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The Rise of Fear in Vietnam during the Coronavirus Pandemic: Causes from Different Perspectives

Nguyen Cong Thao*

Vietnam is considered to have been one of the most successful countries in implementing preventive measures against the Covid-19 virus. There were many forces that contributed to this achievement, including the fear of infectious diseases that has a long history in the country. This fear led people to maximize preventive measures to ensure their safety, even though in some cases it came with an economic cost or curtailment of individual freedoms. This paper proposes that fear also played a large role in people's willingness to accept the government's pandemic prevention policies and thus contributed to the success of Vietnam's battle against the pandemic. This paper looks at contemporary challenges as significant causes of this fear. The paper aims to explore the core causes of fear, the forces that reinforced the fear, and the most affected social groups. It is based on a review of publications, news on mass media, prevention policies applied during the Covid-19 pandemic, and especially individual interviews with people from Hanoi and Ho Chi Minh City.

Keywords: Covid-19, Vietnam, pandemic prevention, social stigma of disease, fear of disease

Introduction

In Vietnam, the first two cases of Covid-19 infection were identified in Cho Ray Hospital in Ho Chi Minh City on January 23, 2020. By July 4, 2023, according to the Ministry of Health (MOH), there were 11,620,769 cases across the country, placing Vietnam in the 13th position by number of cases worldwide. The first wave was from January 23 to July 24, 2020, with 415 cases; the second wave was from July 25, 2020, to January 27, 2021, with 1,136 cases; the third wave was from January 28 to April 26, 2021, with 1,301 cases; and the fourth wave began on April 24, 2021, ending with 11,617,917 cases. Vietnam ranked 120th among 231 countries and territories in infec-

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tion rate per million people (117,437 cases per million). The total number of deaths as of July 2023 was 43,206, accounting for 0.4 percent of total cases and placing Vietnam 26th in the world. The death rate per million was in the 141st position (Bộ y tế 2023).

Vietnam was viewed as one of the most successful countries in preventing the large-scale spread of Covid-19, at least in 2020 and early 2021. There have been a number of studies exploring the forces that contributed to Vietnam's success. The state's policies are seen as one of the most important. At the beginning of the pandemic, detailed instructions for transmission-reducing behaviors along with new policies for social distancing and other related measures were introduced at both the national and local levels; these were key to the country's success in mitigating the spread of the virus (Earl 2020; Le *et al.* 2021). The pandemic prevention policies were quite flexible: various regions had different social distancing policies given the social diversity, economic dynamics, and nature of the pandemic at different periods and in different places (Le *et al.* 2021). Many policies also assimilated individual health directly into the health of the body politic so that optimal resources could be used (Lincoln 2021).

The other significant force was the immediate and authentic cooperation between the government, civil society, and individuals. Based on a state-centric analysis, Bill Hayton and Tro Ly Ngheo (2020) suggested that the one-party system helped the Vietnamese government to easily make use of massive public institutions to implement policies and impose control on the population. Other factors that helped in the fight against the pandemic were the state's appeal to nationalism and heroism; top-down approach of policy implementation; cooperation between the public and private sectors, civil society, and individuals; and extensive public health preparation (Earl 2020; Le *et al.* 2020; Hartley *et al.* 2021). Efforts by the government and the collective spirit in Vietnamese culture are believed to have been key forces that kept the country relatively safe in the first year of the pandemic (Dinh and Ho 2020). Luong Van Hy (2022) provided various arguments to support the above explanations. He emphasized the cultural and historical background of Vietnamese society, including its recent experience with war and the mask-wearing habit among residents. He also pointed to "the fear-driven situational variation in norm compliance and in the tolerance for norm violation, a variation that the aforementioned cultural analyses of the COVID-19 pandemic in Vietnam and elsewhere tend to overlook" (Luong 2022, 761).

What Luong mentioned about fear (*sự sợ hãi*) was suggested also in a previous study by Nguyen Cong Thao (2020), who proposed that fear of disease was rooted in Vietnam's long history of social stigma against infectious diseases such as leprosy, tuberculosis, and HIV: this was believed to play a role in the public's increasing fear and willingness to take precautions. Nguyen observed that the willingness of Hanoi

residents to accept the government's pandemic prevention policies, including staying indoors, also had cultural implications:

> From a cultural perspective, it is important to recognize that these afflictions are not only understood as diseases in the medical sense but are also commonly understood by people as signs of death that are entangled with ideas about morality and fate. (Nguyen 2020, 3)

This way of seeing Covid-19 stoked people's fear, a fear that was reinforced by the government's policies and communication slogans. In 2020 and 2021 the pandemic was widely referred to in mass media and political speeches as an enemy (*giặc*), and this approach was reinforced by the government through the slogan "Chống dịch như chống giặc!" (Fighting the pandemic is like fighting the enemy). The city of Hanoi seemed as though "it was organized for a time of war, with sirens from ambulances and police cars sounding throughout day and night. All these elements made people stay alert and intensify their precautionary measures against the pandemic" (Nguyen 2020, 10). According to Luong, fear of Covid-19 was a driving force that also led to discrimination and interpersonal tensions in Vietnam.

This paper proposes that fear played a significant role in people's willingness to accept the government's prevention policies and thus partly contributed to the success of the battle against the pandemic. However, it shall provide additional explanations about the causes of fear discussed in previous studies. "Fear" in this paper is related to the risk of negative impacts from the pandemic on areas such as income, job opportunities, health care, and social prestige. Rather than focusing on broad historical, cultural, and political risks, the analysis of fear in this paper also explores the social and economic aspects. It proposes that the public's fear during the Covid-19 pandemic was rooted in potential risks such as loss of income, insecure health care, or losing face.

The higher the risk related to income, health, and social prestige, the more fearful people feel; and people from different social groups may experience different forms of fear as they have different risks to cope with. I propose that such risks are strongly dependent on the following three factors: (i) poor condition of the health care system, (ii) inconsistent and rigid policies, and (iii) violations of privacy related to mass media. Following are some of the key questions that will be explored in this paper: How did the three factors intensify the fear among the public in Vietnam during the Covid-19 pandemic? How did the fear affect people's attitude toward preventive policies? And who was often the most fearful during the pandemic? Analyses in the paper are drawn from reviews of past publications, pandemic prevention policies, discussions on social media, government reports, field observations, and random individual interviews with

people from different social groups in Hanoi and Ho Chi Minh City in November and December 2023.

