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# Becoming MSM: Sexual Minorities and Public Health Regimes in Vietnam

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**Research Article**

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**Abstract:** This article explores the discursive and practical marking of male sexual minorities in Vietnam, as targets of a series of biopolitical regimes whose aim, ostensibly, was and is to secure the health and wellbeing of the population (from the French colonial period to the present), regimes which linked biology, technoscientific intervention and normative sexuality in the service of state power. Campaigns against sex workers, drug users, and briefly male sexual minorities, seriously exacerbated the marginalization and stigmatization of these groups, particularly with the emergence of HIV/AIDS in Vietnam in 1990. This article also considers how the contemporary apparatus constructed to combat the HIV/AIDS epidemic, one funded by the US, did not do away with these old forms, but reinscribed them with new language within a new regime that prioritizes quantification and technoscience.

**Keywords:** Vietnam, Sexual minorities, HIV/AIDS

## 1 Introduction

Duc, a shy 22 year old, was one of a number of young, well-educated, professional men who identified as gay, gathered on a July night in 2015 in the Ho Chi Minh City (HCMC) office of the Happiness Group. This group was a community based civil society organization and US President's Emergency Plan For AIDS Relief (PEPFAR) subpartner, tasked with health education and social support for sexual minorities. "The most important thing for me is having someone to share," he said, "to encourage, and give advice, but when I found out I was HIV positive I had no one like that."

"I know many people in the MSM (men who have sex with men) community and in the rest of society who die because they did not have support, or know how to take care of themselves and use the treatment," added Anh. Here he used the English-language acronym instead of a Vietnamese term.

"I collected all my courage to join the Happiness Group," chimed in another 27 year old participant from Can Tho, by way of support, "They helped me to join the MSM community and accept my sexual orientation."

Over the course of our group discussion in Vietnamese, group members frequently used specific English terms. They repeatedly described individuals or their community as a whole as "gay" or "MSM," or referred to their own or others' "boyfriends."

"I had a 'boyfriend' and knew we had to use condoms," said Duc, "but since I believed in my 'boyfriend' very much we did not use."

I was struck by the use of these foreign terms by the group, particularly their adoption of the epidemiological term "MSM," as a description of their community, and as a self-description. They deployed it casually, seamlessly interchanging it with the English word "gay," or the Vietnamese term *dong tinh*. This term is translated roughly as "homosexual" or "same sex." They also used the colloquial term *bong* (literally "shadow," but also retaining a derogatory inflection like "obscure" or "illusory"). *Bong*, they explained to me, was "more trendy" (this they also said in English) a re-appropriated slur that now had fun and fashionable associations. Indeed, this term had been taken as

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the title of a famous autobiographical work by a gay Vietnamese man, Nguyen Van Dung (Nguyen and Trang, 2008; see also Ngo et al., 2009). *Dong tinh*, in their opinion, was a clunkier, politicized, less fashionable, almost clinical term. This term indexed groups that "society," in their telling, viewed negatively, or was not open-minded enough to accept. This term, for them, was attached to prevailing negative stereotypes, and the significant discrimination and stigma each of the participants had spent some time describing. "Gay," for these young men, sounded more serious, more political, the term (along with *dong tinh*) under which "rights activists," in their experience, marched.

"In reality there are two different kinds of community work in the gay community," said the group director. The first, he said, conducted by students and activists, was more public, focusing on "sexual orientation or the rights of people." It was these community workers who most often deployed the word *dong tinh*. The Happiness Group, by contrast, belonged to the second type, groups focused "on health, caring more about sexual behaviors," and made up of or serving populations "less comfortable" with being identified publicly as sexual minorities. Thus, the participants that evening had incorporated the seemingly technical, apolitical or neutral term "MSM" in their everyday speech. They indicated that this term felt "young," "updated," and "modern," and for these reasons this term, according to one participant, had caught on quickly among their cohort. In the discipline of epidemiology, this term was intended to identify males who had sexual contact with other males, whether or not they actually identified as gay or bisexual. This term was intended as a clarifying or technical intervention, allowing disease surveillance workers to sidestep the psychosocial, or sociopolitical identities associated with other terms, focusing strictly, in technoscientific fashion, on practices that conditioned health outcomes.

Health itself—and certainly the means by which we secure health—is anything but neutral, or apolitical. As the HIV—and now the coronavirus—pandemic has shown us, local social, economic, and political forces continually mold epidemics into acute emergencies for specific populations. The HIV epidemic unfolding in Vietnam is no different. Who is infected, who becomes ill or not, and dies or not, is shaped as much by socioeconomic disparity and marginalization, the history of prevailing social attitudes and mores, their uneven and sometimes violent policing, and local, national and international policy decisions, as the biology of the virus. In Vietnam, as in many places, such forces, including parts of the health and security apparatus, have conspired to place a significant portion of the burden of disease from HIV/AIDS on the community represented by the young men I met on that summer evening.

This article explores the discursive and practical marking of male sexual minorities as targets of a series of biopolitical regimes whose aim, ostensibly, was and is to secure the health and wellbeing of the population. Biopolitics refers to that pole of biopower which concerns itself with whole populations, the "species body," and attends to "propagation, births and mortality, the level of health, life expectancy, longevity, with all the conditions that can cause these to vary" (Foucault, 1990, p. 139). This article describes the emergence of technoscientific rubrics linking non-normative sexual behaviors to biological threat to national endangerment, in Indochina, beginning in the late 19$^{th}$ century. These discourses, and their attendant policing and intervention practices, were taken up by successive regimes. This is a minor history of the treatment, conceptual and practical, of male sexual minority behavior in Indochina, tracing the role of the instrumentalization of difference in nation-building in different periods, and the exercise of power in a biopolitical mode, in contemporary Vietnam.

