in Late-Socialist Vietnam.' *Modern Asian Studies* 54 (5): 1526–95.  
<https://doi.org/10.1017/S0026749X19000222>.
- Butler, Judith. 2006. *Precarious Life: The Powers of Mourning and Violence*. Reprint edition. London: Verso.
- Duiker, William. 1976. *The Rise of Nationalism in Vietnam, 1900-1941*. Ithaca, NY: Cornell University Press.
- Duong, Thoa. 1995. 'The Vietnamese Family: Its Responsibilities and Sources of Force in the Renovation of the Country.' *Vietnam Social Sciences* 1: 27–43.
- Ginsburg, Faye, Lila Abu-Lughod and Brian Larkin, ed. 2002. *Media Worlds: Anthropology on New Terrain*. Berkeley, CA: University of California Press.
- Gainsborough, Martin. 2003. 'Corruption and the Politics of Economic Decentralisation in Vietnam.' *Journal of Contemporary Asia* 33 (1): 69–84.  
<https://doi.org/10.1080/00472330380000061>.

- Gammeltoft, Tine M. 2014. *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam*. 1st ed. Berkeley, CA: University of California Press.
- Geertz, Clifford. 1973. *The Interpretation Of Cultures*. New York, NY: Basic Books.
- Hall, Stuart. 1997. *Representation: Cultural Representations and Signifying Practices*. Maidenhead: Open University Press.
- Harms, Erik. 2013. 'The Boss: Conspicuous Invisibility in Ho Chi Minh City.' *City & Society* 25 (2): 195–215. <https://doi.org/10.1111/ciso.12016>.
- Ho, Wing-Chung. 2022. 'The Surge of Nationalist Sentiment Among Chinese Youth During the COVID-19 Pandemic.' *China: An International Journal* 20 (4): 1–22. <https://doi.org/10.1353/chn.2022.0032>.
- Hoang, Kimberly Kay. 2015. *Dealing in Desire: Asian Ascendancy, Western Decline, and the Hidden Currencies of Global Sex Work*. Berkeley, CA: University of California Press.
- Huynh, Toan Luu Duc. 2020. 'The COVID-19 Containment in Vietnam: What Are We Doing?' *Journal of Global Health* 10 (1): 010338. <https://doi.org/10.7189/jogh.10.010338>.
- Jacobson, David. 1999. 'Doing Research in Cyberspace.' *Field Methods* 11 (2): 127–45. <https://doi.org/10.1177/1525822X9901100204>.
- Kleinman, Arthur, Veena Das and Margaret M. Lock. 1997. *Social Suffering*. Berkeley, CA: University of California Press.
- Lieberman, Kim-An. 2003. 'Virtually Vietnamese: Nationalism on the Internet.' In *Asian America.Net: Ethnicity, Nationalism, and Cyberspace*, edited by Rachel C. Lee and Sau-ling Cynthia Wong, 3–71. New York, NY; Routledge.
- Lincoln, Martha. 2021. *Epidemic Politics in Contemporary Vietnam: Public Health and the State*. London: Bloomsbury Publishing Plc.
- Lincoln, Martha L. 2014. 'Tainted Commons, Public Health: The Politico–Moral Significance of Cholera in Vietnam.' *Medical Anthropology Quarterly* 28 (3): 342–61. <https://doi.org/10.1111/maq.12069>.
- McLaren, Helen Jaqueline, Karen Rosalind Wong, Kieu Nga Nguyen, and Komalee Nadeeka Damayanthi Mahamadachchi. 2020. 'COVID-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia.' *Social Sciences* 9 (5): 87. <https://doi.org/10.3390/socsci9050087>.
- Ong, Aihwa. 2006. *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty*. Durham, NC: Duke University Press.
- Petryna, Adriana. 2004. 'Biological Citizenship: The Science and Politics of Chernobyl-Exposed Populations.' *Osiris* 19: 250–65. <https://doi.org/10.1086/649405>.
- Pettus, Ashley. 2003. 'Introduction: Nationalism, Women and Modernity in Vietnam.' In *Between Sacrifice and Desire*, 11–32. Abingdon: Routledge.
- Porter, Natalie. 2019. *Viral Economies: Bird Flu Experiments in Vietnam*. Chicago, IL: University of Chicago Press.