While agreeing with many other previous studies indicating that state policies contributed greatly to pandemic prevention in Vietnam, the analysis in this paper focuses on the unexpected consequences of specific policies that increased fear among the public. It discusses how the health care system and mass media in the country sometimes made people anxious even though these two systems were basically owned by the state. This paper starts with an overview of the fear of disease in history and how the fear emerged worldwide during the Covid-19 pandemic. Following that, we look at what happened in Vietnam. The central part of the paper will focus on analyzing the three above-mentioned contemporary causes of fear and then identifying which social groups were most fearful during the pandemic.

1 Fear of Disease around the World

1.1 *Historical Backgroun*

Diseases impact people not only physically but also mentally. While medical science provides services related to physical health care, social sciences pay more attention to the social effects that patients have to cope with. From a social perspective, stigma generates fear, which often discourages individuals from disclosing potential diseases due to concerns about negative repercussions in the workplace (Corrigan 2014). Social and emotional isolation are sometimes more harmful than medical or physical isolation as the effects of the former persist even after patients have recovered, and it is often not only the patients but also their family members who end up suffering (Markel 1992). Fear of disease is manifested differently in various societies, and it sometimes even leads to human rights violations (Jones and Corrigan 2014). Patients living with HIV or tuberculosis are often stigmatized in addition to suffering economic loss and psychological trauma (Sherman 2007). Africa and South Asia are examples of regions where there is a great fear of disease—partly due to a limited understanding of the nature of various diseases, poor health care, and religion or the caste system (Dijkstra *et al.* 2017).

Fear of infectious diseases is not a new phenomenon; it has a long history in human society. Leprosy was regarded as dirty in Europe during ancient times. Leprosy patients had to be isolated, and their sickness was believed to be punishment for their sins (Try 2006). Such an attitude is still found in rural India, even when patients are completely recovered (Barrett 2005). The stigma spreads also to family members who

are not carrying the disease (Raju and Reddy 1995). In parts of Europe and the United States, cholera or jaundice patients in the past were discriminated against and believed to have an "unclean" lifestyle, even believed to be immoral (Sherman 2007). Moral and cultural judgments of disease are seen also with HIV patients, and this deters many patients from going to hospital for timely care or leads them to try and hide their disease (Herek 1999). Though many forms of cancer are curable, the disease is still strongly associated with death. Lung cancer patients are viewed as paying for their smoking, though smoking is not the only cause of lung cancer. Muslim women in Pakistan worry that a cancer diagnosis will harm their marital prospects. And some Canadian women are afraid that their husbands will seek a divorce if they get diagnosed with breast cancer (Penner *et al.* 2018). Though obesity is often the result of a digestive disorder, it is commonly seen as a consequence of overeating and a lazy lifestyle and leads to reduced employment opportunities. Some people believe that epilepsy can be transmitted through saliva or is the result of a magician's curse (Baskind and Birbeck 2005).

Fear of disease not only exists among patients and their relatives but is also associated with larger communities or even ethnic groups, and this fear often makes outsiders afraid of or hostile toward infected people. For instance, Jews were accused of being responsible for the Black Death pandemic in Europe, which killed about 50 percent of the continent's population in the fourteenth century (Goffman 1963). Many mentally ill patients were seen as dangerous, responsible for their disease, or incurably sick. They were considered useless and highly dependent (Fiest *et al.* 2014). A study on depression and schizophrenia in 16 countries indicated that there was a popular fear among the public that people living with these two diseases were completely unable to take care of children, to get married, or to control themselves (Pescosolido *et al.* 2013). Mental illness was often associated with race and sex: for instance, Caribbean and Black American people were believed to have a higher chance of developing mental disorders (Williams *et al.* 2007), and men were perceived as suffering more than women (Boysen *et al.* 2014).

1.2 *Fear during the Covid-19 Pandemic*

According to the World Health Organization, Covid-19 created fear in many communities around the world. This was due to the following reasons: (i) this was a new virus of which there was little knowledge; (ii) humans have a natural fear of disease; and (iii) it was a publicly shared fear (World Health Organization 2020). The fear created difficulties not only for patients but also for their family members and medical doctors. Some visiting doctors in Nepal had problems buying food and renting rooms as they

were discriminated against by hotel staff (Poudel 2020). Some restaurants refused to serve them even though they were not infected. Their neighbors refused to talk to them and tried to stay far from them. Such an attitude extended even to psychologists and psychiatrists, some of whom refused to treat Covid-19 patients (Tandon 2020). Thus, doctors faced massive societal pressures; this was seen especially in places like China (Xiong and Peng 2020) and Qatar (Tandon 2020), where the death rate increased rapidly. Doctors were even assaulted in India, the United States, Australia (Withnall 2020), and other places. In Mexico, Malawi, and India doctors and nurses had to bike to work as they were not welcome on public transportation. Some were asked by landlords to pay off the rent and vacate their premises (Bruns *et al.* 2020).

Fear of Covid-19 even affected recovered patients: stigma and discrimination excluded them from community activities even after they tested negative World Health Organization 2020; Singh and Subedi 2020). One woman was abandoned by her family after giving birth at a hospital in Maharashtra (India) that had Covid-19 patients. Some people in Zimbabwe were surprised to see that people were not crossing the road in front of their houses anymore, and the road was renamed "Corona Road" (Bagcchi 2020). The discrimination extended to social and racial groups, such as Asians being blamed for bringing the virus to many Western countries, especially the United States (Roberto *et al.* 2020). In New York, by the end of April 2020 there were 248 cases of Covid-19. More than 50 percent of the cases were Asian, and they were assaulted and discriminated against because they were blamed for the pandemic (Noble 2020).