I seek to explain how an acronym, from English, developed in Western public health scholarship, came to be used as a casual "youthful" and "modern" self-description of individuals and a community in HCMC in 2015. In short, this is the story of how male sexual minorities in Vietnam have been conceived and intervened upon in the service, purportedly, of securing health.

## 2 Methods

Since 2002, I have conducted research in Vietnam, and published over a wide range of issues related to HIV/AIDS prevention and control. Beginning in 2015, I became interested in the role played by local groups organized and funded by international agencies that targeted and drew upon specific minority populations. Over the course of several research trips to Vietnam, I conducted standard ethnographic fieldwork (participant observation, formal and informal interviews, site visits). I interviewed four officers and five members of local and international non-governmental organizations (NGOs), three members of government institutions, and numerous private citizens. I combined these

with the collection, translation, and analysis of archival materials in Vietnamese, English, and French. All names of participants have been changed, as has the name of the organization that I here call the "Happiness Group," to insure confidentiality.

# 3 Results

## 3.1 Les Fleaux Sociaux

The Vietnamese rubric of the "social evils" (*te nan xa hoi*) in relation to the biopolitical exercise of power there in the 1990s is well-documented (Nguyen-vo, 2000, 2008; Montoya, 2010, 2012; Robert, 2005). What is less well-known, perhaps, is that this rubric is part of a longer genealogy, and, at least in its modern form, not a Vietnamese invention, but a European one. Governmental and subsequently public concern about *les fleaux sociaux* ("social scourges" that included deviant and excessive sexuality and substance abuse) in France, was the result of bourgeois anxiety over the imagined threat to the socioeconomic order posed by the laboring classes beginning in the mid-to-late 19th century (Robert, 2005, p. 126). This anxiety occurred at the time when France was extending its *mission civilisatrice* into Indochina, and it was within this context that French colonial officials began their quest to uproot the *fleaux sociaux*. They conceived of and apprehended these as "so many festering foyers of infection" among their new colonial charges (Robert, 2005, p. 126). These conceptualizations and the exigencies of administering a distant and tenuously held colony produced a need for technical interventions. These interventions were first "aimed at inventing" the social, and then "mobilizing" it to extend colonial power into the population, down to the household level, toward "domesticat(ing) the threats of social disorder and racial degeneracy" (Robert, 2005, p. 126).

This rubric was the first such modern socio-medical category deployed in Indochina linking biology, technoscientific intervention and normative sexuality in the service of state power. Worried that these particular "social scourges" were sapping French strength and potentially compromising French power in the region, the colonial administration took up the problem at the convergence of a number of specific domains; health, race, and climate; and did so through a technoscientific lens. Speaking at a conference at the Universite Indochinoise in 1932, the director of municipal hygiene of Hanoi, Dr. Bernard Joyeux, called venereal disease a "problem of extraordinary complexity," one requiring the attention "of all those who have responsibility for the health or morals of a population" (Joyeux, 1935, p. 328). Joyeux pointed out that every "civilized country" in the world had organized a "crusade against this scourge" and so "it should not be that Indochina, which is particularly menaced, lags behind" (1935, p. 329).

One of the central obstacles to purging these social scourges that contribute to the high rates of venereal disease in the colony was thought to be the character of the indigenous population itself. "Thanks to the legendary indifference of the Annamites toward these venereal diseases to which they fail to ascribe any bad or serious character, and thanks to moral license from the increasing degeneration of strict Buddhist, Taoist or Confucian morality... this contamination... has reached a vast majority of the population" (Joyeux, 1935, p. 336). Despite the urgency to combat these social scourges, Joyeux laments that they were taken up at the intersection of a wide range of regimes, by "moralists, jurists, sociologists, philanthropists, biologists, therapists, doctors and hygienists" who were waiting for a "final utopian climax upon which there is perfect agreement" before taking action in "the good fight" (1935, p. 329). By Joyeux's time, it is clear, that *les fleaux sociales* had become conceptualized as a target for government through the intersection of a broad set of medical, moral, juridical and administrative entities, operating within the colonial milieu and its attendant power/knowledge, gender, and racial regimes.

Early intimate colonial encounters generated tremendous anxiety for the French. Colonists quickly developed something of an obsession with these so-called "social diseases," their occupation of Indochina giving rise to a preoccupation with venereal disease, opium abuse and homosexuality (Proschan, 2002a). Because Indochina was not initially conceived of as a settlement colony, European women were restricted, in the earliest days, from traveling there. Thus, French colonialism in the region was from the start a gendered project, with the vast majority of colonists male and concentrated in the major cities. The colonial encounter was simultaneously racial and gendered, and the policing of those boundaries (as in many other colonial settings) became of paramount importance to the colonial project as a whole. This, of course, has been the focus of attention for many historians and social scientists since the 1990s (see

Stoler, 1995, 2002; Norindr, 1996). The colonies were conceived of as a "sex paradise" of available and willing women, women "colonized twice," first as natives, then as women (Tracol-Huynh, 2010, p. 2).

The schema of scientific racism and social evolutionism that were in vogue in the West during the period also permeated the intimate colonial encounter, with the supposed sexual characteristics of native women linked to race and place (Tracol-Huynh 2010, p. 5). In their earliest encounters with them, French *colons* were repulsed by Indochinese women, describing them as filthy, ugly and foul smelling (Tracol-Huynh, 2010, p. 5). It is only later that French depictions of Indochinese women take on the eroticized and exoticized depictions with which we are familiar.

