Confluence and consequence: globalisation, viscosities and transformation of HIV risk environments in Vietnam

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Certification of originality

I certify that this thesis was conducted independently. Due acknowledgement has been made throughout where work from other parties has been used directly or indirectly. This work has not been submitted previously, in whole or part, to quality for any other academic award.

The content is the result of work that has been carried out since the official commencement date of the research thesis. I acknowledge the contribution of David Cooney who assisted with editing this thesis.

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LIST OF ACRONYMS

ADB - Asian Development Bank
AFTA - ASEAN Free Trade Area
AIDS - Acquired Immune Deficiency Syndrome
ARV - Anti-retroviral (drug)
ASEAN - Association of South East Asian Nations
BTH - Black Tar Heroin
CCF - Christian Children's Fund
CDC - US Centers for Disease Control
CEMMA - Committee for Ethnic Minorities and Mountain Affairs
CFSC - Communication for Social Change
CMEA - Council of Mutual Economic Assistance
CPT - Communist Party of Thailand
CPV - Communist Party of Vietnam
CRF - Circular Recombinant Form (of HIV)
DRV - Democratic Republic of Vietnam
FCSW - Female Commercial Sex Worker
FHF - Friends Help Friends group
GMS - Greater Mekong Sub-region
GST - Giddens Structuration Theory
HCMC - Ho Chi Minh City
HIV - Human Immunodeficiency Virus
IDC - Intravenous Drug Consumer
IDU - Intravenous Drug User
ILO - International Labour Organisation
IMF - International Monetary Fund
MDG - Millennium Development Goal
MoH - Vietnam’s Ministry of Health
MRC - Mekong River Commission
ODA - Overseas Development Assistance
REA - Risk Environment Approach
SRV - Social Republic of Vietnam
SUA - Shan United Army
SUCECON - Supporting Centre for Control of HIV/AIDS and STIs
UNAIDS - United Nations Joint Programme on HIV/AIDS
UNCTAD - United Nations Council on Trade and Development
UNDCP - United Nations Drug Control Programme
UNDP - United Nations Development Programme
UNESCO - United Nations E Cultural Organisation
UNICEF - United Nations Childrens Fund
UNODC - United Nations Office on Drugs and Crime
URF - Unique Recombinant Form (of HIV)
USD - United States Dollar
VCT - Voluntary Counselling and Testing
VLSS - Vietnam Living Standards Survey
VND - Vietnam Dong (national currency)
VYU - Ho Chi Minh Communist Youth Union of Vietnam
WB - World Bank
WGR - Want/Get Ratio
WHO - World Health Organisation
WTO - World Trade Organisation
Executive summary

BACKGROUND: In Vietnam, where there are more than 107,000 HIV detections, the vast majority of transmissions are attributed to youths’ illicit injected drug consumption. At a global level, targeted HIV prevention for intravenous drug consumers remains grossly inadequate. If the Millennium Development Goals are to be met, extensive participatory harm reduction interventions are urgently needed in populous nations, such as Vietnam, where injection is widespread. There is debate among “experts” as to whether or not Vietnam will move from having concentrated sub-epidemics to a (statistically) generalised epidemic. However, there is a paucity of research into the macro-level factors that shape HIV risk environments in Vietnam. Among the gaps in knowledge is the association between global integration, modernisation and transformations of opiate consumption.

IMPORTANCE: Vietnam provides an ideal case study to explore relationships between globalisation, economic deregulation and rapid HIV diffusion. This research situates sub-epidemics in Vietnam within the context of neo-liberal globalisation, regional geopolitics and national-level processes of post-wars development. The study moves beyond dominant individual-level frameworks of risk analysis to situate the opiate transformation in the context of structural processes that have the potential to manufacture harm. Because the study frames HIV as a contemporary trans-boundary issue, it will make a contribution to harm reduction advocacy in the Asia-Pacific region.

RESEARCH QUESTION: This thesis is concerned with the timing, circumstances and significance of shifts from opium to heroin injection, with the primary research question being: How have globalisation processes transformed HIV risk environments in Vietnam?

METHODOLOGY: This study utilised Beck and Giddens’ associated concepts of risk and globalisation, as adapted by Urry, to operationalise Rhodes’ HIV risk environment analysis of trade, transportation, migration and drug diffusion transformations. The approach utilises a multi-layered framework and it provides discussion of risk environment at global, regional, sub-regional, national and local scales. It draws on globalisation theory and literature concerning Vietnam’s re-integration with the global economy. The research involved analysis of a) reports from applied HIV prevention projects in Vietnam funded by AusAID, b) secondary source materials and data-sets
either obtained or assembled while in Vietnam and c) ongoing and iterative sweeps through a diverse spectrum of literature, including regional relations, economic transformations, national development, inequalities, HIV/AIDS and opium eradication.

**FINDINGS:** This thesis shows that illicit drug consumers in Vietnam who administer product via injection are vulnerable actors in a paradoxical global/glocal phenomenon rooted in historical complexities of globalisation. Therefore, responsibility for HIV risks should be shifted upstream from the level of individuals toward institutional processes that manufacture environments of harm.

At the global level, the UN Millennium Development Goals do not provide the required level of leadership on HIV prevention for drug injectors. Association between globalisation, opiates and blood-borne disease in Vietnam is not new, and is inseparable from historical transportation, migration and trade processes. As a key locale in the Cold War, after 1975, and 1979 in particular, Vietnam was “at distance” from increasing intra-regional trade flows across its western frontiers and northern border. As a consequence, it was hermetically sealed to nearby HIV sub-epidemics unfolding among heroin consumers. A latent HIV risk environment awaited Vietnam should geopolitical grievances be resolved and it become re-integrated into Mekong sub-regional flows. Neo-liberal financial flows returned to Vietnam in 1993 and the Mekong was spanned in 1994. In 1995 it normalised relations with the United States, joined ASEAN and announced the resurrection of transportation linkages across the northern border with China. Mid-decade, its borders were made more porous at the same time as local opium production was reduced as part of the UN global programme against drugs.

Exploiting enhanced trans-boundary mobilities intended for goods, opiate traffickers quickly transformed Vietnam into a transit nation and a market for high-quality heroin well suited to a youthful population experiencing socio-economic change including new consumerism. Following traditional pathways, a radical transformation in the fluidity of drug consumption environs ensued, enabling more widespread and efficient flows of blood across complex boundaries. Analysis reveals that a spatio-temporal confluence of structural factors has created conditions which enabled this process. These factors are overlapping and they range from global influences, such as the collapse of the USSR, to micro-economic reform such as privatisation and modernisation of the domestic pharmaceutical sector. The transformation in opiate consumption from injecting opium
to heroin injecting occurred faster than expert-driven prevention systems responded, even in time and space where this was most foreseeable. Although the opiate transformation was highly predictable, there has been a time-lag of almost a decade between risk transformations and policy responses equated with harm reduction principles.

The thesis shows that blame for HIV sub-epidemics in Vietnam should not be attributed to vulnerable youths and young adults. Expert-driven economic transition associated with global integration has manufactured circumstances in which drug availability has risen dramatically at a time when employment growth has been insufficient and a commercial sex industry has expanded. This research confirms the importance of new methods of risk environment analyses, particularly in relation to trans-boundary hazards associated with global flows, including trade and human mobilities.

**RECOMMENDATIONS:** Much work is needed to promote greater recognition that development processes inevitably enhance drug flows, and hence create HIV risk environments. Based on this thesis, it is possible to predict that elements of further economic liberalisation will continue to create environments of harm, especially in the event of an economic slowdown. Therefore, agencies that promote economic restructuring (including job-shedding) have a responsibility to assist government and emergent civil society actors directly affected by HIV to translate recent policy shifts into structural interventions which address resultant patterns of risk and vulnerability. Supra-national, and national, HIV “experts” need to share power by stepping aside to grant heroin consumers and commercial sex workers the human right and resources to define their (own) agendas for HIV prevention programmes and evaluations of intervention effectiveness.
After decolonisation ... ‘In the Third World countries that became liberated, dreams of industrialisation and catching-up could be realistically entertained as countries grew quickly and import-substitution became the dominant approach to development. But then under the shock of rising petroleum prices, high interest rates, and large debts, Third World growth sputtered. In the West, the ideological pendulum swung against the welfare state. The social-democratic movement weakened, the collapse of Communism eliminated the external threat, and made global capitalism again, as in the 1870s, entirely free to pursue unhindered its objectives of profit maximization — without much regard for social consequences.’

CHAPTER ONE
Introduction and literature review

“There is another strand of analysis which seeks to place HIV/AIDS within far broader categories, to link its spread, impact and governance to the socio-political changes of the post-Cold War world and to the rapidly developing literature of ‘globalisation’. It is the argument of this paper, first, that the rapid spread of AIDS to become a global pandemic can only be understood within the context of this larger picture, and, second, that AIDS is a remarkably useful case study through which to understand the diverse meanings of ‘globalisation’.”

- Denis Altman, 1999

1.1 Introduction

The Socialist Republic of Vietnam (SRV) is now an oil-exporting, Mekong sub-regional nation of 83.5 million people comprising 54 ethnicities (CIA 2005; ESMAP 2003). Vietnam has a surface area of 331,690 square kilometres, and its border with Lao winds through the Truong Son mountain range across which foreign relations, narcotics and ideology have long flowed (Gunn 1985; McCoy 1972; McNamara 1996; Stuart-Fox 1997). The 1999 census found 52.95% of the population was less than 25 years old (GSO 2004a). This reflects a post-1975 baby boom that followed 30 years of struggle against the French and the United States (plus allies including Thailand). This youthful demographic profile now makes Vietnam an option for global capital, both in terms of cheap labour and as a market for consumer goods and cultural imagery (Mirza and Giroud 2004a: 230; SRV 1996; SRV 1999; SRV 2006b).¹

A series of economic policy shifts culminated in the Doi Moi (renovation) policy formalised by the 6th Congress of the Vietnamese Communist Party (VCP) in 1986. The government set out to transform a dysfunctional and triple-digit inflationary agricultural economy into an industrialised market-oriented system (Dinh 1993; Fforde 1989; Thayer 1995b). Industrial gross domestic product (GDP) tripled

¹ The 1999 law on wages for foreign-invested enterprises insisted that payment be in the national currency, the Vietnam Dong (VND). The capital city minimum was equivalent to $45, based on the exchange rate of 13,910 Dong to the dollar. By 2005, the currency had devalued to approximately 15,500VN to the dollar, meaning the minimum had eroded to $40 for the Hanoi and HCMC. The third tier provinces’ minimum was only about $31 per month before a legislated increase in January, 2006.
between 1993 and 2003 (ADB 2004f). Overall GDP per capita rose from an estimated US$114 in 1991 to $360 in 1997 and then declined in 1998 (Hy 2003: 13). Fundamental restructuring remains a work in progress, with the government stressing present tense in describing Vietnam as “dang tren con duong phat trien, cong nghiep hoa, hien dai hoa dat nuoc” (currently on the path of development, industrialisation and modernisation of the nation).