2 Fear of Disease In Vietnam

2.1 *Historical Background*

In popular Vietnamese belief, disease is associated with evil or ghosts. A man is believed to have two components—body and soul—and when one is sick, it is not only the body but also the soul that has something wrong with it (Trần 1995). This explains why Vietnamese people often seek a shaman (*thầy cúng*) when they are unwell. The shaman calls for the evil force—or ghost—to leave the body, or for the soul to return to the body. This belief is still popular in Vietnam today, especially when it comes to certain mental diseases or issues related to sexuality. There are often misinterpretations or even negative attitudes associated with some diseases. People living with a disability are believed to be paying for the sins committed by them or their family members in previous lives, and from birth to death they face iso-

lation and discrimination (Burr 2015). There is evidence that disabled students do not receive an equal education, and without any supporting evidence they are labeled as having weaker mental health than others. Despite outstanding achievements in HIV research and treatment over the last 25 years, HIV patients are still accused of having unsafe sex or using drugs. They are isolated not only because of their disease but also due to their "moral infection" (Hà and Bùi 2013). In a study in Ho Chi Minh City, 42 percent of informants believed that using the same toilet or lying beside an HIV patient could lead to infection (Võ 2018). It is not only patients but also their family members who are isolated by the community (Lưu 2010). In this context, children with HIV are the most vulnerable as they do not have equal access to education, social integration, or all-round development, and they may suffer the psychological effects of this their whole life (Hà and Bùi 2013). People who are afraid of disease might even stigmatize others who have been cured with no chance of reinfection. Leprosy is an example. After taking medication the rate of transmission is almost zero, but leprosy patients are still isolated from community activities because of a fear of infection (Lưu 2010). There are still some who believe that cancer is a form of retribution for past sins. There are even many who believe that surgery fosters the development of cancer, and this explains their hesitation to be operated upon (Bộ Y tế 2021b). Stigma against tuberculosis is directed not only at patients but also at medical doctors.

Discrimination is common even in the case of some disorders that are not infectious. According to Đậu and Vu (2015), autistic children in Vietnam are classified as persons of "low intellectual development"—an inappropriate label as scientists have shown that 25 percent of such children have normal intellectual capacity and 3–5 percent of them are even very smart. Many of them are capable of working, and some are well integrated socially. Sexual orientation is another reason for discrimination: homosexual people are seen as abnormal in Vietnam (Phạm 2017). They face denigration, isolation, and violence not only from outsiders but also from their own relatives. Such an attitude explains why some stigmatized people see their lives as a dead end and even try to commit suicide (Đồng and Phạm 2015; Lương and Phạm 2015).

2.2 *Fear of Covid-19 in Vietnam*

With the number of Covid-19 cases rapidly increasing, on April 1, 2020, the Vietnamese government initiated nationwide social distancing for 15 days. Like many other cities, Hanoi and Ho Chi Minh became quiet, and their streets became empty as if it were the first morning of the first day in the new lunar year (Nguyen 2020). Figures on infections and deaths around the world as well as in the country were updated every

day in the newspapers and on Vietnam Television. People started stocking up on food, face masks, hand sanitizer, medicine, and other supplies. Fear was rampant across the country, including Hanoi, and fake news proliferated online. According to the Ministry of Information and Communication, just in 2020 more than a thousand persons spreading fake news were fined (Bộ Khoa học và công nghệ 2021). The pandemic was seen as "the enemy," a discourse that was expressed and propagated primarily by the government. This metaphor was not new: it had been used in the past, for instance in 1945, when hunger and illiteracy were seen as the enemy under the Ho Chi Minh government. When something is labeled an "enemy," it often indicates an issue that is receiving serious attention from the government and usually involves massive interventions from the central to the local level (Luong 2022). In such cases, the government seizes the authority to make use of whatever resources and means it deems necessary, even if the interventions might not be widely accepted by the people (Hayton and Tro 2020).

In early March 2020 the Ministry of Health (MOH) promulgated Decision 879/QD-BYT, which provided detailed guidelines for quarantining people who had had contact with Covid-19 patients (F0). These included persons having direct contact with F0 (F1), persons having direct contact with F1 (F2), and so on (for more details, see Luong 2022). According to this decision, all F1 would have to be either hospitalized or quarantined in designated premises for at least 14 days, while all F2 were subjected to supervised home isolation with close surveillance by camera or local authorities. This quarantine policy instantly sent thousands of F1 in Hanoi to hospitals or designated facilities. One national-level academic institution in the city had to shut down for six days after an F0 case was found, forcing hundreds of people to work online and hundreds of F1 and F2 to be quarantined in hospitals or at home.

The number of F1 and F2 increased rapidly in the following months in Hanoi and neighboring provinces, which made people extremely nervous. After the Hanoi government announced new F0s on June 6, 2020, people started stocking up on food and other supplies. Supermarkets ran out of meat, vegetables, eggs, and instant noodles (Thu 2020). People began tracking information related to F0, F1, and F2 to ensure that they—and their areas—were still safe. The following statement from an interview with a middle-aged woman in Hanoi describes the situation in the city in mid-2020:

> I could hardly do anything. I checked my phone every hour, visited websites and social networks to get updates on the numbers of F0 and F1—who they were and where they lived. My mind was filled with the figures of new Covid-19 patients and fear of infection, and so were those of my friends.

Many people created a fortress out of their accommodations, receiving no guests and keeping their doors closed at all times, even when there were no F0 yet in their area (Nguyen 2020). A middle-aged man from Hanoi recalled, "Our building became quiet, and people acted as if the virus was at their door." Everyone started to act as a health inspector, viewing others with great caution, especially if they coughed. The following statement from a woman in District 5, Ho Chi Minh City, shows not only her own fear but also the fear of others in her area: "I saw people run back and forth between their homes and the market. They tried to buy whatever food and drinks they could, as if doomsday was arriving. People did not care about the price anymore."

Besides stockpiling food, many people wore face masks even while doing their early-morning exercises alone in areas where no F0 had been found yet (Long 2020). By the end of March 2020, Hanoi government offices were asked to avoid unnecessary meetings or events with more than twenty participants and to allow staff to work online at home. By the end of March the fear had spread nationwide even though there were fewer than two hundred F0s in the whole country.

2.3 *Health Care System in Vietnam*

Overall, the health care infrastructure in Vietnam is still in poor condition, even though the government has increased investment in the public health care sector. The number of doctors per 1,000 persons in Vietnam was 0.8 in 2016 and had increased to 0.98 by 2020—still rather low compared with the average international rate. However, this figure is even lower in rural and upland areas such as the Central Highlands (0.72) and the Mekong Delta (0.76). By 2022 there were 34 national hospitals, which accounted for 9.4 percent of the total number of beds in the country. In 2021 there were 3.1 hospital beds per 1,000 people, which was lower than the average international rate (4.4). The time taken to travel from local hospitals to national-level hospitals was usually about four to five hours by car—and even 10–11 hours in some remote areas (Tổng cục thống kê 2021b). Medicine and other medical supplies were insufficient in many hospitals both before and after the pandemic (Bộ Y tế 2022), forcing some patients to buy medicine from private pharmacies at a premium. In addition, before the pandemic it required a lot of paperwork for patients to receive reimbursement from insurance companies (An 2015). According to Le Quynh Ngoc *et al*. (2020), Vietnamese had to pay 43 percent of their own health care expenses, which was much higher than in developed countries (14 percent) or the recommended rate of the World Health Organization (20 percent).