Likewise, opium use (and its link to same-sex eroticism), became a site of concern not in its effect upon the *indigenes*, but on Frenchmen. Opium use was formulated within this same politico-philosophical tradition by the French as a vice to which Asians were particularly given. The French excused opium smoking in their own community as a result of tropical heat, illness, boredom and bachelorhood (Descours-Gatin, 1992) or linked opium use to the sinister seductions of Asia and Asians, and particularly to homosexual practices (Proschan, 2002a). This, despite the fact that it had been the French who organized and proliferated the opium trade.

By the end of the 19th century the colony's opium monopoly was one of French Indochina's main sources of revenue. Authorities purchased cheaper opium from Yunnan to attract poorer workers who could not afford the expensive Indian brands. By 1901, opium accounted for a third of all colonial revenue. That year, the colony's treasury posted a surplus for the first time, and investor confidence rose such that a 200 million franc loan was made possible. This loan went on to fund major public works, part of the colonial rail network, and colonial hospitals and schools (McCoy, 1972). Much of the French colonial project in Indochina was thus fueled by drug profits gleaned primarily from poor working class addicts. In the early 20$^{th}$ century opium was the most important of the state-controlled products, accounting for on average 20% of total colonial annual revenue (Brocheux & Hemery, 2009), peaking at 42% in 1918 (Decours-Gatin, 1992). In the words of one historian, the French engaged in a "deliberate policy of poisoning" their Indochinese subjects in a cynical bid to turn a profit from their badly mismanaged colony (Decours-Gatin, 1992).

The French considered opium use especially dangerous because of its "attenuation of virility," opium's anaphrodisiac qualities leading "inexorably to Sodom" and the temptation of the "effeminate boys with long hair, neat and fine hands" who minded the pipes and "easily make (the French colonist) forget about women" (Proschan, 2002a, p. 625). This was compounded by the prevailing notion that Indochinese women were filthy and repulsive in appearance (Proschan, 2002b, 2002a, p. 632). Bewilderingly, some early French accounts claim that the spike in French homosexual relations with young Vietnamese men was the result of the difficulty of distinguishing male and female Vietnamese (Proschan, 2002b). Moreover, the racialized biosciences of the time widely held that the wet-heat of the tropics adversely affected whites. Colonial physicians and hygienists directly linked the tropics to eroticism; "the perfume, the heat, the humidity, and the opulent vegetation" tied to the "overexcitement of the generative functions" (Tracol-Huynh, 2010, p. 5). Overheated Frenchmen, far from home and the ameliorating effects of their "proper" climate and sexual partners, were powerless but to succumb to the debilitating effects of Asian pleasure, weather and willing household *boys*. "Unless a man possessed an exceptionally strong will, it was difficult to avoid gliding down the slippery paths of vice," wrote Dr. Jacobus X in 1893, "in a country where vice was to be found everywhere" (Proschan, 2002a, p. 631). This complex of problems was taken up as a biomedical-moral issue, at the intersection of vice, potential sexual immorality and thus potential venereal risk.

Moral and scientific authorities placed the blame for French "social scourges" squarely on the terrain and people of Indochina. Joyeux claimed that three factors contributed to the spread of these problems among the populace. First was the "inadequacy of transmission and the power of penetration of European medicine" into the unyielding and mysterious countryside (1935, p. 332). Second, "the carelessness, ignorance and fear of the *Indochinois*," their reluctance to come to French clinics and submit to alien treatments (1935, p. 333). Third, charlatans promoting backward local treatments and superstitions, who "have extraordinary success among the masses who are ready to believe anything so long as it is presented in a form that appeals to their mentality" preyed upon the unsuspecting (1935, p. 333). "We must recognize that in the Far East," wrote a French commentator in 1913, "alcohol, prostitution and unnatural love existed before our arrival, results of a civilization older than ours" (Proschan, 2002a, p. 626). According to Dr. Jacobus X, a French army surgeon writing in 1898 of his Indochinese experiences of the 1860s, "It was the vanquished people who corrupted the European, and he was aided in that by the almost complete want of the European feminine element, at the beginning of the colonization," the colonials the casualties of exile and circumstance, where temptations were too overwhelming and available (Proschan, 2002a, p. 631). Little could be done against these. "It requires an unheard

of force of character," wrote Thibon de Courtry, "to break the nostalgia and resist the temptation of the vices of Asia, opium, alcohol or abominable practices" (Proschan, 2002a, p. 627).

Military force, cartography and a bureaucracy sufficiently robust to link human beings with a territory gave geographical and political life to the French Indochinese colony by the turn of the century, but the practical and logistical efforts of the colonial project were also accomplished in the discursive realm, the domain of signs, the arrangement of categories and the assignment of meanings. Norindr's work focuses on the discursive production of what he calls "phantasmatic Indochina," the creation, through images and texts, of an exotic heterotopic *outré-mer*, where imperialist fantasies (and later imperialist nostalgia) could be exercised on a population and territory by European men who recognized no reference but themselves (Norindr, 1996). "Metaphors of effeminacy or degeneracy were not simply deployed to justify colonial conquest; that conquest was enacted with brutal violence upon Vietnamese bodies and minds" (Proschan 2002a, p. 636).

## 3.2 Te Nan Xa Hoi

In the post-colonial period, the Socialist Republic of Vietnam, took up a similar set of concerns. This rubric, now inflected through a socialist vocabulary of ostensibly communitarian concerns, was redeployed by the state throughout the twentieth century in a series of campaigns targeting the "social evils" (*te nan xa hoi*).