- Povinelli, Elizabeth A. 2011. *Economies of Abandonment: Social Belonging and Endurance in Late Liberalism*. Durham, NC: Duke University Press.
- Robinson, Katherine Morton. 2001. 'Unsolicited Narratives from the Internet: A Rich Source of Qualitative Data.' *Qualitative Health Research* 11 (5): 706–14. <https://doi.org/10.1177/104973201129119398>.
- Rydstrom, Helle. 2006. 'Sexual Desires and "Social Evils": Young Women in Rural Vietnam.' *Gender, Place & Culture* 13 (3): 283–301. <https://doi.org/10.1080/09663690600701053>.
- Saich, Tony. 2006. 'Is SARS China's Chernobyl or Much Ado About Nothing?' In *SARS in China: Prelude to Pandemic?*, edited by Arthur Kleinman and James L. Watson. Stanford, CA: Stanford University Press.
- Schwenkel, Christina. 2009. 'From John McCain to Abu Ghraib: Tortured Bodies and Historical Unaccountability of U.S. Empire.' *American Anthropologist* 111 (1): 30–42. <https://doi.org/10.1111/j.1548-1433.2009.01075.x>.
- Schwenkel, Christina. 2014. 'Imagining Humanity: Socialist Films and Transnational Memories of the War in Vietnam.' In *Transnational Memory: Circulation, Articulation, Scales*, edited by Chiara De Cesari and Ann Rigney, 219–244. Berlin: De Gruyter.
- Schwenkel, Christina. 2020. *Building Socialism: The Aftermath of East German Architecture in Urban Vietnam*. Durham, NC: Duke University Press.
- Schwenkel, Christina, and Ann Marie Leshkowich. 2012. 'Guest Editors' Introduction: How Is Neoliberalism Good to Think Vietnam? How Is Vietnam Good to Think Neoliberalism?' *Positions: Asia Critique* 20 (2): 379–401. <https://doi.org/10.1215/10679847-1538461>.
- Simmel, Georg. 1950. 'The Stranger.' In *Sociology of Georg Simmel*, translated by Kurt Wolf, 402–8. Glencoe, IL: The Free Press.
- Sixsmith, Judith, and Craig D. Murray. 2001. 'Ethical Issues in the Documentary Data Analysis of Internet Posts and Archives.' *Qualitative Health Research* 11 (3): 423–32. <https://doi.org/10.1177/104973201129119109>.
- Thai, Pham Quang, Maia A. Rabaa, Duong Huy Luong, Dang Quang Tan, Tran Dai Quang, Ha-Linh Quach, et al. 2021. 'The First 100 Days of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Control in Vietnam.' *Clinical Infectious Diseases* 72 (9): e334–42. <https://doi.org/10.1093/cid/ciaa1130>.
- Thanh, Duy. 1998. 'Family Culture and Market Economy in Vietnam.' *Vietnam Social Sciences* 3 (65): 35–42.
- Socialist Republic of Vietnam*. 2020. 'Gov't halts visa issuance to foreigners to staunch COVID-19.' 17 March. <https://en.baochinhpheu.vn/govt-halts-visa-issuance-to-foreigners-to-staunch-COVID-19-11137692.htm>.



- Vu, Tuong. 2007. 'Vietnamese Political Studies and Debates on Vietnamese Nationalism.' *Journal of Vietnamese Studies* 2 (2): 175–230.  
<https://doi.org/10.1525/vs.2007.2.2.175>.
- Whiteman, Ellen. 2007. "Just Chatting": Research Ethics and Cyberspace.' *International Journal of Qualitative Methods* 6 (2): 95–105.  
<https://doi.org/10.1177/160940690700600209>.
- Wilson, Samuel M., and Leighton C. Peterson. 2002. 'The Anthropology of Online Communities.' *Annual Review of Anthropology* 31: 449–67.  
<https://doi.org/10.1146/annurev.anthro.31.040402.085436>.