Before the pandemic, the shortage of hospital beds meant two, three, or even four patients sometimes had to share a bed—some patients slept on the floor or even

under the bed in many big hospitals. It was normal to see patients' companions sleeping outside in the corridor or even outdoors on a chair in the hospital yard (Liên 2016). One worker in Hanoi recalled that in 2017 his son was sick and had to stay in hospital for five days. His son shared a bed with two other children, while he himself slept under the bed. This experience made him rather nervous during the pandemic because he believed the situation in hospitals would now be even worse. He decided to have his children stay home instead of going to school. He bought ten liters of gas as he was afraid the electricity would go off, and he stocked up on instant noodles. Such an attitude was not observed among doctors or teachers. In the interviews, people from these two groups were calmer. They believed the pandemic was just like previous pandemics and would soon be brought under control.

Another indicator related to quality of health care is the population of medical staff. On average, a doctor at a big hospital in Vietnam in 2010–18 had to examine about eighty patients a day (Tổng cục thống kê 2021b)—a much higher number than for doctors in developed countries: for instance, in the United States during 2012–18, doctors had to examine fewer than twenty patients per day (Yang 2025). Thus, each patient in Vietnam had an average of only four minutes for their medical examination (Hà *et al.* 2018). According to international standards, each medical examination should be around 15 minutes. To make matters worse, many patients had to wait several hours for just a few minutes with the doctor. Some had to reach the hospital at 5 a.m. to ensure they would be able to see a doctor in the morning (Nhóm khảo sát 2016). Poor medical infrastructure is not the only problem with health care in Vietnam. Personal connections play an important role, and sometimes patients also need to bribe doctors for better and faster service (Tùng 2022). This informal "protocol" is taken for granted. People have become used to paying doctors "additional money" in an envelope; in fact, *phong bi* (envelope) has become a metaphor for a bribe.

Nguyen Cong Thao noted, "Unlike people in many other developed countries, people in Vietnam including Hanoi are generally afraid of going to the hospital" (Nguyen 2020). The situation was even worse in 2020–21. Like in many other countries, there was a shortage of ventilators, especially with the number of infections increasing rapidly. The government had to request aid from other countries and to seek donations from the private sector in order to obtain machines for hospitals nationwide. In August 2020 there were just six thousand ventilators in the whole of Vietnam (Bộ Y tế 2021a). This was believed to be an inadequate number even under normal circumstances. There was also a serious shortage of face masks, protective clothing, and gloves at several hospitals. Many doctors had to wear protective clothing when taking a nap or having a meal as they would have had to put on a new set if

they took theirs off. Some were unable to bathe daily due to the shortage of protective clothing (PV 2020).

Accessibility to vaccines was limited in 2021 as Vietnam was dependent on outside suppliers. In June 2021 Vietnam signed a contract with Pfizer for about 31 million doses; it would take months for that amount to be delivered. The delay in vaccine delivery explained why by September 2021 most of the vaccines being administered in Vietnam were donations from Japan or China. Very few doses were purchased through commercial channels. Meanwhile, there were few cold storage facilities nationwide, and most of them belonged to the private sector (HNV 2021). Vietnam thus had to request USAID for 77 cold storage units at the end of August 2021 (Minh 2021).

The shortage of medical supplies increased people's anxiety, especially since face masks and hand sanitizer were touted to offer effective protection from the virus. The fear of not being able to buy face masks or other medical supplies was especially intense among ordinary people, as revealed through my interviews in Hanoi and Ho Chin Minh City. Since face masks were not easily available at pharmacies, many people were compelled to wear ordinary (non-medical grade) masks or even wear the same mask for several days. The shortage led to massive hoarding of medical face masks and hand sanitizer in big cities, especially Hanoi and Ho Chi Minh City (Trần 2024). From February to March 7, 2020, three thousand cases of medical supply hoarding were discovered and fined by the government around the country (Nghĩa 2020). Prices for these products increased up to ten times, and there was even a black market for them (Thiên 2020). Many people had to use their personal connections with doctors or nurses to buy face masks. Some pharmacies refused to sell more than one box per customer. The market for face masks as well as medical gloves and hand sanitizer suddenly became very active both offline and online (Nghĩa 2020). The situation was particularly obvious in Hanoi in early 2020, even when the number of infections was still low. Many pharmacies in the biggest medical supply market in Hanoi announced that they did not have face masks or hand sanitizer, but market investigators found that this was not the case—those pharmacies were looking to sell to dealers at higher prices (Thiên 2020).

As mentioned earlier, the poor health care infrastructure and shortage of medical supplies made ordinary people fearful. The following statement by an interviewee in Hanoi shows the general strategy followed by many people in the city in 2020:

> Not only I but many friends of mine had to ask friends who worked at hospitals for help with buying face masks—but even they could not help. Their hospitals were also in great need of masks. Some people sold masks online at a premium, up to fifty times the pre-pandemic price. I

> don't know how they came to have such large numbers of masks, as they just sold in bulk. Every day in our office we used to talk about how to buy face masks and other crucial medical supplies.

The fear was particularly acute among people who were poor or who did not have relationships with medical doctors. Findings from the interviews indicate that people were afraid about whether they would be sent to a good hospital, treated by good doctors, or receive good medicine. The following statement from a woman in Ho Chi Minh City shows the general concern of such people—though it may have been over-anxiety on their part as all costs for Covid-19 treatment were subsidized by the government:

> We had no influential contacts and no money. We were afraid that priority would be given to those who could pay more or those whose relatives or friends worked in the hospital. We are just the voiceless, so our care would come last. The rich or those with high social status would receive the best.