In 1995, the state issued a decree prescribing "Urgent Measures to Fight Against a Number of Serious Social Evils," initiating more than a decade of brutal and unevenly-applied campaigns mostly targeting drug use and sex work. Briefly, in 2002, the government also declared homosexuality a "social evil" and vowed to crackdown, leading to raids of bars, clubs and saunas frequented by members of the LGBTQ community in major urban areas (CDC, 2002). Authorities were concerned that "homosexuals ha(d) infiltrated the tourism, restaurant and karaoke bar industries and that their 'eccentric behavior' went hand in hand with prostitution, drug use and HIV/AIDS" (CDC, 2002). In November of 2002, 30 men were arrested and sent to reeducation camps "because they were found to be engaging in 'gay sex' at a massage parlour" (Blanc, 2005, p. 665). In April of the same year a Pride event in Long Hai was denounced in *Thanh Nien* as a "monstrosity... (an) abnormal phenomenon which is foreign to Vietnam's cultural tradition" (Blanc, 2005, p. 665).

These "serious social evils" were thought to be particularly corrosive to the good socialist citizen-subject in that they "run counter to the morality and fine customs and habits of the nation, adversely affect the health of the race, and the material and cultural life of The People," having "serious consequences for future generations" (SRV, 1995). It is this string of related but distinct objects (nation, health, race and The People) that indicates that despite their seeming disparity the late-20$^{th}$ century *te nan xa hoi* and the mid-19$^{th}$ century *fleaux sociaux* bore a family resemblance. In fact, Blanc notes that the same term was used in France in 1960, "when homosexuality was considered as a social evil by both the National Assembly and the Senate" (2005, p. 662).

These regimes similarly overlaid ethico-moral considerations concerning non-heteronormative practices, political concerns having to do with security and stability, and debatable claims about the threat these persons and practices posed for public health. Authorities in both instances found a technoscientific justification for persecution of these practices and persons in the supposedly looming threat of unchecked disease. During the social evils campaigns of the 1990s Vietnamese authorities drew attention to sex workers specifically as carriers of disease, using experts and health professionals and the bodies and practices of sex workers to anchor an imagination about public health threats connected to sex outside the home, towards policing and sustaining a middle class heterosexual order (Nguyen-vo, 2002). Through a specific problematization of non-heteronormative minority sexualities, the marshalling of police forces and the deployment of state-sanctioned discourses, men and women in these communities were effectively thrice disqualified and demonized; as violators of moral or supposedly traditional norms, as potential disruptions to security and the social order, and as alleged threats to public health.

Metaphors of and anxieties concerning the social body, that figure that links race, culture and place, were actualized in these campaigns which included wide-spread propaganda efforts, large-scale public security operations and medical/hygiene interventions, targeting sex workers, drug users, and others (Nguyen-Vo, 2002, 2008; Montoya, 2010, 2012).

These modern rubrics share a purity/contamination logic, coupled to a biological element. "Social evils," Robert (2005, p. 167) writes, are "conceptualized as spreading social viruses which infect youth and need to be contained

and inoculated against." In post-colonial Vietnam, sex work, drug use, and other practices were cast by authorities as vestiges of a colonial/imperialist past (not the result of embarrassing, enduring class inequalities under late socialism) and they set out to purify the newly reunified social body/body politic. The repurposing and repopulation of a semi-obscure network of reeducation camps to deal with a new post-reform class of state enemy resulted in the extrajudicial incarceration of tens of thousands of Vietnamese citizens, primarily injection drug users and sex workers (Montoya, 2010, 2012; Nguyen-Vo, 2002, 2008). Such targeted efforts could not have failed to become problematic de facto parts of the larger health security apparatus then coalescing around the problem of HIV/AIDS. HIV/AIDS allowed authorities to refashion what was a biological metaphor into a concrete alibi for new forms of power.

The first Vietnamese case of HIV/AIDS was detected in December of 1990 by Australian authorities who tested the blood of a Vietnamese woman attempting to immigrate to Australia. In the earliest days of the epidemic, HIV/AIDS was intentionally and powerfully associated with injection drug users, sex workers and male sexual minorities (McNally, 2002; Montoya, 2010). Sentinel surveillance testing, which focused on these "high-risk groups" (as they were then known), as well as the statistics such surveillance generated, reinforced the idea amongst the general public that persons who belonged to these groups were the main sources and spreaders of HIV/AIDS. It was apparent to some researchers at the time that a detrimental conceptual conflation between these labels as descriptions of high-risk behaviors, and as descriptions of groups of persons, had occurred (McNally, 2002).

Soon after, the government decreed compulsory HIV/AIDS testing for sex workers, drug users, male sexual minorities, prisoners, and foreigners remaining in Vietnam for longer than three months, as well as prohibited persons living with HIV/AIDS from certain kinds of employment, and from getting married (SRV, 1992). "Homosexuals as a category occupied a different space within Vietnam's consciousness, whereby in the first few years they were included in statistics. However, the numbers were considered so small that as a group they were not considered a threat to the general population" (McNally, 2002, p. 10). After 1993 homosexuality disappeared completely from HIV research and policy work with the exception of outreach work in Nha Trang by Medicins Sans Frontier (McNally 2002). One researcher working on HIV/AIDS in Vietnam beginning in 1998 reported being "surprised by the invisibility of the homosexual community in the HIV/AIDS prevention campaign" (Blanc, 2005, p. 661).

The Vietnamese state's almost single-minded focused on drug users and sex workers as part of its "social evils" campaigns meant that sexual minorities were rarely subject to the police roundups, detention and forced reeducation that was common during this period. On the other hand, they were simultaneously left out of the assemblage of health and security institutions then marshalled against the epidemic. "By 2006, HIV prevalence in MSM in Hanoi was as high as 20 percent. Stigma and discrimination based on sexual orientation and gender identity led LGBTQ people to live hidden lives which then exacerbated their vulnerability to HIV as they may be hard to reach by health services and education programmes" (UNDP, 2014, p. 14). It was only in 2006, the year after Vietnam began receiving massive financial and technical support from the US President's Emergency Plan for AIDS Relief (PEPFAR), that the National Assembly listed homosexual men among the high-risk groups prioritized for HIV prevention programming (UNDP, 2014).