However, transition from an agrarian to industrial society is fraught with tension: the World Bank, International Monetary Fund (IMF) and transnational business are urging Vietnam to deregulate and dismantle socialist-era structures quickly, while the sovereign government has sought a gradualist approach to minimise negative social consequences, including increased unemployment. Systematic and institutionalised corruption has emerged as a debilitating feature of education, cross-border trade and especially transport construction projects funded by development finance (CIEM 2003). Smuggling is shaped by a fundamental paradox of utmost relevance to HIV in Vietnam: the more gradual the pace of tariff reform, the longer there exists an incentive to traffic goods such as televisions and toilet-bowls (CIEM 2005; VNA 2006a; VNA 2006c). Smuggling licit consumer goods facilitates flows of illicit goods, especially narcotics (Medler 2004).

As will be discussed in this thesis, critical development strategies for Vietnam were to accept membership of the Association of South East Asian Nations (ASEAN) in 1995 and the pre-existing agreements to introduce an ASEAN Free Trade Area (AFTA) by 2006 (ASEAN 1997a). This political integration with regional trade networks is part of a broader re-engagement with globalisation processes, which in many regards will culminate with imminent accession to the World Trade Organisation (WTO). The actual and symbolic significance of this is such that in June 2005, Mr Pham Van Khai became the first Prime Minister of post-wars Vietnam to travel to the United States of America (hereafter US). The purpose of the visit was to seek US support for Vietnam’s WTO application. However, in order to improve Vietnam’s chances of acceptance, before meeting President Bush, the Prime Minister met Bill Gates and pledged Vietnam would abide by intellectual property right regulations on computer software. In a sense, this symbolises the force of economic globalisation processes which Vietnam seeks to negotiate; an emissary from an ambitious developing nation makes agreement with someone whose personal wealth is greater than its GDP,
before holding diplomatic discussions with the President and Commander in Chief of a superpower which it defeated.²

Although globalisation is discussed in detail in Chapter Three, the term is used throughout earlier chapters so a brief discussion is provided here. A basic premise is that despite globalisation often being regarded as novel, in terms of the extensity of trade and migration flows, it is certainly not new (Hirst and Thompson 1996). While the current phase of globalisation is marked by the rapid intensification of networked communication flows (Castells 1998; Giddens 1999), these processes are rooted in military, political, technological, transportation and trade networks that can be linked to mercantile expansion in preceding epochs, especially advances in transportation during the 1840-1860s (O’Rourke and Williamson 2000; Trocki 1999). Globalisation is thus an on-going amalgam of mutations, more commonly referred to as transformations (Held et al. 1999). Giddens adopts the transformationalist position (Giddens and Birdsall 2001), and regards globalisation as

“the intensification of worldwide social relations which link distant localities in such a way that local happenings are shaped by events occurring many miles away and vice versa” (Giddens 1990a: 64).

Linkages and impacts are across aggregated space — hence boundaries — and through periods of time, giving us the working term “time-space distanciation” (Giddens 1991a: 32). An important point is that seemingly insignificant occurrences can have significant consequences over long periods of time. Urry (2003: 47) stresses this as “iteration” in which even infinitesimal change in one spatio-temporal context may, over repeated actions, generate unexpected chaotic outcomes “the opposite of what agents thought they were trying to bring about”. Of particular importance to this thesis is Giddens’ emphasis on the possibility of intended and unintended consequences enabled through time-space distanciation.

Beck (2002b: 50) sees globalisation as encompassing “social flows and fluids of risks and people that world risk society has caused to slosh across national borders.” To this extent, the fluidity of social space has been likened to blood coursing through the human body, on gradients of scale almost too complex to map in a single depiction

Globalisation has been likened to these human blood pathways, “flowing in and out of different regions, across different borders, using diverse networks” (Urry 2003: 41). These blood-like fluids transport “particles” along various “scapes”, which will be discussed in Chapter 3. However, along these scapes it is inevitable that particles “may escape, rather like white blood corpuscles, through the ‘wall’ into surrounding matter and effect unpredictable consequences on the matter” (Urry 2003: 60). This thesis treats particles as a broad term, encompassing myriad items such as viruses, toilet-bowls, power, containers, policy, ideology, televisions, weaponry, syringes and narcotics. Importantly, the efficacy and speed with which particles are transported within trans-boundary fluids is determined by “different levels of viscosity” (Sheller and Urry 2003: 117; Urry 2004a). Determinants of viscosity include border relations, road conditions, trade policies, transportation logistics, information exchange, physical geography, molecular composition of particles, and — in the case of opiates — the degree of sophistication in production processes.

Flows of particles through Vietnam’s boundaries, whether inwards or outwards, have long been the concern of Vietnamese and other authorities (Blum 1980; Murphey 1966). But, toan cau hoa (globalisation) challenges the capacity of states to regulate what passes qua bien roi (across the border) (Beck 2000b). Like other governments, the Communist Party of Vietnam (CPV) understands that globalisation offers benefits, but also poses trans-boundary challenges including HIV/AIDS (Nong 2005, personal communication). Vietnam’s wariness in engaging with globalisation is justifiably acute given the hostility that capitalist institutions, such as the IMF and World Bank, displayed toward it after 1975. While meeting President Bush, Prime Minister Khai discussed military cooperation, trade and investment flows and issued the following statement on globalisation from the White House:

“The winds of globalisation have brought to Vietnam favourable opportunities as well as unforeseeable challenges and evils. HIV/AIDS and the frightening consequences of avian influenza pose two of the big challenges. We will do everything in our power to prevent the spread

3 Viscosity is a property of fluids describing their internal resistance to flow and may be thought of as a measure of fluid friction. Water has low viscosity, honey has higher.
4 Mr Nong Quoc Tuan is General Secretary of the Ho Chi Minh Communist Youth Union and son of Nong Duc Manh who is General Secretary of the Communist Party of Vietnam.
of these pandemics, but on its own Vietnam cannot defeat these threats” (Pham 2005).

With hindsight, it was foreseeable that Vietnam would confront the danger of a HIV/AIDS sub-epidemic given its proximity to the key heroin production locale, Myanmar (Othman 2002; Worobec 1984). Flows of Mekong sub-regional heroin have triggered sub-epidemics in China, Myanmar, Nepal, Thailand, Indonesia, India, Malaysia and well beyond (Poshyachinda 1993a; Reid and Costigan 2002; Singh et al. 1995). In the case of China, the heroin-HIV link occurred a decade after the 1979 decision to reform the economy and almost immediately following the opening of the Myanmar-China border (Beyrer 1998; WuDunn 1990). Only land-locked Lao has, so far, defied the South East Asian heroin-HIV nexus even though heroin passes through Lao (Lyttleton and Cohen 2003; Rapin 2003). The regional crisis is severe enough to see HIV, alongside terrorism, declared a latent transboundary security threat that warrants international cooperation across former ideological divides (Downer 2000).

By June 2006, more than 107,000 cases of HIV had been detected in Vietnam (Khiem 2006). President Bush has declared Vietnam the only Asian nation to receive funding under his HIV/AIDS anti-retroviral relief programme, PEPFAR (STATE 2005a). The Bush-Khai communiqué was, politically, the highest possible governmental recognition that HIV/AIDS was both a negative health consequence of globalisation and an issue of international relations warranting trans-national cooperation (USA-SRV 2005). Therefore, this thesis explores HIV/AIDS as a complex manifestation of historical, recent and contemporary relations that ultimately lead to transboundary fluid exchanges between individuals located in transitional settings. Accordingly, the next section provides a review of HIV literature as a health issue within the general context of globalisation.

1.2 Literature review

1.2.1 Remote trans-boundary origins of a global epidemic

Zoonotic transfers of simian immunodeficiency virus among humans and Black Faced Chimpanzees (pan Troglodytes troglodytes) were iterant boundary crossings thought to have originated in southern Cameroon (Keele et al. 2006). Genetic analysis estimates the initial transfers as occurring midway between 1915 and 1941 during French
colonial rule in western equatorial Africa (Chitnis A 2000; Korber et al. 2000: 725). A downstream consequence of those fluid mixings was the globalisation of the HIV-1 mosaic (Chitnis A 2000). Similarly, HIV-2 subtype A originated during anti-colonial struggles in Guinea Bissau within the habitat space of the Sooty Mangabey when human-primate virological lines were blurred possibly as early as 1926 (Lemey et al. 2003). Although types 1 and 2 viruses were borne of individual-level human actions (Chitnis 2000; Korber et al. 2000), these and subsequent transformations were shaped by military, cultural, economic and political forces (Janssens et al. 1997; Quinn 1994; Wolfe et al. 2004). Consequences of the hybridisation of simian and human immunodeficiency viruses (Bonn 2003: 457) have since stretched unevenly through time and across space (Shapiro 2002). As a ribonucleic acid (RNA) retro-virus (Hahn et al. 2000), HIV reproduces itself with such diversity that even in a single boundaried space, it mutates into so many heterogeneic disguises that it can avoid resistance its hosts deploy (Barouch and Letvin 2002; Gould et al. 2003; Nguyen 2001).