On the other hand, fear was detected also among medical staff in public hospitals. This was indicated by the increased number of medical staff who decided to quit their jobs. From January 2021 to June 2022 a total of 9,668 medical personnel resigned from public health care centers: 3,094 doctors, 2,874 nurses, 593 pharmacists, 551 technicians, 276 midwives, and 2,280 others (Bộ Y tế 2022). This became a serious problem as many hospitals did not have sufficient staff to take care of patients (Bộ Y tế 2022). Many staff members were fearful because they were often held responsible for the deaths of patients even though they had done their best. This attitude flooded online social networks, as one interviewed doctor in Hanoi recalled. There were also scandals about government officials or relatives of medical staff receiving vaccinations out of turn, which led to public resentment. This was reported in various newspapers in 2023 and early 2024. Additionally, the scandal of the Viet A test kit[1)] followed by the prosecution of hundreds of medical managers from the local to the national level—including one vice minister, the head of the MOH, and other members of the national government—created public anger and reinforced the fear among medical staff.

Our interviews with doctors at Hung Vuong Hospital, one of the biggest hospitals in Ho Chi Minh City, revealed the many pressures they had to deal with during the pandemic. Some doctors even cried when recalling their experiences in early 2020. They admitted that without a love for the career, many of them would have given up; they were exhausted with endless days of work, insufficient supplies, and criticism

from the public for the increasing deaths. They were not surprised when many of their colleagues quit their jobs in public hospitals and moved to private ones. However, their fear was different from that of ordinary people, as revealed in the following statement from a male doctor at Hung Vuong Hospital:

> We were not fearful about having to care for too many patients during the pandemic. That was our job. However, we were fearful of the pressure from the public. Everyone expected us to work harder and be present all the time. We received so little appreciation but so much criticism, even though we tried our best. We are just human; we could not do everything.

The interviews show that the poor condition of the health care system created different forms of fear among medical staff and ordinary people. While fear in the former was rooted in social pressures and overexpectations, fear in the latter came from apprehensions over whether they would be treated well if they became infected. Fear among the medical staff was related to accusations regarding their professional ethics, while fear among ordinary people, especially the poor, related to safety concerns.

2.4 *Pandemic Prevention Policies*

The Vietnamese government issued and implemented a number of policies in order to cope with Covid-19. Though these policies worked well in the early days of the pandemic, they also created some problems that stoked fear and even eroded confidence among the public (Tough 2021). In March 2020, when there were just about two hundred cases in twenty of the country's 63 provinces, the prime minister signed Directive 16, which mandated social isolation for 15 days nationwide beginning on April 1. This directive was followed by the shutdown of all public transportation, including deliveries via online platforms such as Grab, MyGo, and Fastgo. All delivery services were to be provided by either post offices or supermarkets. This decision led to service delays: people had to wait a long time to receive their purchases, since the designated delivery providers did not have enough staff (Công 2021). In August 2021 the pandemic became extremely serious in Ho Chi Minh City, with about two hundred thousand cases. To enforce a strict lockdown in the city, the military was called in to deliver food and other essentials. This was not an effective solution as the military staff did not have relevant experience and their service was rather slow. Meanwhile, social distancing regulations were not well followed in some areas, and this created anger among the public—for example, when they saw people from rich areas still exercising outdoors (Pham 2020).

Lockdown policies also made thousands of people jobless. Street vendors and

migrant workers were the hardest hit as most of them did not have sufficient savings. According to the General Statistics Office, just in the second quarter of 2021, more than 500,000 people lost their jobs, 4.1 million temporarily became jobless, and 4.3 million had to reduce their work hours; 8.5 million people's income was affected (Nguyễn and Lê 2021). In Ho Chi Minh City, the first lockdown in 2021 lasted about three weeks; people could not go out even to buy food. There were at least an estimated seventy thousand people whose income relied on "street business"—lottery ticket sellers, street vendors, shoe polishing boys, etc.—and their income suffered greatly (PV 2020). In big cities like Hanoi, Binh Duong, and Ho Chi Minh City many migrant workers had to return to their hometowns. It was estimated that more than two million left Ho Chi Minh City alone in the last quarter of 2021. The workers returned to their hometowns without support from either the departure or the arrival government (Hồng 2022). Vietnam's harsh quarantine policy received a lot of criticism from the public. In 2020, 14 days' quarantine was compulsory for every F2 and 21 days for F1. People were sent to isolation facilities with subpar living conditions. It was even reported that many people were quarantined when they were not supposed to be, since quarantine decisions were not always scientifically based. The measures cost money and damaged people's lives in addition to creating the problem of a high risk of infection within quarantine locations. The following statement is from an F1 man who spent 14 days in a hospital in Gia Lam, on the outskirts of Hanoi:

> I felt I was in jail, and people looked on me as a criminal. When the ambulance came and picked me up, I could sense the eyes of my neighbors behind windows. I got the impression that the neighbors were afraid of me, though I felt fine. In the hospital there were dozens of people sharing a room without air conditioning as doctors were afraid of the virus spreading through the vents. I was very nervous since I did not know whether any of my roommates were infected.

On March 8, 2021, the first Covid-19 vaccination campaign started in Vietnam. The earliest people to be vaccinated were medical staff of the hospitals for tropical diseases in Hai Duong, Hanoi, and Ho Chi Minh City. In the beginning, the government planned to provide vaccinations for all Vietnamese by the end of 2021 in order to achieve herd immunity. However, because of a vaccine shortage, priority was given to doctors, medical staff, and others actively involved in pandemic prevention or social services such as policemen, military personnel, teachers, and government officers. The elderly and people with underlying medical conditions were not the most prioritized group but the fifth (according to Decision 1467 issued by the MOH in March 2021), even though WHO recommended that they be vaccinated first. Also, people

with high blood pressure were not eligible for vaccinations in early 2021, which excluded many seniors over 65 years old.

Vaccinations were administered in crowded hospitals, which in itself carried a high risk of infection. In some provinces the local authorities decided to reserve Pfizer vaccines for their staff while providing an inferior type of vaccine to others. It was reported that some government officers abused their power to provide early and better vaccinations to their relatives though they were not in the prioritized groups. The inefficiency of vaccination policies until the first half of 2021 was believed to be the key reason for the death rate in Vietnam being higher than the world average (Bộ Y tế 2021b).