Throughout the 1990s and into the 2000s Vietnamese authorities drew attention to most-at-risk populations (MARPs) as the reservoirs and vectors of disease (both literal and figurative), providing a vehicle by which a notion of moral degeneracy, political deviance and biomedical danger could be justified, fused and intervened upon. These campaigns against sex workers, drug users, and briefly male sexual minorities, seriously exacerbated the marginalization and stigmatization of these groups, and significantly compromised the effectiveness of HIV/AIDS programs. In classic biopolitical fashion, public health concerns (in tandem with older moral anxieties) served as a technoscientific alibi for both the politico-economic failures of the revolution, and the heavy-handed quasi-military campaign that was put to work on bodies and biologies with disastrous results. Not least of these was the spread and entrenchment of HIV infection among MARPs, and the fueling of widespread stigma against already marginalized peoples which will complicate any efforts to deal with HIV/AIDS in Vietnam for generations.

## 3.3 MSM

"The pressure I feel from society is not as great as that from my family," said Tuan, another member of the Happiness Group, "My brother and mother used to think of being gay as a disease, but the view of people about the gay community is much better than in 2002, when you came to Saigon for the first time."

I had described the feeling in the city during my first long visit to Vietnam, during the height of the Three Reductions Campaign. Working in HIV/AIDS in Ho Chi Minh City, in the 2000s, one could not avoid being told, again and again, about the "social evils" and the set of campaigns to purge them from the city. The Three Reductions Campaign was launched in HCMC in late 2001 and aimed at extinguishing sex work, drug use and crime. Authorities had, by early 2003 packed off over 25,000 people for extrajudicial detention and reeducation (Montoya, 2012; Tuoi Tre, 2003). These actions had a definite chilling effect on health interventions, placing health workers and the at-risk populations they sought to serve in exceedingly vulnerable positions. They also skewed perceptions, both epidemiological and popular, and reinvigorated an old discourse that linked disease, perceived social erosion, and groups already marginalized and disqualified socially, politically and ethically by the state.

In the fall of 2007 I visited a number of locations in HCMC in the company of a gay friend, a *Viet Kieu* (an ethnic Vietnamese person who resides and/or was born abroad) fashion designer, where the effects of this program were deeply felt. Samsara, a fashionable gay bar above what was once the Brodard Café on Rue Catinat, now Dong Khoi, was practically deserted during our visit and lasted only a year or two longer. In the Pham Ngu Lao backpacker quarter, famous for its cheap accommodations and bars, he described a new scam perpetrated by the "massage boys" or "rent boys" (my informant's terms) who pedaled rickety bicycles along the four main streets that made up the quarter. They worked the innumerable low-budget hotels that filled its maze-like hems. An ambiguous lot, it was never entirely clear to me if the majority of the young men were legitimate masseurs, or, as was the prevailing feeling, if they were mostly sex workers and small-time criminals. Capitalizing on the heightened intolerance toward male sexual minorities in the city they had taken to extorting customers. My informant told me that once a price was agreed upon and the pair moved to the hotel room or residence of the male customer, the masseur would demand a much higher rate, or simply that the customer turn over all their cash and valuables, threatening to call the police with false claims of sexual assault if victims did not comply. Some customers had even been beaten before being robbed, the assailant comfortable in the knowledge that the victim would not dare risk informing the authorities. The fashion designer was visibly upset by this new trend as some of his local friends had fallen prey. These and other tales, along with the prevailing sense of surveillance and dread that accompanied our nights out, lent a menacing air to the strangely childish sound of the metal rattles the "massage boys" used to announce their approach on the streets of the quarter.

Later that year, I worked with the manager of a survey project to collect data concerning, among other things, an HIV/AIDS prevention program for MSM. The manager, who worked out of the US consulate in HCMC, told me that the data generated from the survey responses were seriously flawed. The Vietnamese research assistants, hired with US funds, had apparently been marking all respondents as heterosexual without ever actually asking the relevant questions on the survey form, outright refusing to ask men if they had engaged in sex with other men. When admonished for this particularly grievous failure, the research assistants reportedly replied that they did not ask the questions about same-sex sexual contact on the grounds that "it would be insulting (to the respondents) to ask."

Under these generalized conditions of stigma and discrimination, many of the Happiness Group members, young men from rural provinces in the Delta, though vocal activists, forthcoming about their HIV status and sexual orientation, were nonetheless not "out" to their families and neighbors back home.

"Because of lack of self-confidence I avoided meeting people of the same sexual orientation. I had little chance (until moving to the city)," said Phung, a 28 year-old office worker from An Giang province, "I took a while to get confidence, to have the (HIV) test done, with my partner."

Many of the participants shared similar stories of adolescent isolation, confusion, and stigma. They described feeling unable to express their identities fully within the stifling socially conservative atmosphere of the countryside.

"Before I joined Happiness Group I was very introverted and had little knowledge of my community," said 22-year old Tuan with a weary sigh that bespoke lost time and opportunities, "The picture in the city is much better than in the countryside."

"Clients are afraid of accessing government services because of strong stigma," said Nam, the group's leader. He went on to describe a set of local trans women who nightly engaged in sex work in the quarter near where the Happiness Group's offices are located. Each of the trans sex workers saw three or four clients a night, he estimated, and outreach workers and office staff from the Happiness Group were in regular contact with them. For this group of sex workers the Happiness Group was their sole link to HIV/AIDS prevention resources. "They are afraid of joining the health centers because of stigma. They are at the bottom of society, very disadvantaged."