HIV radiated outwards from its spatio-temporal origins as communities experienced rural-urban economic migration during periods of social disruption following de-colonisation (see Decosas et al. 1995; Quinn 1996). Aided by mass migration and increasingly regional and globalised transportation networks, it was carried into transnational pathways, which as highlighted by HIV-2, were shaped by political and trade relations often rooted in imperialism and wars of independence (Barroso et al. 2001; Buve et al. 2002; Perrin et al. 2003; Quinn 1994; Remy 1998; Rubsamen-Waigmann et al. 1994). By the mid-1970s, HIV was trans-continental, but because of its long incubation period (hence it is a lenti-virus) it went unrecognised by western medicine (WHO 2000). Its symptoms were noticed in the US when males showed signs of Pneumocystis carinii pneumonia and Kaposi's sarcoma in the summer of 1981 (Adler 2001; CDC 1982). The virus was isolated in 1983 (WHO 2000). Before long, AIDS was socially constructed as the late 20th century’s equivalent of the bubonic plague (Lupton 1993), which reached San Francisco in 1900 (Redway 1923).

1.2.2 Biological risk factors

HIV doesn't survive long when not in fluid and requires favourable socio-environmental conditions to transfer between people (Decosas 2002). Health risk can be defined as “a probability of an adverse outcome, or a factor that raises this probability” (WHO 2002b: 3). Physiological HIV risk factors include unprotected
hetero- and male-to-male penetrative sexual contact, or mother-to-child transmission during pregnancy or breastfeeding. Sexual transmission is not relatively efficient and usually requires multiple exposures (WHO 2000). Yet whether it is heterosexual or homosexual, vaginal or anal, the complexities of human sexuality have been and remain dominant individual behavioural forces propelling the virus globally (Altman 2001; UNAIDS/WHO 2003). Physiologically, women are at far higher risk than males in penile-vaginal sex because males inject fluid into females (Morison 2001; WHO 2004d). The role of unsafe sex in driving the pandemic globally has seen it included in the top 10 risk factors for mortalities from all diseases (Ezzati et al. 2002: 1358; WHO 2002b).

Injecting infected blood into a body is a more efficient route, whether via blood transfusion as occurred in rural areas of Henan, Anhui and Shandong provinces in China (Beyrer and Csete 2003; Bo et al. 2003; UNAIDS/WHO 2004), or through sharing needles during injection of drugs (Cherubin and Sapira 1993). In illicit drug consumption, injection is cost-efficient and is thus an effective structural enabler for the virus (Des Jarlais 1999: 64). WHO’s 2004 synopsis estimated “there may be as many as 2-3 million past and current injecting drug users living with HIV/AIDS worldwide” across 110 countries (WHO 2004d). Like the bubonic plague in the late 19th century (Benedict 1992; Benedict 1996), proximity to Mekong sub-regional opiate trafficking routes is associated with transmission (Beyrer 2002a; Beyrer 2002b; Beyrer et al. 2000; Eligh 2004; Kato et al. 2001).

1.2.3 Geographic risk positions

In recent years, the complex global dynamics and full socio-political implications of the epidemic have received increasing recognition (Barnett and Whiteside 2002); HIV is an unevenly distributed unique trans-boundary threat to human security and development whose psycho-social and economic impacts will be felt for generations (Altman 2003; ICG 2004; UNAIDS 2005; WHO 2004d).

By January 2006, as many as 46 million people were estimated to be HIV-positive, with up to 3.3 million dying of AIDS in 2005 alone (UNAIDS 2006). HIV incidence rates are highest in developing countries where sexual transmission is most common (Barnett and Whiteside 2002; Chin and Mann 1989; Quinn 1996). Africa is by far the

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5 Barnett had earlier warned that AIDS in Africa should be perceived from the perspective of contemporary disaster theory. Like climate change, the virus can be classified as a long-wave disaster (Barnett and Blaikie 1992).
most affected continent (Panos 2003; UNAIDS/W HO 2004), with an estimated one in 12 adults hosting the virus as at 2003 (W HO 2004d: 2). Africa accounts for about 70% of global infections despite having less than 11% of the global population (Walker et al. 2005). Sub-Saharan nations comprise about 2% of the world’s population, but 30% of people living with HIV/AIDS (PLWA). The average HIV prevalence in 2003 in Southern African nations was estimated at 16%, in East Africa 6%, in West and Central Africa 4.5%, and in North Africa less than 0.1% (UNAIDS 2005). At more than 35%, Botswana and Swaziland have the highest adult seroprevalence rates in the world (UNAIDS/W HO 2004: 6). In raw terms, South Africa (as of 2005) has more infections than any other country. Amid continued debate as to whether South Africa is under-reporting AIDS-related deaths (Baleta 2005; Editorial 2005b), UNAIDS estimates between 4.5 and 6.2 million infections in a population of approximately 44 million. In KwaZula-Natal province, up to 37% of pregnant women tested have been found positive (UNAIDS/W HO 2004). Although it is now recognised that heroin injection has diffused to the African continent (McCurdy et al. 2005), it has been argued that 99% of HIV infections in Africa are from unsafe heterosexual sex (W HO 2002b). Modellers have attributed this to high sexual partner turnover among males and females “leading to a pattern of ‘generalised’ heterosexual spread” (Mills et al. 2004: i57).

Girls and women bear an increasing burden of HIV vulnerability, incidence and consequences (Beyrer 2001; Beyrer 2004; W HO 2004d). In South Africa, Zambia and Swaziland for example, 15-24 year-old females may be three times more likely to be infected than males (UNAIDS/W HO 2004). Former notions of separated epidemics among drug consumers are being replaced by awareness that, in a growing number of locales, women are caught in both injection and commercial sex networks. Hence they have double biological risk factors compounded by gender inequality (Maher 2004). This has become particularly evident in transitional and developing economies, such as in Russia and Vietnam (Quinn and Overbaugh 2005: 1582), where departure from socialism has caused social dislocation and income inequalities (Aral et al. 2005; Atlani et al. 2000; Des Jarlais 2000; Grassly et al. 2003; Tran 2003b; Tran et al. 2004c; W VI 2004).

Steepest increases in new HIV infections are occurring in Eastern Europe and, as predicted by Brown (1994), throughout Asia (Hamers et al. 2004; UNAIDS/W HO 2004). Although overall prevalence rates remain low in South Asia, South East Asia
and China, the large population bases guarantee “each percentage point means large contributions to the global epidemic” (Brown 2004c). For example, India had an estimated 3.8-4.6 million cases in mid-2003 (WHO 2004d), but a one percent increase in adult seroprevalence would represent an additional five million infections (Prasada Rao et al. 2004). With a population of 1.3 billion experiencing dramatic socio-environmental change and rising wealth inequalities (Marr and Rosen 1998), China represents a potential HIV time-bomb (Cohen 2004b). There were only 45,000 officially reported cases in China by mid-2003, but an estimated 795,000 undetected (MoH/UN 2003). The historic role of China in global opiate markets as both a producer and consumer continues to shape sub-regional HIV environments. This will be discussed in Chapter Four in the context of regionalisation and the emergence of the Greater Mekong Sub-region (GMS) after decades of war and ideological divisions.

1.2.4 Convergence of drug injection and sex

Although sex remains the dominant transmission route propelling the virus globally, blood flows associated with injected consumption of opiates are a key transmission mode in South East Asia (Brown 2004b; MAP 1999). This thesis is primarily concerned with a transition from opium to heroin in Vietnam. While the approximate timing of the transformation is now recognised (Gorbach et al. 2002; Reid and Costigan 2002), the confluence of structural disturbances that enabled the transition have not been adequately documented. Additionally, throughout the fieldwork for the current research it became apparent that response agencies (including international organisations) have focussed on sexual transmission, but large-scale commitment to advocacy for prevention interventions for drug injectors did not materialise until after the sub-epidemic exploded.6

Although usually referred to as injecting drug “users” and hence IDUs, this thesis adopts a slightly different position. Like Pepsi or Coke, commodities such as opiates are commercial global products consciously positioned in global and local consumer markets. Wholesale heroin is even branded. We do not have Pepsi “users”; instead, we have Pepsi “consumers”. Therefore, unless directly quoting, this thesis refers to people who partake in drugs via injection as “injecting drug consumers” (IDCs). The

6 AusAID is a good example of this. Even though AusAID has been a leader in supporting Vietnam’s HIV prevention programmes, it tended to focus on sexual transmission. See Annex One for a breakdown of AusAID’s HIV projects in Vietnam during the 1990s to 2002.
term “illicit” is used merely because certain products, such as heroin, are deemed illegal at this point in human history.

The next section examines literature concerning HIV among IDCs, and contemporary approaches to prevention. In the final section the review is contextualised specifically in relation to Vietnam.

1.3 HIV sub-epidemics among IDCs

HIV sub-epidemics can explode when the virus passes into and through networks of IDCs (Ball et al. 1998; Pisani and Winthama 2001; Reid and Costigan 2002). This section omits discussion of South and South East Asia, including, India, Myanmar, Thailand, Laos and China. Those countries will be discussed in Chapter Four in the context of regionalisation and sub-regionalisation.

The review commences with an introduction to the source of Vietnam’s HIV explosion, the emergence of heroin as an industrialised commodification of one of the world’s oldest pleasure products, opium.

1.3.1 Rise of the ‘heroin century’

Contemporary flows of heroin throughout the world are technology-driven phenomena that continue to have consequences upon international relations and communities’ welfare. As will be discussed in more detail in Chapter Three, Castells (Cuthbert 1995) asserts it is impossible to understand the contemporary world without appreciating the role of highly structured illicit drug flows. Narcotics flows are geopolitical events that transnationally-configured bodies have failed to stem despite more than a century of deliberation and attempts (AJIL 1911; ASEAN 2000; Baker 1896; Editorial 1911a; IOC 1909; Jelsma 2003; McAllister 1999; Simmons and Said 1974; Stares 1996; UNGASS 1998; UNGASS 2001a; UNODC 1952; UNODC 1998; Wodak 2003; Wright 1909a; Wright 1911). Coinciding with the first International Opium Commission (IOC) meeting held in 1909 in Shanghai (IOC 1909), the US Congress passed the Opium Exclusion Act to, “at the stroke of a pen”, eliminate the annual importation (except for medicinal purposes) of 200,000 pounds of opium into the US for smoking by Chinese and an estimated 150,000 Americans (Wright 1911). Wright’s earlier analysis (1909b) of the IOC was prophetic in that it recognised opium was a world-wide problem and, beyond a doubt, the United States
had “a large and increasing interest in it”. After the second IOC meeting it was claimed that, with leadership of the US State Department, “the world will shortly see the obliteration of the Indo-Chinese opium trade” and regulation of the legitimate opium trade and “allied traffics” (Wright 1911). This did not eventuate despite ongoing US-led campaigns and crackdowns eventually framed by President Nixon, in response to events in Vietnam, as the “war on drugs” (Levine 2003; Stares 1996).