Various online programs were used by ministries—including the Ministry of Public Security, the Ministry of Health, and the Ministry of Information and Communication—to stay updated on the number of infections. Because these programs were not integrated into a single national database, it was difficult to keep close track of the identities and numbers of F0, F1, and F2, and people were inconvenienced by having to declare their status several times. From August to October 2021 the Hanoi government made five changes to its policy on allowing people out of the house, and some of the guidelines were contradictory. For example, people could go out only if they had a paper permit from the local authorities—but in order to obtain that permit, they had to submit a request at a local office. The situation was strongly criticized on national mass media.

At the local level many provincial authorities implemented their own policies that were sometimes contradictory to the guidelines from the central government. For example, while the central government allowed people to go out to buy essential goods during the isolation period, in Nha Trang a man who stepped out to buy bread was stopped and his vehicle confiscated as local enforcers did not consider bread to be an essential good. Similarly, trucks delivering sanitary napkins and diapers were stopped in Ho Chi Minh City and other provinces in the south. According to MOH regulations, truck drivers could take an antigen test, which yielded quick results and was valid for 72 hours (it also cost only one-third of a PCR test). If the result was negative, they could drive across provinces. However, some provinces requested the result of a PCR test that had been taken within the past 48 hours. This forced many drivers to take the PCR test at provincial checkpoints and wait up to four hours for the result (Luong 2022). This obviously cost money and time and delayed deliveries. The inconsistencies between policies at the central and local levels, and also among provinces, created not only fear but also anger among the public.

2.5 *Mass Media*

Mass media platforms include not only newspapers and television channels but also online networks such as Facebook, Twitter, and Zalo. S.P. Giri and A.K. Maurya (2021) found that in India negative news about Covid-19 significantly decreased positive emotions and resilience, while positive news significantly reduced negative emotions. In Vietnam, mass media was very busy and noisy in 2020, the first year of the pandemic. Vietnam Television (VTV) had a special program for national and international news updates on the pandemic every four hours. People watched television, read newspapers, and searched online for updates not only on infection figures and hotspots but also on the pandemic situation in general and the progress of vaccine production. The rapid spread of the pandemic and the increased death rates were reported on television several times a day along with images of ambulances, medical doctors, overcrowded hospital rooms, and details about the shortage of medical equipment/supplies, medicine, and staff.

Unfortunately, there were several instances in which individuals' right to privacy was infringed upon by local Centers for Disease Control or local authorities, with no penalties imposed. These violations had adverse effects on individuals, their families, and their friends. In the first half of 2020, lists of infected people and their F1, F2, or even F3 were shared on online platforms among individuals and social groups. Personal information—including names, addresses, occupations, photographs, names of relatives, and other identity markers—was circulated widely online without individuals' consent. Negative messages were spread with the aim of demeaning infected persons. This discourse was conveyed in public and reinforced by local authorities who viewed all infected persons as undisciplined or not respectful to their surrounding communities (Nguyen 2020). Patients A and B are examples. After getting infected during an overseas trip, patient A was not only criticized for spreading the virus but also accused of being undisciplined. There were implications that her wealthy background was associated with corrupt relatives. She was criticized on Facebook and other platforms as being heartless, selfish, and arrogant. There was a hunger to know details of her past history. Meanwhile, in the public imagination patient B suddenly had a child through his affair with a junior. He was condemned on moral as well as legal grounds, and without any evidence he was accused of corruption. Suddenly the public became the judge, the infected became the defendant, and online platforms became a court without a jury or lawyer. From being victims, these two cases turned into the accused.

News and images of infected people, as well as numbers on Covid-related deaths, were updated several times a day on mass media, making people feel they were in a

"real war" where the "enemy" was invisible and undefeatable (Nguyen 2020). The influence of mass media, especially online social networks, put significant pressure on affluent individuals, public figures, government officials, and residents of urban apartments, as noted in other studies (see, for example, Bagcchi 2020).

Under such circumstances, the local Centers for Disease Control and local authorities had to take responsibility for leaks of personal information even though the intention was simply disease prevention. Lists of those affected, including F1, F2, and F3 individuals, were widely disseminated on the street as well as in villages and apartments. Fake lists were published on online platforms such as Facebook and Zalo, leading to many people facing criticism even though they had not had contact with any infected people. According to the Ministry of Public Security, by the end of March 2020 there were 654 instances of fake news published and shared online and 164 culprits had been fined (Danh 2020). The situation was particularly unfortunate when there was fake news about a restaurant or café, as nobody would care to visit and their business would die down. Following is a statement by a coffee shop owner in Hanoi:

> I did not realize that I was an F1 until I received calls from my friend. My name may have been confused with someone else's, or someone just made it up. Unfortunately, not only my name but also the name and address of my coffee shop were shared online. I could explain the mistake to my friends but not to everyone. That was a terrible experience as I lost about 60 percent of my customers during the month after that fake news came out.

Public fear was fostered by documentary films and news programs showing tragic images and videos of the pandemic, including the hardships experienced by patients and doctors. The fear was accompanied by anger, as shown in the following story.

In September 2021 a film titled *Ranh Gioi* (Crossing line) was broadcast on VTV1, the most popular news channel in Vietnam. It showed close-ups of patients and medical staff at Hung Vuong maternity hospital in Ho Chi Minh City in July 2021. The fifty-minute film brought tears to many people's eyes as they saw the hardships that patients and doctors had to cope with in their race against death. How could viewers hold back their tears when they heard the cries of innocent infants isolated from their virus-positive mothers right after birth? How could they keep their hearts from sinking when they saw mothers dying before setting eyes on their own newborn? There was no day or night in the hospital: doctors and nurses had to work until their eyes could not stay open. They had just a few minutes to take a nap before getting back to the race. Never had the line between death and life become so blurred. The film crew

were seen as heroes as they were brave enough to spend hours in the hospital with thousands of Covid-19 patients. At that time everybody had not been vaccinated, and fear of the virus led to three months' lockdown in the whole of Ho Chi Minh City. However, the movie was also criticized as it revealed the names and faces of people. The film team were accused of lacking professional ethics and violating privacy. They were blamed for being insensitive to the pain that patients were facing. There were heated arguments in newspapers and online between those who supported the movie and those who were against.

3 Who Were Most Fearful?

As described above, the poor condition of the health care system, inconsistencies in pandemic prevention policies, and mass media were the key forces that increased fear among the public in Vietnam, especially in the first year of the pandemic. However, not every person experienced the same fear—the pandemic affected people differently depending on various factors such as health, income, social prestige, political and socioeconomic background, and occupation (Bagcchi 2020). Thus, it is necessary to locate fear within the context of particular social groups.