These conditions unfortunately bear themselves out in terms of the burden of disease from HIV/AIDS. It is by now a commonplace that stigma and discrimination against sexual minorities, particularly trans persons, affect their opportunities in virtually every field of life, from peer or familial support, to stable housing, to employment, to their susceptibility to violence. Disadvantaged within, or shut out completely from, mainstream opportunities, these groups are more likely to engage in high risk behaviors, live in temporary housing, engage in sex work and the like, which means, also, that they are statistically over-represented in terms of the distribution of HIV infection (see Philbin et al., 2018). Stigma further compounds these serious issues, as once they are infected, they are less likely to be willing or able to seek and access testing, care and treatment, or maintain the necessary antiretroviral, nutritional and behavioral regimen required to preserve their health. Finally, this means that such persons are much more likely to present to health facilities in dire physical shape, as "late-to-care" patients.

The general public, made aware of the high rates of HIV and other diseases among these marginalized groups, with improper or partial contextualization, or that deliberately cultivated by the state, doubles down on their prejudices and exclusions. These processes were clearly at work in the lives of the Happiness Group members, having already structured the lives of these young gay men who were born and came of age in the "social evils" era. Stigma and discrimination exact a terrible price, not just on already marginalized groups, their life-chances, their networks, their futures, but on those of the population as a whole, from a virus that does not share our prejudices or the smallness of our vision.

PEPFAR was launched in May 2003. Vietnam became the sole Asian PEPFAR focus country on 23 June, 2004, and received its first PEPFAR funds the following year. Vietnam received nearly $300 million in the first five year cycle, strengthening its HIV/AIDS programs and developing new programs at an unprecedented pace. PEPFAR funded and supported every domain of HIV/AIDS prevention, care and treatment in Vietnam. In 2008, total US aid to Vietnam was estimated at $120 million, six times the level of aid supplied in 2000, with about $90 million (75%) of it from PEPFAR alone (Montoya, 2010). PEPFAR funds suddenly made Vietnam one of the largest recipients of US aid in Asia. In July, 2015, a Ho Chi Minh City Provincial AIDS Committee (PAC) program officer told me that about 74% of all HIV/AIDS funding in Vietnam came from international donors, about 70% of this from PEPFAR alone.

This new apparatus constructed to combat the HIV/AIDS epidemic, now funded by the US, legitimized itself in part by aggressively asserting its superiority to the "social evils"-based system that preceded it. Authorities began explicitly and implicitly characterizing the "social evils"-based system as irrational, inefficient, and lacking a basis in proven international best practices, with insufficient attention to human rights.

PEPFAR officers immediately brought attention to "MSM" as "MARPs." As mentioned before, the Vietnamese state had all but ignored this community, for better and worse, in its "social evils"-based intervention strategy. "Men who have sex with men" emerged as a category in epidemiology and public health literature dealing with HIV by at least 1990, the acronym "MSM" itself coined in a 1994 paper on AIDS education in Australia (Dowsett, 1990; Young & Meyer, 2005; Boellstorff, 2011). Epidemiologists aimed to focus solely on behaviors, avoiding social and cultural elements not typically included within a certain biomedical and technical vision (Young & Meyer, 2005). However, the term has been critiqued for deflecting attention from the social dimensions of sexuality that are often as critical as biology or behavior to understanding risk and sexual health, and for obscuring elements and more accurate descriptions of sexual behavior that are important for public health research and intervention (Young & Meyer, 2005). Critics assert that the term represents an erasure of potential social determinants of health relevant to risks for HIV/AIDS or other disease. These critics suggest that that the general term "sexual minority" is preferable, as it allows for self-identification and the reintroduction of sociocultural and political contexts obscured by the current term (Young & Meyer, 2005, p. 1147).

These critiques notwithstanding, the use of "MSM" in the current Vietnamese apparatus for the prevention and control of HIV/AIDS is ubiquitous. Presentation materials and slides which I received in the summer of 2015 from the PAC included the English acronym MSM. It appeared on charts depicting the distribution of new infections for 2014, alongside categories in Vietnamese ("sex with infected persons," "clients of sex workers," "female sex workers," and the Vietnamese acronym "NCMT" for *nguoi chich ma tuy* or "injecting drug user").

One of the means by which the LGBTQ community achieved greater visibility in the PEPFAR era was the deliberate funding and development of local self-support groups, community-based organizations (CBOs), and "civil society organizations" (CSOs), by PEPFAR. These were populated by members of various most-at-risk-populations and linked together in PEPFAR-funded networks for advocacy, outreach and data-gathering. This was, of course, a two-edged sword.

> "Because gay men, other MSM, and transgender women were identified as most-at-risk populations, the LGBT community as a whole became associated with the epidemic and was further stigmatized. On the other hand, the epidemic brought foreign aid to the LGBT community... It was mainly through HIV networks that gay men and transgender women came together and formed communities throughout the country to fight the epidemic, but at the same time socialized with each other and learned about other political issues" (UNDP, 2014, p. 15).

In the mid-to-late 2000s, these groups and the PEPFAR/USAID networks that publicly supported them, began using the politically sensitive term "civil society" (*xa hoi dan su*), often incorporating the term as part of their names. For much of the post-reunification history of Vietnam groups that had attempted to build coalitions for political advocacy and action apart from The Party and the government had been branded subversive and disbanded, or, in the worst cases, broken up and their members incarcerated. PEPFAR funding for these networks peaked around 2009-2010, successfully selling the formation and maintenance of these groups as a *technical solution* to the non-political problem of disease. These groups, it was argued, would increase the participation of stakeholders (MSM, persons living with HIV/AIDS, sex workers, etc.), increase adherence, and generate better data to inform interventions. The notion that more robust civil society participation would lead to better technoscience can be linked to the GIPA (Greater Involvement of People living with HIV/AIDS) declaration from the 1994 Paris AIDS summit. Greater involvement of stakeholders was deemed "critical to supporting ethical and effective national responses to HIV and AIDS" as "people affected by the epidemic offer valuable direct experience" (USAID Health Policy Initiative, 2007). These could then be alchemized into better and more responsive programs.