Crackdowns on opiates cause shifts in product choice and transform structuralised consumption practices, diffusing risk behaviours locally and across urban, rural and international boundaries (Eligh and Tran 2004; Lan 1997; Maher and Dixon 1999; Rhodes et al. 2003b; W estermeyer 1976; W estermeyer 1997). As described in Global Habit, during the mid-1990s

“many more countries are experiencing the drug problems to which Americans have become accustomed. The drug problem is becoming global” (Stares 1996: vii).

The seeds of this now unequivocally global issue (Held et al. 1999; Williams and Baudin-O’Hayon 2002) are rooted in papaver somniferum, the poppy species from which humans have extracted gum to produce opium for thousands of years (Booth 1998; Lyttleton and Cohen 2003; UNODC 1968). German apothecary Freiderich Seturner isolated morpheus (morphine) from opium between 1803-1805 (Carnwarth and Smith 2002). In the era when it made aniline dyes for textiles produced from colonial fibre production, Bayer corporation’s industrial chemists isolated diacetylmorphine (diamorphine) from morpheus in 1897. It was released onto the pharmaceutical market in 1898, about 25 years after the carnage of the American civil war popularised the medical use of the hypodermic syringe. The medical establishment had already reported people were being “poisoned” by hypodermic injection of laudanum, cocaine and morphia as early as the 1870s (Addinsell 1888; Hartley 1873; Hill 1882). Bayer’s lead chemist, Heinrich Dreser, realised diacetylmorphine was hardly a marketable term. A brand-name was provided by Bayer staff who Dreser had tested diamorphine on; the new compound had made the workers feel “heroisch” (heroic), and so diacetylmorphine was released as “heroin”

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7 In the same year, CR Alder Wright at St Mary’s Hospital in London made the same technological breakthrough after experimenting with molecular structures of codeine and morphine and British firms also engaged in heroin trading once it had become a commercial medicinal product.

8 An indicator of the demand for morphine during the US civil war is that more than 80,000 anaesthetisations were conducted for surgeons in this pre-penicillin era (Houghton, 2002).
A most responsive market was the US where there was already a population of morphine addicts and “a craze for patent medicines” (Askwith 1998).

The application of technology and marketing to papaver somniferum created what has been termed the “heroin century” (Stimson 2004); a diffusion of diamorphine in syringes that for decades was regarded as predominantly a United States phenomena (Cherubin and Sapira 1993; Selwyn 1993; Stares 1996). As Chapter Four discusses, globalisation of heroin consumption was contingent on supplies from farmers, including those from South East Asia during Cold War geopolitics that saw opiate chemistry shift from locales such as Japan, Marseille, Shanghai, Hong Kong and then to the CIA-supported Kuomintang rump in Burma (McCoy 1972; Stares 1996).

Cold War geopolitics constrained all manner of cultural flows from political west to the east, including mobilities of heroin consumption. However, in the Eastern bloc, a Polish pharmacy student learned to homebrew a morphine-like liquid from poppy stems and “the innovation diffused behind the iron curtain” (Carnwarth and Smith 2002: 28).9 Depending on the locale, the liquid opium extracted through the prolonged cooking process became known as “chornaya”, “khimiya”, “mak”, “hanka” or “kompot” (Heimer et al. 2004). Importantly, although it was injected, the Eastern bloc's liquid opiate belonged to the morpheus-era (19th century) of molecular configuration and, therefore, was not as molecularly modern — hence addictive — as heroin (Carnwarth and Smith 2002: 28). As will be discussed below, it was not until after the disintegration of the Union of the Soviet Socialist Republics (USSR) that opiate homebrew would be dislodged by global flows of heroin.

### 1.3.2 Global diffusion

Drug consumption represents one of the great paradoxes of transnational efforts to ameliorate negative consequences of global trade flows (Held and Goldblatt 2002; McAllister 1999; Rosenau 2002: 121-125; Stares 1996; Wodak 2003).10 In February 1990, the UN held a Special Session entitled “Political Declaration and Global

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9 Depending on the country, the liquid extracted through the prolonged cooking process became known as “chornaya”, “khimiya”, “mak”, “hanka”, or “kompot”.

Programme of Action”, which declared that the countdown to the end of millennium would be the “United Nations Decade Against Drug Abuse” (UN ESC 1997).

The UN established the United Nations International Drug Control Programme in December 1990. It later became the United Nations Drug Control Programme (UNDCP) and is now the United Nations Office on Drugs and Crime (UNODC) based in both New York and Vienna. One hundred years after Dreser’s 1898 release of diamorphine, the United Nations General Assembly Special Session (UNGASS) adopted the following position: “A Drug Free World – We Can Do It”. The target date for total eradication of illegal production and trafficking in papaver somniferum and its derivatives was 2008 (ASEAN 2000; Jelsma 2003; UNGASS 1998; UNGASS 2001a; UNODC 1998). However, instead of the end of the heroin century being a decade against drug use, it became another decade of drug use. Being an observable and trialable technological innovation heavily shaped by peer opinions (see Rogers 1983; Rogers 2003; Rogers and Shoemaker 1971), injection diffused globally during the 1990s as geopolitical constraints on the spread of opiate and consumption knowledge were reduced.

Because stigmatised IDC populations are at least “partially hidden”, it is common for authorities to underestimate population size (Des Jarlais et al. 2001). The recent benchmark estimation of the spatial diffusion of drug injection has conceded there is insufficient data for accurate measurement. Despite this, discernable trends have been identified (McCoy and Rodriguez 2005). From an estimated 5.5 million IDCs in 80 countries in 1992 (Becker Buxton et al. 2004; Des Jarlais et al. 1992; Stimson 1993), and 121 countries mid-decade (Des Jarlais et al. 1996), the recent calculation concludes injection had diffused to more than 130 countries and involved more than 13.2 million IDCs (Aceijas et al. 2004). To put this in perspective, it represents about one percent of China’s population. Significantly, the review found 78% of IDCs lived in developing and transitional countries.11 This spatial spread of IDC is a radical transformation from the epoch in which illicit drug injection was considered “an American disease” (Lee et al. 2003).

11 The regional breakdown was: Eastern Europe and Central Asia, 3.1 million; South and South-east Asia, 3.3 million; East-Asia and Pacific, 2.3 million.
To appreciate the increasingly global diffusion of IDC it is worthwhile to examine trends in the context of overall HIV sub-epidemics. As raised earlier, a discussion of South East Asia (hereafter South East Asia) will be in Chapter Four.

1.3.3 The Americas

The Americas are a principle narcotics production and consumption zone. Familiarity with the region's injection and HIV are pertinent to this thesis because, like the Mekong sub-region, it comprises low income countries that are sources of global narcotics flows (Castells 1996; Kenny 2002; Stares 1996; UN 1998; UNODC 2003a).

Dominant HIV transference modes differ between countries, but on the whole homosexual and bisexual contacts and drug injection account for most infections in the South Americas, the Andean nations and Mexico (see Garcia Calleja et al. 2002). In 1997, the HIV prevalence rates among IDC varied from 4.4% in Peru, 18% in Uruguay and up to 40% in Brazil (Garcia Calleja et al. 2002).12 With adult seroprevalence estimated between 2.5 and 11.9%, drug transit nation Haiti faces the most intense HIV epidemic outside Africa (UNAIDS 2004) and is driven through heterosexual transmission amid conditions of extreme poverty and political instability (Clinton 1995; Deschamps et al. 2000; WHO 2004b).

Drug injection, primarily of cocaine, appears to be increasing in Argentina, which had 184 AIDS cases by 1987 and more than 10,000 infections a decade later (Fallo et al. 2002; Inchaurraga et al. 2004). Forty-two percent of the 11,509 AIDS cases as at December 1997 were attributed to injection (Touze et al. 1999: 49). A study of positive pregnant women in a Buenos Aires hospital showed 32% were IDCs (Fallo et al. 2002: 14). Cocaine injection has increased in southern Brazil, where it is influenced by socio-economic factors and proximity to domestic and regional cocaine trafficking routes, which in turn reflect road and port networks (Magis Rodriguez et al. 2002). HIV is tracking these flows and increasingly involves younger, impoverished and rural consumers (Surratt 2000: 272). Brazil accounted for more than a third of HIV-hosts in Latin American after the sub-epidemic emerged in the early 1980s, when it was generally restricted to urban areas, some blood transfusion recipients and men who have sex with men (MSM) (UNAIDS/WHO 2004). While injections accounted for about 6.4% of infections during 1982-1986 (Surratt 2000) the ratio has risen to about

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12 Cuba has the region's least serious epidemic, but due to Cold War geopolitics which saw its citizens travel to African nations, it has the region's most molecularly diverse HIV profile (Cuevas, Ruibal et al., 2002).
20% (Teixeira et al. 2004). There is a trend toward injection of crack-cocaine among socio-economically and geographically varied IDC networks, which puts female (especially lower educated) consumers at risk of early-age, low-price and unprotected commercial sex because a significant proportion are cash-strapped and agree to sex without condoms (Bastos et al. 2002; Ferri and Gossop 1999; Szwarcwald et al. 1998).

Colombia is the source of billion-dollar coca and heroin distribution nodes and networks (Castells 1996; Morris 2003). However, there appears little international peer-reviewed information regarding injection and HIV in Colombia (see Aceijas et al. 2004), although observations in Bogota suggest a danger of an emergent sub-epidemic among injectors of powdered heroin (Ross 2002). This reveals production locales are not necessarily large consumers, as exemplified by Mexico.

Mexico is a major production and transit nation that appears to have so far escaped a large-scale injection problem. Mexico’s first reported HIV case was in 1983 and to 2004 had an estimated 160,000 HIV infections (Bucardo et al. 2005). Adult HIV seroprevalence rates have remained between 0.1% and 0.5% (del Rio and Sepulveda 2002). This is despite Mexico being an historic opium and heroin producer that supplies the enormous US market with opiates and cocaine; the US Government argues approximately 70% of cocaine that enters the US transits through the Mexico-Central American corridor (DEA 2003). Mexico’s relatively higher viscose “black tar” heroin supplies the US market west of the Mississippi (Bourgois 2004; Ciccarone and Bourgois 2003; Ciccarone et al. 2004; DEA 2003). Although there are signs injection is on the increase in Mexico, heroin has traditionally not been injected in this strategic trafficking portal (Bucardo et al. 2005; UNAIDS/WHO 2004).