3.1 *People with Health Problems*

Social distancing and vaccination were two of the most significant policies that the Vietnamese government implemented to fight the pandemic (Tough 2021). According to the MOH, elderly people and those with chronic diseases were the most vulnerable groups as they faced a higher risk of death if infected. There were about five million people living with diabetes by the end of 2022 (Bộ Y tế 2023). And about 25 percent of the population had a cardiac problem or high blood pressure (Vương 2020). These figures indicate that a large proportion of the country's population was at serious risk, especially given the poor health care system.

As mentioned above, the first nationwide vaccination campaign in March 2021 did not prioritize the elderly or those living with chronic conditions. This created insecurity as more people in their area became F1 or F2. The fear also affected their children, who were apprehensive about taking care of the elderly parents if they became infected. The nervousness among those not prioritized for vaccination in early 2021 was prevalent in Ho Chi Minh City (Giang *et al.* 2021) as well as other places around the world (Ciotti *et al.* 2020). The following statement is from an interview in 2023 with a seventy-year-old man from Ho Chi Minh City recalling the situation in 2021:

> My wife and I stayed indoors for almost a month, just indoors. We had a problem with our lungs, and we knew we faced the highest chance of death if we became infected. We spent most of the time in our room and limited our contacts to people in the family.

The fear was reinforced by the fact that the corpses of Covid-19 victims were sent directly from the hospital to the crematorium without the opportunity for any public death rites, as recalled by all the interviewees in District 5 in Ho Chi Minh City. The victims' relatives did not even get to see their loved ones for the last time. According to Vietnamese cosmology, beliefs, and norms, without a public funeral the dead are not able to rest in peace, especially if they have not died at home. This is not a happy ending and might affect the dead person's reincarnation, since the soul needs to have a ceremony to aid it in "walking across" to the other world before being born again. Thus, death and an unhappy life ending were the significant forces that nurtured fear among the elderly and those living with chronic diseases. The fear was particularly intense for those living in poverty and their children. Following is a story from a man whose father and wife died in 2021 in Ho Chi Minh City:

> My father died in September 2021, and just one week later my wife left us forever. However, we could not receive the ashes of our relatives until two months after their deaths. There were so many people who died during that period, and it took time to have their corpses cremated and the ashes delivered to the relatives. It was a terrible time during those two months. We could not organize any ceremonies for them, and they were homeless until their ashes were delivered to us.

3.2 *People with Unstable Income*

People who worked either in the service sector—including transportation, tourism, entertainment—or outdoors, such as street vendors, were particularly impacted economically by the pandemic (Trần 2024). From 2020 to September 2021 the country was closed to international tourists, and because of the various pandemic waves domestic tourism was almost dead. The transportation sector experienced massive trauma, with a 90 percent decrease in business. In 2020 hotels and restaurants in Hanoi were closed almost all the time (except for some hotels that were used as quarantine facilities). Truck and taxi drivers were significantly impacted by the pandemic prevention policies in 2020 and early 2021 due to the social lockdowns, social distancing, and people's hesitation to use public transportation. Drivers had to take Covid-19 tests if they traveled across provinces, which cost not just money but also time. This made many drivers fearful about being tested (Luong 2022). Some female street vendors

selling breakfast admitted they lost 30 percent of their customers and had to establish new relationships with customers, shop owners, and other sellers (Pham *et al.* 2021).

The unemployment rate in 2020 was rather high—it was 3.91 percent in Ho Chi Minh City, while the national rate was 2.48 percent (Tổng cục thống kê 2021a). In the third quarter of 2021, the unemployment rate in Ho Chi Minh City was 8.5 percent. Without a monthly income, many workers were unable to afford their living costs. This explained the return home of millions of workers from urban areas, especially Binh Duong and Ho Chi Minh City (Luong 2022). The poor were obviously one of the most economically vulnerable groups during the pandemic, because they had almost no savings. They also did not have sufficient resources to recover physically and financially if they became infected, especially in 2020 and early 2021, when vaccinations were not yet widely implemented. This explains why they—as well as their relatives who were responsible for them—were nervous when news about the shortage of ventilators and medicine was repeated daily. A young man in Hanoi remarked in 2021:

> I am scared of getting infected, but not only for myself. I know I am still young and healthy, while the virus is just a kind of flu. If I am infected, it will not be very serious. It is more dangerous for the elderly, like my parents, especially since we cannot afford to pay for international or private hospitals. Public hospitals are too crowded and not good. I will not be able to stay in hospital all day to take care of them because I have to work. I am the main income earner in my family.

People from economically disadvantaged groups were thus more fearful than wealthier groups, as they did not have sufficient savings and often lived hand to mouth. This was obvious in both Hanoi and Ho Chi Minh City. My interviews with people on the two different sides of a street in District 5 in Ho Chi Minh City provided evidence for this contrast. People on the right side were not very nervous or fearful, with many believing that sooner or later the pandemic would be over. They thought those living on the left side were too panicky and accused their neighbors of asking for too much food and support from the local authorities. However, those living on the left side explained that they had to live in small apartments, while those on the right side lived in houses with several rooms. The following statement was made by a middle-aged woman who lived in a compact apartment and owned a small store in District 5:

> They were rich. They could afford to buy good food online and pay more for food deliveries. Everything was delivered to their doors. They just stayed indoors and received everything, so staying at home for two weeks was not a big deal for them. However, we were fearful because we had nothing to eat when we stopped working.

The poor also imagined that they could die if they were hospitalized as they could not afford the best services (Nguyen 2020). The fear was heightened by the feeling that many policies did not prioritize them: the best vaccines were reserved for the rich and powerful, while the less effective vaccines were kept for them, as pointed out by many interviewees in both Hanoi and Ho Chi Minh City.

3.3 *The Rich and Those with High Social Status*

In Vietnam, "face" (*thể diện*) refers to social prestige, and it extends beyond the individual to their family or community. Accordingly, if one violates a rule, agreement, or moral or social norms, all the family members are held responsible and thus subjected to moral and social sanctions (Nguyen 2020). This explains Vietnamese people's fear of losing face (*mất thể diện*, *mất mặt*); besides harming one's reputation and social position or status, this loss can also affect their sense of belonging and that of their community.