While in the field in 2007-2008 I was lucky enough to work with just such a USAID-funded network-building program implemented by what was then called the Health Policy Initiative. It was truly a moment of flourishing as the network office bustled with young and energetic leaders and members of self-support groups from nearly every district in the city. The network's conferences, planning meetings, and trainings bristled with eager and enthusiastic participants. The Happiness Group itself was founded at the moment PEPFAR support for these civil society networks focused on HIV/AIDS peaked in 2009-2010. The testimonies of the young men during our meetings in the summer of 2015 spoke to the value of these groups for the people they were able to help.

"Happiness Group taught me how to protect myself and the people around me," said Anh, "It taught me about the high rate of HIV in the MSM community, and helped me in time to stop my disease from developing. In the beginning I didn't pay attention to treatment, and so developed external symptoms. Happiness Group educated me about treatment and gave me spiritual support."

The Group had also been instrumental in convincing Anh to be tested in the first place, something he, like many other young gay men, was reluctant to do.

"Taking part in group workshops and conferences I learned many great lessons from people in the community," said Duc, adding with a heartfelt glance around, "and made many great friends."

There were obvious benefits for the people who were courageous and lucky enough (such groups are extremely limited outside of the largest urban centers) to participate in these groups. These included psychosocial support, and increased access to healthcare and other resources. The strengthening of self-support groups and "civil society" networks was, in the case of HIV/AIDS, effectively cast by PEPFAR and its international partners, and taken up by Vietnamese authorities, as a technical solution to the non-ideological problem of fighting HIV/AIDS and securing health. While it produced a moment of effervescence and recognition of the LGBTQ communities in Vietnam, this focus also had pernicious effects, particularly as PEPFAR funding began to diminish from its 2010 peak. "Existing civil society organizations for MSM and transgender women were primarily built by HIV/AIDS programmes and have so far been unsuccessful at moving beyond this health remit to promote dialogue on sexual orientation and gender identity, address stigma and discrimination against the LGBT community, and promote rights and equality for LGBT communities" (UNDP, 2014, p. 15). The cost of conceptualizing these communities primarily as MARPs in a crisis, led to a reinscription of the link between these groups and disease, as well as a limitation of the ambit of their operations to HIV/AIDS. Unfortunately, this is also an issue for which support is running out. Sexual minority communities had become, simply, "MSM."

The self-support group acts as a kind of scaffolding or vector through which participants are exposed to, and begin to deploy, new terms and ways of knowing and thinking derived from disciplines like biomedicine, and epidemiology. The individuals I spoke with had come to think of themselves differently, these new understandings adhering closely to this new regime of power and knowledge, related, but distinct from, those that came before it. Many of the participants

in our summer meetings related stories of conversion or revelation. They described their activities and lifestyles prior to their encounter with the group, and how they had been transformed into more responsible and mature members of what they now recognized as a community. New knowledge and behavioral strategies like proper condom use, safer-sex messaging and monogamy, harm reduction, bioscientific treatment and care regimes, public health-oriented education, and continual participation in the group, were now essential tools for managing the dangers to which they were now awake. In one comment, lack of technoscientific knowledge is linked to fear/fearlessness. In another the participant joked about the inundation of safe-sex messaging killing his libido entirely.

"Before I took part in the Happiness Group I only knew how to use condoms, but now I know about opportunistic infections and different ways of spreading the disease, how to take care of myself and take the treatment," said one young man who had been introduced to the group through his network of friends.

"Before I joined Happiness Group," one participant said, "I had a partner, and when we had sex we did not use condoms. After I joined Happiness Group we began to use condoms, and after so many meetings and conferences I am no longer interested in having sex anymore!"

"I changed my mind about sexual loyalty," said Anh, "Before you could say I was still attached to beautiful people. Now I understand, and my partner understands, the importance of sexual loyalty to reduce the risk of spreading the disease."

"I feel that Happiness Group is my real second home," said one young man of 23 who had tested HIV+ only three months prior to our meeting, "and I hope to help it develop and help more people in my community."

Through these mechanisms new ways of understanding and relating to themselves and each other are generated. If the "social evils"-based apparatus deployed a set of interventions (state propaganda, police roundups, detention, reeducation) in a mode of external enforcement (by authorities), then the current apparatus can be said to deploy a new set of interventions (health education, methadone maintenance, needle exchange, harm reduction, safe-sex, ARV therapy, CSO participation, etc.) that turn on instilling individual self-government by cultivating adherence. We can recognize, in the present, an HIV/AIDS apparatus that is also, again, a system of subjectivation, a means of apprehending and remaking subjects and futures in the service of securing health. For all of its successes, and they are by any metric significant and vital, the apparatus developed for HIV/AIDS prevention and control in Vietnam by PEPFAR from 2005 to the present, does not represent the disillusion of power (vis-a-vis its backwards and brutal "social evils"-based predecessor), but its diffusion, into new forms and its exercise through new domains. The adoption of the young men of the Happiness Group of the problematic epidemiological term "MSM" is the result of this most recent articulation of technical, political, and ethical processes with socially-derived metaphors, aimed at confronting threats to "nations, health, races and peoples."

## 4 "Essential Core Elements": Conclusion

The final element in this minor history is one that dominated nearly all of my conversations with HIV/AIDS organizations in the summer of 2015; the imminent and drastic reduction in PEPFAR support for Vietnam. Nam mentioned that the Happiness Group's PEPFAR funds were reduced from 2014 to 2015 by 40%, and would completely vanish by 2016. "Of course this is not good news," he said, "We are really confused and we worry a lot about our funding. They don't promise anything so we just try to do the best we can."