Like Mexico, Canada is another transit nation for heroin into the US. However, the product is high quality, powdered South East Asian heroin (RCMP 2002; Stamler et al. 1983). By the end of 2003 Canada had recorded 56,523 HIV infections (PHAC 2004a). IDC infections increased in the early-to-mid 1990s and accounted for 47% of detections by 1996 (PHAC 2003). Amid networks of poverty, Vancouver’s east side

13 Colombia had an estimated 15,000-plus hectares of poppy cultivated in 1994 and at least 4000 hectares in the recent three years. Coca planting is alleged to have peaked at 163,300 in 2000 and was 86,000 in 2003 (UNODC, 2004).

14 UNODC reports 5795 hectares under poppy cultivation in Mexico in 1994 and 4800 in 2003 (UNODC, 2004).
encountered an explosive sub-epidemic, which reached 18% by 1997, one of the highest seroprevalence rates in a developed country (Spittal et al. 2004; Wood et al. 2002). Twenty-one percent of injectors sampled in Victoria BC were positive in 1999 and a later study found 25% seroprevalence (Stajduhar et al. 2004). In 2002, HIV prevalence in Montreal, Ottawa and Quebec were 23.3%, 19.7% and 15.9% respectively (PHAC 2004b).

Canada’s southern neighbour, the US, is the world’s largest consumer market for illicit drugs and, over time, has revealed the complexity of unevenly structured HIV social risk positions.\(^{15,16}\) By 1986 there were an estimated 750,000 hosts in the US and 1,000,000 by late 1990 (Karon and Dondero 1990). Annual new infections peaked at more than 150,000 in the mid-1980s and stabilised at approximately 40,000 in the late 1990s (CDC 2003; Holmberg 1996). Benchmarking in 2004 estimated 1.4 million IDCs in North America (Aceijas et al. 2004: 2297).\(^{17}\) About six months after AIDS symptoms were first detected, the syndrome was diagnosed in an IDC (Des Jarlais 1999). However, the virus was probably circulating in New York’s injecting networks at least as early as 1978 (Jarlais et al. 1996). In the mid-1990s, IDCs had accounted for about half the new infections in the US and their sexual partners another 20% (Des Jarlais 1999; Holmberg 1996). In 1999, about 24% of AIDS patients with a history of drug injection were MSM (Maslow et al. 2002).

US data illustrates uneven risk positions are consequential intersections of violence, race, gender and economic disparities. Referred to as “structural violence” (Lichtenstein 2005; Maman et al. 2000), social risk positions are built into social structures they emerge from unequal distribution of resources and creates preventable harm or damage; yet no one actor or agency is committing the violence (see Lane et al. 2004). Reports of 128,813 new infections in 25 reporting states

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\(^{15}\) In mid-1982 Centers for Disease Control had received reports of 452 people with either Kaposi’s Sarcoma, Pneumocystis, Carinii Pneumonia or opportunistic diseases. Only 5.3 per cent were female. Sixty-two percent were white, 19% black (sic) and 12% Hispanic. Half were from New York state or city, only 20% were from California and 67.1% were homosexual men CDC (1982). Carinii pneumonia (PCP), and other opportunistic infections (OI): case reported to CDC as of July 8, 1982. Atlanta: Centers for Disease Control.

\(^{16}\) CDC analysed 101,772 diagnoses from 29 states between from 1999 to the end of 2002 and found 70.7% of new hosts were male. Among females 71.9% were non-Hispanic blacks. Heterosexual transmission account for 77.7% of infections among women while 20.5% were attributed to injection (Dean, Lee et al, 2004).

\(^{17}\) Trend-wise, seroprevalence among IDCs is heading in the desired direction and provides evidence appropriate interventions can reduce infections and save lives (CDC, 2004). Data from 25 states representing 24% of all national AIDS cases and seven percent of national IDC infections nationally tracked a 42 percent decline in infections among IDUs between 1994-2000. Blacks [sic] represented 65% of IDC infections (Lee, McKenna et al, 2003).
between 1994-2002 found 55% of infections were among non-Hispanic blacks (CDC 2002). Twenty-six percent of those new diagnoses had AIDS, among which MSM accounted for 47% and injectors 24%. By 2003 the racial breakdown among new infections was 42% black, 36% white, 20% Hispanic, one percent Asian/Pacific Island and one percent Native Americans.18 African Americans account for roughly 11% of the total female population aged 50 and older, but more than half the AIDS cases in older women and more than 65% of HIV infections in women overall (W inningham et al. 2004). Latinas comprise only 12 percent of the total female population of the US and “20% of women ever diagnosed with AIDS” of which 34% were directly attributed to IDC (Zambrana et al. 2004).

1.3.3.1 Technology expands market

The US provides a stark example of how quickly the drug diffusion environment can be restructured through application of technology that lowers unit costs and expands the consumer base. A monumental transformation in the narcotics environment occurred in the mid-1980s, when crack-cocaine emerged (see Jacobs 1999). Cooking crack from cocaine preserved its chemical composition, but turned it into a smokeable form which “on a molecule-for-molecule basis” reduced the unit cost of toxification that shifted “the supply curve to the right” and consequently expanded the market (Grogger and Willis 2000). Whereas powdered cocaine was associated with wealth more than poverty, crack expanded the base and led “to the diffusion of cocaine use into poor, minority communities” (Santibanez et al. 2005: 227). The transformation had myriad consequences, including application of hypodermic technology to cocaine that caught even seasoned syringe experts by surprise (see Cherubin and Sapira 1993; Selwyn 1993). A 22-city study involving more than 26,000 crack consumers found 28% injected only, 30% injected and smoked, 80% of those who were sexually active did not use condoms and 24% of female consumers practised commercial sex (Booth et al. 2000). As in Brazil, even if they did not inject, crack-cocaine increased risk among female consumers because of vulnerability to sexual transmission including through commercial sex (Hoffman et al. 2000; Logan and Leukefeld 2000).

18 The term ‘black’ is used in the US documentation. HIV was the third leading cause of death for black males aged 25-34 in 2001, was ranked second for 35-44 and third for 45-54. It was the leading cause of death for black women aged 25-34 while seventh for 25-34-year-old white women. Among male and female blacks aged 35-44 only heart disease took more lives than AIDS (NVSR, 2003).
There were critical socio-geographic divergences in the inhalation-injection transition. Research found less than two percent of crack-cocaine consumers in one city may have injected, while elsewhere it was 28%, and based on skin colour and wealth, geographic risk variability was most stark in the shadows of UN headquarters (see Santibanez et al. 2005). The transition from inhalation to cocaine injection was associated with “ever having snorted heroin” (Irwin et al. 1996). It is also known that heroin typology varies between the east and west coasts of the US (DEA 2003). Powdered white heroin, that can be inhaled or smoked, predominates on the east coast while gum-like Mexican “black tar” heroin that is not snorted and needs to be cooked is common in central and western states (Ciccarone and Bourgois 2003; Ciccarone et al. 2004). Therefore, an all-important transition from crack inhalation to injection (in the Irwin study) is indirectly associated with the spatial distribution of powdered heroin, which is also directly influenced by the spatial dimensions of drug trafficking networks.

1.3.3.2 Opiate typology and water rinsing

It now seems geo-spatial coverages of trafficking networks, which shape heroin typologies, indirectly account for divergence in US seroprevalence rates among IDCs (Rhodes et al. 2005). A six-year longitudinal study involving 2960 IDCs in Baltimore found 24.1% positive at baseline conducted during 1988/89 (Celentano et al. 2001). Early New York IDC seroprevalence had reached at least 50% (Jarlais et al. 1996). By the mid-1990s, an estimated 1.46 million injectors resided in 96 cities studied. IDC seroprevalence was far higher on the east coast, the highest being 41% in parts of New York city (Holmberg 1996). By comparison, IDC seroprevalence on the west coast was far lower, including in Los Angeles (3.8%) and San Francisco (14.3%) (Holmberg 1996: 644-647). Such lower rates perplexed researchers, who wondered why seroprevalence among injectors could be above 30% in boroughs of New York, yet as low as two percent in some parts of California. Their traditional statistical comparative studies of individual-level risk factors, and laboratory analysis, could not account for the variation (Garfein et al. 2004: 266).

Medical anthropologists Ciccerone and Bourgois (2003) considered the same conundrum after observing ‘black tar’ injection for years and noting sharing of cookers, rinsing water and even needles. Like opium, Mexican black tar heroin (BTH) is purchased as a sticky gum and the resin is cooked to extract a liquid (Ciccarone et
However, unlike powdered white heroin found in the east, the molecular composition of BTH renders it too viscose to consistently pass through syringes efficiently. Because of the higher viscosity, the liquid can clog the eye of the needle (Bourgois 2002). Therefore, to enable the flow, injectors had to “habitually thoroughly rinse their syringes to prevent obstruction” (Bourgois 2004). Chemical properties necessitated this sluicing with “the unintended consequence of reducing residual blood volume and its potential HIV load” (Ciccarone and Bourgois 2003: 2055). Since dubbed a “water works” argument, it is now believed this rinsing helped reduce the likelihood of transmission, thereby contributing to lower seroprevalence rates compared with areas where powdered white was consumed (Bourgois 2004; Rhodes et al. 2005). This hypothesis is consistent with laboratory experiments on viral survivability, which found that even one “rinse with water decreased the likelihood of recovering viable HIV-1 from syringes, regardless of the amount of water used” (Abdala et al. 2001: 492).

This micro-environmental practice of sluicing was shaped by the spatial segmentation of drug typology movement. Based on this premise, it is reasonable to speculate that, ceterus parabus, the lower west coast seroprevalence rates would increase if Mexican heroin was replaced by low-viscosity powdered heroin that was prevalent on the east coast. Global analysis of the possible structural relationships between drug typology, viscosity and virological flow remains a gap in the literature. However, this thesis will suggest that the black tar/low HIV phenomena may help explain the explosion in seroprevalence rates among IDCs in Hanoi and Ho Chi Minh City, Vietnam, after 1997.