During the pandemic, rich individuals or those with high social status were criticized more severely than ordinary people if they contracted Covid-19, even if it was through no fault of theirs. They were expected to set an example to the rest of the community in all respects. The criticism affected not only their own reputation or career prospects but also that of all their family members. The following statement was made in December 2023 by a man in Ho Chi Minh City about his rich neighbor who lived across the street in District 5. The man's resentment was clear even though the incident had occurred two years prior:

> The rich received too much. During the lockdown in 2021, they ordered food deliveries every day. They did not care for the food provided by the local government as they were used to fresh and high-quality food. They were very selfish. They should have taken more responsibility during the pandemic. We should not have suffered while they just earned.

The following story about a wealthy woman in Hanoi who became an F0 in March 2020 also provides an example of how the rich were treated.

Patient A was found positive on March 5 after returning from overseas on March 2, following some weeks of European travel. After returning to Hanoi, she experienced Covid-19 symptoms but did not inform health officials for a few days. Meanwhile, she continued interacting with others, including some high-ranking government officials who had been on the same flight. Some of those officials also tested positive several days later. The woman was quickly and widely criticized for putting her self-interest

above public safety; the criticism took on a moral tone as she was blamed for being irresponsible and lacking a spirit of citizenship. After she tested positive, the entire street where she lived was placed under lockdown. Thousands of people—not only in Hanoi but also in other provinces—were isolated as they were her F1 or F2. A lot of the woman's personal information—including her name, details of her career, photos of her, and addresses of her and her family members—were shared online, resulting in privacy violations for her family members who had nothing to do with her case.

Like rich people, the elites could easily become victims of public accusation. The hostility toward government personnel was partly due to the "Blazing Furnace" anti-corruption campaign, initiated by the Vietnamese Communist Party in 2013. Thousands of officers from the central to the local level were arrested and imprisoned for Covid-related crimes. Many of them used to appear in public delivering lectures on being a good citizen or sacrificing for the country. When one of them was found to be infected, it angered and disappointed the public. This forced the better-off and those with high social status to be more cautious about "keeping face," as public anger could mean the start of a political investigation. The following case was quite well known in Hanoi. Officials would be penalized if they did not follow the pandemic prevention policies.

Patient B was on the same flight as patient A. He was a high-ranking official who had several interactions with others, including playing golf, after returning to Hanoi. His positive test result was followed by a temporary shutdown of his office, where thousands of people were working, and several hundred people in his office became either F1 or F2. He quickly became one of the most searched people on Google in Vietnam and featured prominently on various social networks. Not only was he criticized as irresponsible and undisciplined, but many other negative rumors began circulating, including whispers of his affairs, luxurious lifestyle, and corruption. Though these were just rumors with no evidence, much of the man's personal information was dug up and widely circulated online. Several metaphors became popular to describe the lives of rich people like him: for example, playing golf (*đánh gôn*) became a metaphor for seeking extramarital sex.

Unlike other social groups, the wealthy and the elites were fearful during the pandemic—but not because of economic reasons. Rather, their fear was related to their reputation and potential public criticism. They were afraid that their family history, their business dealings, and other details of their lives would be dug up if they

contracted Covid-19. This was what patient A and patient B experienced. Politically powerful people were particularly fearful because they could be criticized also by their political opponents, who would not waste an opportunity to put them down. Patient B was penalized by the central government, and some of his subordinates who accompanied him to golf or parties were demoted. A retired man in Hanoi said:

> It would not have been a big problem if they played golf or partied during working hours under normal circumstances. They were just unlucky because of the pandemic. Nobody would have known about it if it was not during the pandemic, and many others did the same.

4 Conclusion

Vietnam was viewed as a successful example in terms of Covid-19 prevention in 2020 and early 2021. Social distancing and quarantine policies were widely followed by the public, whether willingly or reluctantly. This partly contributed to the low infection and death rates in the first year of the pandemic. Arguing that fear was one of the main reasons for the wide acceptance of the government's pandemic prevention policies, and thus the success of the country's Covid-19 prevention strategy, this paper provides further insights into the causes of the fear. It finds that the fear stemmed mainly from potential risks related to income, health, and social prestige. However, people from different groups perceived different risks depending on their socio-economic and health background.

This paper proposes that the three groups that experienced the most fear were those with health problems, those with unstable income, and the rich or those with high social and political status. People with health problems were fearful because they were the most vulnerable and faced a higher risk of death if infected. Those whose work was delayed or shut down during the pandemic were fearful because of the loss of income. They could die of hunger before they died of the virus as they had no savings. Meanwhile, those with high social and political status were afraid of losing face as they would be severely criticized by the public if they became infected. Their infection carried moral implications and could affect their position and even the positions of their family members.

Such fears did not emerge during the pandemic but have existed for decades; many Vietnamese have had a relationship with infectious diseases over the years. However, the fears were revived and intensified during the pandemic due to the poor health care system, inconsistent pandemic prevention policies, and mass media. These

reasons may help to explain why many Vietnamese agreed to stay indoors, took the vaccine whenever possible, and made economic sacrifices for the sake of safety.

The findings of this paper raise several questions for future study, especially since we are unsure whether such a pandemic will recur: How do inconsistent intervention policies lead to social conflicts during a pandemic? What are the necessary measures to optimize social unity and social resources to fight a pandemic? What actions should be implemented to mitigate the negative influences of public pressure on a particular social group? Of course, there is no single answer to the above questions since differences always exist between communities and nations.

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Notes

1) In February 2020 the Ministry of Science and Technology approved a special national-level research grant worth over USD 830,000 for a pilot project to produce Covid-19 test kits initiated by the Vietnam Military Medical University and Viet A Technology Corporation. The project was praised as a great success as it was completed within just a month. Shortly after that, in March 2020, the MOH approved the kit's commercialization for nationwide use at the high price of USD 20.57 per kit. The Ministry of Science and Technology went further by making a public announcement in April 2020 that Viet A's test kit had been accepted by the World Health Organization—though this statement was incorrect. The Viet A test kit was distributed to almost all Centers for Disease Control and Prevention and medical facilities nationwide. The company collected USD 175 million in revenue from selling overpriced Covid-19 test kits across Vietnam, which led to suspicions of collusion between the government and the private company. This resulted in the conviction of a hundred people from various national and local governments in 2023.

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