He said that the group will almost certainly lose its office and be forced to reduce their staff from 13 members to five. This is particularly worrisome as each of the 13 staff members is currently responsible for managing about 70 clients. The group has consequently been leaning harder on their unpaid volunteers and online outreach, but volunteer turnover is already high and the translation of online activism in to offline action or behavior modification is difficult and uncertain (Montoya, 2018).

"This work is hard," Nam explained, "Clients get tested, test positive, panic and become paranoid. They call you in the middle of the night with crises."

"They are calling us *every* night," emphasized Anh.

LGBTQ groups in the city, Nam explained, are now increasingly seeing each other as competitors for the remaining dwindling resources. The Happiness Group was beginning to feel pressure from the other groups, even those with whom they had previously partnered.

"We will not be able to work in this way," Nam said, "This is a problem not only of Happiness Group, but of all NGOs now."

CBOs and CSOs working with the LGBTQ community are particularly vulnerable. First, as mentioned above, their identification with HIV/AIDS, while instrumental to their increased visibility in Vietnam over the past decade, has meant that virtually all their funding is in some way tied to PEPFAR, and that they will be hard hit by these reductions. Second, the sub-epidemic among MSM in Vietnam is the fastest growing. The 2009 Integrated Biological and Behavioral Surveillance report funded by PEPFAR and conducted on a three-year cycle by Family Health International showed a 20% HIV prevalence for MSM in HCMC, up from 11% in 2006 (FHI, 2012). Nearly one in five MSM in Can Tho and Hanoi were similarly infected (FHI, 2012).

Those in charge of the purse-strings are also under pressure, working to keep funds flowing to the most vital programs whose high costs are least likely to be able to be borne by the state. These include the provision of ARV therapy, an extremely costly service that directly affects morbidity and mortality. A PAC program officer told me that Vietnam currently receives about 95% of its funds for ARV services from external sources, the government supplying only the remaining 5%.

"We are interested in continuing to fund essential core elements," said a USAID program officer in the summer of 2015, "We are determining which are core ones, which are essential ones and which are affordable to the government of Vietnam."

This program officer noted that such non-core services like transportation, school and hospital fees, community home-based care, and lab work would no longer be funded by PEPFAR.

"We are looking to find the services that if we don't pay, others will pay and clients will not die because of it," he explained.

Conversations with PEPFAR and PAC program officers concerning these reductions invariably included of two new policy terms; "socialization" and "integration." "Socialization" referred to the process by which the state stepped back from meeting its obligations to provide HIV/AIDS services for clients. These burdens would be shifted to "society," or more accurately, the individual clients themselves. This is, of course, the opposite of how the term is typically used in the West, to indicate state organization and provision of such services for its citizens. Payments for services that had formerly been free, as they had been covered by PEPFAR, would now be the responsibility of individual clients themselves. My informants from PEPFAR and the PAC acknowledged gravely that this would be a serious new burden for the majority of their clients, as some services were quite expensive and many clients were impoverished. The average monthly salary in HCMC is around $456 per month, $5,465 annually, which is still 38% per cent higher than the national average (My, 2018).

However, these informants also simultaneously expressed their confidence that these changes would not constitute a significant barrier to health care access. Whether or not this is actually the case is an open question. "Integration," in the context of these same conversations, involves the consolidation of HIV-related facilities and personnel in the city. As a cost-saving measure, stand-alone service centers, for example for methadone, voluntary counseling and testing, or ARV therapy, were to be shuttered and bundled into "one-stop-shops." Staff were also to be streamlined, laying off some, and cross-training, multi-tasking, and overloading the remainder. Taken together, the inauguration of these neoliberal processes did not bode well for the delivery of health services, or the securing of health generally in the domain of HIV/AIDS prevention and control in Vietnam.

It is clear that we will shortly enter a new phase in this story. The tremendous gains in the fight against HIV/AIDS made by PEPFAR may be challenged not simply by the logistical limitations of its dollars, duration, or sustainability, but also by the narrowness of its technoscientific vision, the myopia of the neoliberalized humanitarianism it represented. We must recognize how the HIV/AIDS apparatus in Vietnam is also, and again, a system that operates by apprehending and remaking subjects and futures, asking individuals to bind themselves to a certain regime of knowledge and power, in the service of securing health. We must begin to examine "our" logics and interventions, "our" terms and metaphors, their forms and uses, as one of a series of related but distinct regimes that for a century sought to secure health in Vietnam, figuring and reconfiguring moral imaginaries, medical practices, military-style campaigns and humanitarian interventions and discourses.

By this, I mean that Western academics, policy-makers, and health and development professionals have themselves been for some time also operating within a number of unexamined assumptions. These include the until-recently unchallenged penetration of neoliberal calculations and logics into the domain of health humanitarianism (Montoya, 2012; Rylko-Bauer & Farmer, 2002; Keshavjee, 2014), a faith in a narrow definition of "evidence," typically quantitative, to the exclusion of qualitative "merely anecdotal" evidence, within a technoscientific process (Adams, 2013; Montoya, 2013), and a dangerous obliviousness to how, occasionally, categories of distinction can become categories of exclusion (Montoya, 2015; Kalofonos, 2010)

Here, at the beginning of the 21st century, we would do well to consider the latest of these deployed in Vietnam, and its predecessors, as a series of apparatuses, each containing powerful levers which have taken minority sexualities as their fulcrum. In this way, we may be better positioned to truly support the young men of the Happiness Group, the Vietnamese, and their international partners as they enter the uncertain future, to build the next.

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