1.3.4 Australia: low seroprevalence maintained

MSM continues to account for most HIV infections detected in Australia and early interventions among IDCs have helped prevent a significant sub-epidemic (CDHA 2002). At the end of 2003, Australia reported a cumulative 20,580 HIV detections since the first manifestations of the virus during 1982-83 (NCHECR 2004). The 10-year review of the national AIDS strategy noted that new infections among MSM peaked at 2284 in 1987 and declined to 774 in 1994. A 2002 evaluation of needle and syringe programmes (NSP) estimated about 100,000 heroin dependent people and as
many as 175,000 non-regular drug injectors, yet since 1996 Victoria had reported less than 40 new HIV cases among IDCs (Ryan et al. 2004). In 1999, HIV prevalence among clients of NSP was generally about three percent, while clients of metropolitan sexual health clinics who reported injection was less than 0.6% (Loxley 2000: 408). Despite a “heroin drought” in 2001, this has been reduced to about one percent for NSP and 0.5% for sexual health clients (NCHECR 2004).

Molecular analysis of HIV positive samples taken from some Australians of Vietnamese descent reveal a virological connection with Vietnam’s expanding epidemic (Elliott et al. 2003). Whereas most HIV cases in Australia have been found to be HIV-1 subtype B, recent analysis found the circulatory recombinant form HIV-1 CRFAE_01, commonly known as HIV-1 Subtype E, which is almost the exclusive subtype found in Vietnam. The samples were from Vietnamese-Australians who had travelled to Vietnam and low inter-person nucleotide diversity suggests the infections are recent (Ryan et al. 2004). These genetic markers from individuals’ blood cells confirm that the Australian sub-epidemic is physiologically enmeshed with the epidemic in Vietnam. In turn, this interplay is linked to historic geopolitics that eventually sparked mass migration out of Vietnam.

1.3.5 Europe: traditional and transitional sub-epidemics
On the whole, Western Europe has reported declines in seroprevalence among IDCs and increases among heterosexuals and MSM (UNAIDS/WHO 2004). Among 17,235 persons newly diagnosed with HIV (excluding Austria, France, Italy, Spain), 13% were IDCs (Hamers et al. 2004). There are pockets of IDC seroprevalence of over 20% in Portugal, Spain, Italy, France and the Netherlands. Portugal has “by far the highest reporting” in western Europe due to its particularly severe sub-epidemic among IDCs (EuroHIV 2004: 6). Seroprevalence has ranged between 20% and 60% in parts of Lisbon and up to 67% in Setubal. In France, studies in Marseille, Nice and Toulouse have found between 16% and 29% seroprevalence among IDCs (EuroHIV 2004). Netherlands’ longitudinal cohort study observed a shift away from cocaine toward

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19 Interperson nucleotide divergence is the rate of the virus’ mutation within an individual person. By measuring the degree of diversity within cells in a person it is possible to estimate the approximate lengths of time the person, or groups of people, have contained the virus. Comparing degrees of interperson nucleotide diversity allows comparison between locales and sub-groups.
heroin among young drug consumers and a large reduction in shared injection (29% to 16%) since the 1985-1989 analysis (Welp et al. 2002).20

1.3.5.1 Great Britain

Britain provides further evidence that opiate and social transformations can assist the virus, particularly when heroin enters low-income communities. HIV among IDCs has never reached epidemic proportions in Britain, but certain dynamic networks have revealed how rapidly the virus can scale up if prevention measures aren’t taken (Stimson 1995). Alarm bells sounded in 1986 when 51% seroprevalence was detected among stored samples taken from IDCs in Edinburgh (Peters et al. 1997). Robertson’s (1986) analysis of 163 Edinburgh blood specimens noted the seroprevalence was far higher than in other European cities at the time, but had parallels with data emerging across the Atlantic in New York. As occurred in the US, the virus had exploited transformations in drug diffusion and social conditions. Availability of cheap brown heroin from Pakistan and Iran widened the “drug problem” when it was priced within reach of the unemployed on council estates in the early 1980s (Burns et al. 1996). The “diffusion of injection” into new population groups was a “new phenomenon of heroin use and injection among people living in deprived areas of inner cities” (Stimson 1995). In response to what some describe as a heroin epidemic, pharmacists enforced bans on selling syringes to IDCs, thereby pushing many consumers into collective injecting through syringe sharing. It is argued the infusion of the virus into these re-structured blood sharing networks in Edinburgh was “earlier than epidemics among IDUs in other cities, including Amsterdam” (Brown et al. 1997: 176). Robertson’s (1994) follow-up longitudinal study in Edinburgh recorded slight reductions in injection prevalence in the mid-1980s. Less than five percent of IDCs recruited in a cohort study in London and Brighton in 2001 were positive (Judd et al. 2005).

1.3.5.2 Former Soviet Union states

It has already been established that variations in drug typology can shape risk contexts by expanding consumption markets. States of the former Soviet Union illustrate how rapidly the virus exploits this (Rhodes et al. 2005). As if encaised by a semi-effective boundary, before 1995 Eastern European and central Asian countries

20 Although younger consumers were less likely to inject than older consumers “once they injected, however, the two age groups became alike in the frequency and number of days injecting” (Welp, Lodder et al. 2002).
“were largely spared the HIV epidemic that had spread across Western Europe a decade earlier” (Lowndes et al. 2003). It has been estimated that before 1995 only 30,000 HIV cases existed among a combined Eastern European population of 450 million (Dehne et al. 1999). Even though early detections revealed at least seven sub-types, therefore suggesting multiple introductions (Karamov et al. 2004), not a single case had been detected among Russian IDCs before 1994 (Lowndes et al. 2003). However, like the political firestorm that swept the Communist Party from power, when the virus scaled itself up in the transitional states, it did so in truly explosive fashion.

Only about 50 cases were reported annually in Ukraine until 1995, but by the end of 1996 there were 12,228 detections and half were among IDCs (Dehne et al. 1999). In 1996 dramatic outbreaks were observed in Moscow, Kalinigrad and other Russian centres (Rhodes et al. 2003b) while intense escalation was reported in Belarus and Moldova (Ball et al. 1998). There were an estimated 190,000 infections across Eastern Europe by December 1997, two thirds of which were estimated to have occurred after 1995 (Dehne et al. 1999). A 2002 cohort study in St Petersberg found 96% of injectors consumed heroin and 30% were HIV-hosts (Kozlov et al. 2004). In Togliatti, more than one percent of the population has been estimated to be positive, and 96% of these cases are through injection (Mikhailova 2004). By early 2004 there were 260,000 detections in Russia and more than one million estimated infections, of which the vast majority were through injection (Karamov et al. 2004). This molecularly divergent epidemic accounts for around 76% of all infections in Eastern Europe (EuroHIV 2004). A legitimate question to pose is, why did it take so long for the sub-epidemic to explode?

The upsurge in HIV among IDCs occurred during a transformation in the narcotics market (Ball et al. 1998). It has been shown the former Eastern bloc was cut off from western heroin markets and instead consumed a homebrew product similar in strength to morphine (Carnwarth and Smith 2002: 28). Cooked from opium, the liquid opiate was molecularly different from the more technologically modern westernised diamorphine flows. Emergent research suggests that traditional “hanka”21 cooking and injection methods would have reduced viral loads and hence the traditional consumption itself would not have boosted the epidemic (Heimer et al.

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21 “Hanka” is a Russian term for the liquid opiate distilled from opium straw (Rhodes, Mikhailova et al, 2003).
However, the dependence on an equivalent of 19th century-era morpheus “changed after the fall of the Iron Curtain and the advent of a ‘free market’ economy” (Carnwarth and Smith 2002: 28). A post-Cold War structural transformation occurred as ready-to-use imported powdered heroin was placed into the market around 1995/6 (Rhodes et al. 2003b). It appears the transformation away from locally distilled liquid opium to an engagement with high quality globalised heroin greatly assisted the virus to pass between consumers.

The experience of the opiate and HIV transition behind the former Iron Curtain is of particular relevance for this thesis because it pinpoints a sudden transformation around 1996. A specific lesson is the following: just as occurred after diamorphine was positioned as a competitor to morpheus at the end of the 19th century, the placement of powdered heroin into a transitional market dominated by opium transformed consumption cultures. After boundary constraints that had restricted westernised heroin flows into former communist states were lifted, the heroin century was encountered. The drug diffusion environment leapt from the molecular equivalent of Serturner’s morpheus to that of Dreser’s industrially-driven heroisch diamorphine discovery. In simple terms, Russia encountered a form of modernisation that had occurred throughout western European nations decades earlier. The transformation was sufficient to greatly improve the flow of blood, and hence virus, between IDCs. This modernisation occurred at a vulnerable time for youths experiencing social transformations that led to declines in health, including life expectancy among males (Chossudovsky 1997; Friedman and Reid 2002; Lowndes et al. 2003; Walt 1998). The encounter with the heroin century was soon reflected in HIV seroprevalence rates.

1.3.6 Summary

This section of the review has illustrated that injecting drug consumption is a significant sub-set of the overall global HIV pandemic. In particular, it has shown the technological innovation of injecting opiates is a 19th century act of rational efficiency that pre-dated HIV, but which diffused globally in an epoch corresponding with the spread of the virus it efficiently transmits. Clearly, this is not coincidental; the virus, opiates and knowledge of injection have all travelled through time and space, assisted by increased global networking (Altman 1999). A key consequence of their convergence is the sudden increases in HIV seroprevalence rates among IDCs, as
evidenced on both sides of the Atlantic almost immediately after the end of the retro-virus’ prolonged period of latency.

At least two settings discussed so far, parts of the former USSR and the west coast of the US, suggest the typology of injected opiates can structurally configure pathways upon which the virus is contingent. Although this is not yet clearly understood, viscosity seems to shape the virus’ environment where it necessitates rinsing. In the case of the former Eastern bloc, a shift in typology appeared to occur around 1996. As will be illustrated later in this thesis, a remarkably similar transformation in opiate viscosity and consumption also emerged in Vietnam around the same time.

1.4 Emerging approaches

UNAIDS has outlined a case for re-orienting ways in which the virus is framed and thus, the approaches required to reverse its spread (Airhihenbuwa et al. 2000; Airhihenbuwa and O bregon 2000; UNAIDS 1999). The Panos Foundation provides a sobering commentary:

“It is difficult to reach any other conclusion than that our failure to confront and contain this pandemic is one of history’s most spectacular demonstrations of humanity’s failings” (Panos 2003: 3).

According to Randall Tobias (2004) “any fair-minded person” would conclude that the economically developed world, including the US, was “far too slow to take up this fight with the focus it deserves”. HIV’s success to date suggests that in future it will present an even more devastating threat to individuals and communities. The development of a vaccine remains an elusive challenge to elite scientific research programmes (Johnston and Flores 2001; Senior 2003). While anti-retroviral drugs (ARVs) are being distributed in some financially poor settings, WHO’s programme to “bring” ARVs to three million people by the end of 2005 reported coverage of only 700,000 by December 2004 (WHO/UNAIDS 2005). The challenges to ensure ARV adherence, particularly in low-resource health settings, means the retro-virus may well develop resistance to drugs (Angerer 2000; Daniela et al. 2003; Isaac and Pillay 2003; Kantor and Katzenstein 2004; Spira et al. 2003). Communications scholars

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22 Randall Tobias is the United States global ambassador on HIV/AIDS, appointed by President George Bush.
argue information to change risk behaviours remain the best way to curtail the virus (Kiwanuka-Tondo and Snyder 2002: 59). From diffusion of innovations heartlands it is even claimed HIV prevention communication is “the only effective response” (Vaughan et al. 2000: 85). Yet despite decades of research and implementation, communications responses have not been sufficiently effective (Melkote et al. 2000; Panos 2002; Panos 2003; UNAIDS 1999; UNFPA et al. 2002). An important criticism is a lack of targeting toward marginalised populations, particularly in South East Asia:

“injecting drug user programmes are collateral damage in the war on drugs; MSM [men who have sex with men] remain off the radar in virtually every country in the region; it is the expansion of programmes for clients and sex workers which is low and slow. The focus is on general populations, but it’s in the at-risk communities that it is spreading, so it is there we should be focusing our attention” (Brown 2004a).

Brown (2004a) offered a “report card" on the current state of affairs: “In terms of grades, on targeting I give it an ‘F’. On effective approaches, I’ll go one step further - it is F-minus”. It is now accepted that more of the same clearly will not work (Campbell 2003). Not surprisingly, UNAIDS concedes “business as usual spells disaster” (UNAIDS/WHO 2004: 6). Giddens (1990a) argues that trusting experts who argue otherwise is risky.

The next section argues that there is a need to build the case for interventions targeted at marginalised at-risk populations that are developed and implemented through effective participatory processes.

1.4.1 Individual to environmental perspectives

It is argued that HIV prevention to date has been dominated by individual-level behaviour change models derived from social psychology (see Melkote et al. 2000). Theories most commonly used to inform behaviour change programmes include the Theory of Reasoned Action (Fishbein et al. 1994; Fishbein and Yzer 2003), Health Belief Model based social cognitive theory (Bandura 1994; Bandura 2001a; Rosenstock 1994; Slater 1999), Diffusion of Innovation theory (Dearing et al. 1994; Rogers 1983; Rogers 1995; Rogers 2003) and social marketing (FHI 2003; Glanz et al. 1997; Kotler and Roberto 1989; Myhre and Flora 2000). The individual-focused
models have remained the “dominant paradigm in the field of development communication” (Waisbord 2002) within which HIV prevention communication often sits when administered through transnational responses in developing countries. However these paradigms are deemed insufficient for development communication in general (Figueroa et al. 2002; Huesca 2001), and HIV/AIDS communication in particular (Panos 2002; Panos 2003; UNAIDS 1999). Individual behaviour change approaches have been criticised for their emphasis on individual risk behaviours and tendency to overlook the role of social structures in constraining individuals’ capacity to avert risk (CFSCC 2004; Friedman and Reid 2002; Rhodes 1997; UNAIDS 1999). It is argued that the focus on individuals as targets of change misses the environment-behaviour relationships, which are characterized by recurring cycles of “reciprocal/mutual influence” between “transacting human agents, institutions and their surroundings” (King et al. 2002).

More so than perhaps all other infectious diseases, HIV sub-epidemics are “determined by the social environment” in which transmission occurs (Decosas 2002). Over recent years, there has been increasing interest in an ecologically-oriented approach to HIV communication, which would instead address social, cultural, economic, and political factors that generate vulnerabilities (Melkote et al. 2000: 25). This approach is also congruent with settings-based approaches (Whitelaw et al. 2001) and the ‘new public health’ approach that characterise contemporary features in Western health promotion (Baum 2002). In a move toward convergence of individual and ecological approaches, Stokols has proposed “broad framing models” underneath which “researchers and practitioners” could draw from specific behaviour change theories depending on need and context (Stokols et al. 2003: 170). The convergence is also discernible in recent work by Fishbein, who proposed an Integrated Theoretical Model, which recognises that even agents who have strong intention, skills and abilities to perform risk aversion can only do so when “there are no environmental constraints preventing behavioural performance” (Fishbein and Yzer 2003: 166).

Where Stokols sees a role for transformed individualistic paradigms within ecological approaches, Bandura (2001b) introduces “collective self-efficacy” that

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23 This language can be traced through WHO documentation of international health promotion conferences since The Lalonde Report was launched in Ottawa in 1986 (WHO, 1986; WHO, 1988; WHO, 1991).
recognises agency constraints and Fishbein calls for the environment to be integrated into models for prevention. This convergence of theoretical positions illustrates increasing recognition of the power of environmental constraints upon individual-level risk and agency, including structural properties of social systems (Giddens 1984; Giddens 1990a; Giddens 1991a; Giddens 1996; Rhodes 1997).

1.4.2 Environments of harm

Enhanced analysis of structural factors is regarded as a prerequisite for understanding how globalisation shapes local transformations in epidemics, including in transitional countries (Des Jarlais 2000; Galea et al. 2004; Poundstone et al. 2004; Rhodes 2002). At macro, medium and micro levels, it is argued that institutions that frame responses should be “increasingly alert to the impact on health of larger-scale socio-economic processes and systemic environmental disturbances” (Martens 2002: 646). It has been well argued that local sub-epidemics are shaped by globalisation and thus it is important to understand the influence of trade flows, shifts in technology, transportation networks, economic transition, migration and legal environments (Barnett and Whiteside 2002: 331; Decosas 2002; Friedman and Reid 2002; Kimball et al. 2005; Parker 2002). Factors such as these “are rendering previous conceptualisations of environments, and the relationships between environment and behaviour, inadequate” (Clitheroe et al. 1998: 108). It is argued a paradigm “drift and shift” is required because “the risk environment remains an under-researched yet critical factor in the development of HIV prevention” (Rhodes et al. 1999b: 263).

The ecological approach is being incorporated, at least to some extent, in “harm reduction” approaches to HIV prevention among IDCs. The harm reduction approach acknowledges that structural properties — such as prohibitionist drug laws, socio-economic policies, narcotics trafficking and access to syringes — combine to structure individuals’ susceptibility to drug initiation and consumption practices (Brown 2004a; Brown 2004b; Crofts 1998; MoH/CDC 2003; Wodak et al. 2004). This approach encourages shifts in drug policy away from punishment, coercion, and repression toward tolerance, regulation and public health (Crofts 1998; Friedman and Reid 2002; Rhodes et al. 2005; Roe 2003). Harm reduction has been defined in quite simple terms as

“the prevention of adverse consequences of illicit drug use without necessarily reducing their consumption” (Crofts et al. 2003: 35).
A growing body of work recognises that pragmatic harm reduction approaches may include, but are not limited to, needle and syringe provision (NSP), substance substitution, condom provision, information campaigns and peer outreach (Crofts 1998; Friedman and Reid 2002; Rhodes et al. 2005; Roe 2003). Although harm reduction has been advocated in South East Asia (ACIL 2001; AHRN 2001; AusAID 2003; AusAID 2004a; MoH/CDC 2003; Watts 2004a; Watts 2004b), it is widely accepted that with few exceptions, interventions have not yet reached sufficient scale to make necessary inroads against the mosaic of sub-epidemics among IDCs (Brown 2004a; Brown 2004b; Crofts 1998; MoH/CDC 2003; Wodak et al. 2004). The prevention of sub-epidemics among IDCs in Australia is an example of effective approaches enabled through political support for peer-supported interventions, based on evidence-based policy development (Blewett 2004; IFRCRCS 2003; Loxley 2000; WHO 2004a). The Netherlands’ HIV epidemic and its response is well documented (Ameijden and Coutinho 2001; Coates et al. 1996; van Deutekom et al. 1993). Dutch policy approaches include safe injection facilities and provision of heroin to “treatment resistant” consumers (Sheldon 1994; Sheldon 1995; van den Brink et al. 2003). Britain provides additional evidence IDC sub-epidemics can be constrained through early pragmatic public and community health interventions that provide structural enablements for injectors to access medical services, counselling, substitution and clean needles (Stimson 1995; WHO 2004a).

Critically, reviews of international evidence on the effectiveness of interventions have demonstrated that harm reduction programmes do not increase the incidence of drug consumption (AusAID 2004; Ball et al. 1998; Blewett 2004; IFRCRCS 2003; Needle et al. 2004; Stimson 1995; WHO 2004c). Nonetheless, the US federal government continues to forbid funds to be allocated for provision of needles to IDCs, even though it funds research that supports harm reduction in the US and abroad (Drucker 2005).24

This thesis draws upon a definition of risk environment as being:

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24 This does not go unnoticed in Vietnam. The 2003 CDC-sponsored advocacy workshop on harm reduction saw a number of prominent US experts make speeches to Vietnamese delegates in which they were urged to implement needle and syringe programmes. More than one Vietnamese delegate took the microphone to ask “if needle and syringe programmes are so important and effective, why doesn’t your government fund them?”
“the space - whether social or physical - in which a variety of factors exogenous to the individual interact to increase the chances of HIV transmission” (Rhodes et al. 2005: 1028).

Rhodes argues that adopting environmental approaches to analysis of where, when and why risks are formed could help “mainstream” the narcotics issue and raise possibilities for political alliances with other movements lobbying for social change (Rhodes 2002: 88). As globalisation theorists urge (Lash and Urry 1994; Urry 2000), increased trade and migration should be placed at the centre of a proposed framework for conceptualising the environment and its health implications. In addition to warfare, the physical environment and natural disasters, it is suggested the following domains be analysed, all of which shape and a shaped by globalisation (Rhodes et al. 2005):

1. trade, transport and migration;
2. methods of drug production;
3. methods of drug distribution;
4. social norms and drug cultures;
5. diffusion of drug injection;
6. legal and policy environment (Rhodes et al. 1999b).

As with the long-term impacts of war, these domains are relevant to transition in Vietnam. It has a history of opium production and is undergoing dramatic transformations in economics, trade, transportation and law. Furthermore, political events in Vietnam generated one of the late-20th century’s most dramatic mass migrations which, as this thesis will demonstrate, had the paradoxical effect of delaying the onset of the Vietnamese HIV explosion. Evolving conditions in each of these domains, or what Giddens has referred to as “structural sets”, “can be ‘mapped’ institutionally within wider social systems” and their interplay or “articulations diagnosed and analysed” (Giddens 1989: 299). “Articulations” or interplay alerts us to the fact that it is not just one domain that may generate particular consequences, but the intersection of phenomena in physical locales or overlapping temporal settings that may manufacture negative consequences such as an HIV outbreak. Similarly, the interplays may involve actions and events at distance in space and time (Giddens 1984; Urry 2003).
The concept of descriptive mapping is regarded as a conceptual approach that can assist us to trace the contours of globalisation and their inter-relationships with the above domains - as both causes and impacts (Coe and Yeung 2001). The process of mapping environments and incorporating this information into action-oriented research has the potential to expedite social scientific inquiry so that findings are used to inform prevention paradigms and specific interventions (Rhodes et al. 1999d; UNDP 2001a). It is argued that mapping structured environmental transformations is political because it explores political and economic factors responsible for harm upon individuals or communities, such as economic inequalities. Foci of change, then, are not merely individuals’ actions, but rather “the social situations and structures in which individuals find themselves” (Rhodes et al. 2005).

In the case of opiates, research into current and future contexts needs to take a deeply historical perspective (Lewis 2001). An outstanding example of this is Eligh’s action research in extremely remote villages in north-west Vietnam bordering both Lao and China (Rapin 2003). It has found that development processes undertaken for economic progress has generated new risk environments in which the removal local opium was increasingly replaced with global heroin in extremely marginalised communes. This research suggests that interventions should also examine harm creation rather than simply ameliorating harm post-infliction (Eligh 2005). Such a starting point - to look at how or why harm is manufactured - is consistent with emergent trends in risk analysis that call for a better understanding of risk environments and action to change the exogenous structural factors that generate harm, particularly economic and political factors (Friedman and Reid 2002). Strong emphasis is placed on understanding complex non-linear interplays of macro-social dynamics, including cross-border trade and migration that IDCs and policy-makers themselves do not generally associate with HIV risk (Rhodes et al. 2005).

It is recognised that it may be methodologically difficult to “disentangle” social from structural factors that account for HIV risk, but such attempts are necessary in order to foster structural change, which “is the next critical stage in the global fight against AIDS” (Rhodes et al. 2005: 12). Communications scholars and HIV activists also call for a similar shift toward a new paradigm, including policy advocacy for social change as part of improved, more human-rights oriented, HIV prevention (Airhihenbuwa and O bregon 2000; CFSCC 2004).
An example of structural-level change that would assist the global campaign against AIDS would be to attach greater priority and resources to prevention specifically among high risk populations such as IDCs (Brown 2004a). Although scientific reviews argue such approaches are effective and do not increase illicit drug use (Needle et al. 2004), insufficient political will and community resistance to measures such as NSP often present barriers to required shifts in policy environments (Brown 2004b; Griffiths 2004b; Wodak et al. 2004). It is argued that with some rare exceptions (eg: Thailand), prevention among IDC in Asia has not received the prioritisation it warrants from either public health or human rights perspectives (Beyrer 2002a; Brown 2004b; Crofts 1998). Because harm reduction programmes in Asia have had insufficient coverage (GHPWG 2003), much advocacy work still needs to be done if elite institutions are to develop policies that afford priority to prevention among IDCs that are based on human rights (CFSCC 2004; Crofts 1998).

1.5 Millennium Development Goals and injecting

In September 2000, the “largest ever gathering of heads of state” (Haines and Cassels 2004) adopted the UN Millennium Declaration: a vision to “free men, women and children” from “abject and dehumanizing conditions of extreme poverty”, and to make “the right to development a reality for everyone and to freeing the entire human race from want” (UNGASS 2000: clause 11). Held, who links South East Asian opiate flows to globalisation (Held et al. 1999), succinctly stated the significance of the MDGs:

“They are the moral consciousness of the international community” (Held 2004).

The MDGs are a yardstick by which to judge the commitment of wealthy nations to tackle poverty and its consequences, including HIV (Becerra-Posada et al. 2004; Haines and Cassels 2004; Lee et al. 2004). An organisation’s goals, and indicators against which it measures success, are code for its priorities (Castells 1996). In the case of the MDGs, each of the stated goals is matched with a set of indicators against which progress toward these goals will be measured (AusAID 2004b; UNDP 2003b). The UN Inter-agency Expert Working Group on Millennium Development Goal Indicators states the indicators are

“critical to developing countries, donor institutions, civil society and the major global development policy and planning institutions in setting..."
and evaluating global policies to achieve the goals and targets” (UNDP 2003b: emphasis added).

For HIV (MDG Goal 6) the indicators against which to measure success are:

1. HIV prevalence among 15-24 year old pregnant women;
2. Condom use rate of the contraceptive prevalence rate;
3. Condom use at last high-risk sex;
4. Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS;
5. Contraceptive prevalence rate;
6. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14.

It is noteworthy that with the possible exception of indicator four, the MDG HIV indicators are only relevant to sexually transmitted epidemics. Analysis of the internal UN expert group meeting reports on the rationale underpinning development of the indicators reveals that none of the UN indicators address prevention of transmission through shared needles. Furthermore, the indicators are only relevant to generalised epidemics (UN 2003c; UNSD 2004a; UNSD 2004b). The principle document that explains the indicators’ definitions, rationale and concepts mentions neither narcotics nor drugs, and only refers to injection in reference to contraception (see footnote 25). In short, there is no stated commitment within the elite level MDG goals to prioritise prevention among injectors. Moreover, the Declaration of Commitment on HIV/AIDS passed by the 26th Special Session of the United Nations General Assembly in June 2001 includes the term ‘harm reduction’ on only one occasion (UNGASS 2001b, para 52). The MDG goals in particular suggest that even at the level of the UN, drug injection as a mainstream development issue continues to be insufficiently prioritised within HIV prevention discourse.

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1.5.2 Participation by drug agency in indicator development process

Throughout decades of transnational negotiations around global drug control regimes, a recurrent area of tension has been the desire by some nations, including the US, to take a harsh position now synonymous with the ‘war on drugs’ policy (Stares 1996; Wodak 2003). It is argued that the dominant ‘war on drugs’ mentality is reflected in the UN policy and contributes to HIV spread by regarding illicit drug use as being a predominantly criminal rather than a medical or socio-economic phenomena (Jelsma 2003; Wodak 2003). It is established that the US had threatened to cut funding to UNODC if it continued to support harm reduction interventions such as needle programmes and has even urged UNODC to remove references to NSP within electronic documentation (Drucker 2005; Editorial 2005a; TNI 2005). The current US position on harm reduction puts it at odds with the foreign policy of Australia’s conservative Howard Government, which advocates and provides funding for this approach (AusAID 2003; AusAID 2004a).

Analysis of meeting reports from the UN Inter-Agency Expert Working Group On Millennium Development Goal Indicators reveals that UNODC is the only mainstream UN agency not actively participating in the MDG expert monitoring network (UN 2005a; UNSD 2003; UNSD 2004a; UNSD 2004b) (see Annex 1). UNODC did not participate in the 7th experts’ gathering, held in January 2005 with the stated purpose of reviewing “the draft of the ‘glossy’ report ‘Progress in Achieving the MDGs’” for the latest largest gathering of heads of state, held in New York late in 2005 (UN 2005a). When the report was released on April 4, 2005, there was no mention of progress in HIV prevention among drug consumers and furthermore, in the recommendations for future action, illicit drug consumption was noticeably absent (UN 2005b: 9). The lack of prioritisation of prevention among injectors in the context of the MDGs is even evident in the WHO’s MDG progress report, which also overlooks the issue (WHO 2005).26 This drugs and development disjuncture within the MDGs has been raised within AusAID policy processes (Griffiths 2005), prompting the key recommendation that this should be addressed at strategic policy levels (Thomas 2006).

26 The term ‘inject’ is mentioned once, but only in reference to medical practices.
It is beyond dispute that HIV is a development issue (Barnett and Whiteside 2002; Collins and Rau 2000; Gray 1995), as are illicit drugs (Berg 2002). Nonetheless, the “conscience of the international community” continues to overlook this. Whether the absence of both UNODC and IDC in the MDG indicators framework is related to the political pressure on UNODC remains unresolved. Nonetheless, it is clearly symbolic of the overall problem of prioritisation raised by Crofts and Brown.

In summary, drug injection and its role in the global HIV epidemic is a burgeoning problem beyond the scope of traditionally framed concepts of individual risk behaviours. Particularly in developing countries experiencing political and economic transformations, injection and HIV need to be seen in the broad context of structural formations and transitions that may generate vulnerability to initiation and unsafe consumption practices. The near absence of injecting drug consumption in the highest-level MDG discourse on international development is symptomatic of the overall lack of attention paid to prevention among drug consumers, despite the fact that IDC is now reported in at least 130 countries. A ‘war-on-drugs’ approach continues to sway global development and health priorities. In an era in which political leadership is viewed as critical to HIV prevention, effective advocacy for policy change presents a significant communications challenge (CFSCC 2004).

Because HIV among IDCs is inextricably linked to global and local flows of narcotics, harm reduction advocates argue there has been inadequate analysis of exogenous factors that may underpin local risk environments, particularly trade, migration, transportation and drug policy. There is also “a dearth of evidence” regarding globalisation and transformations in IDC risk behaviours. Environmental analyses have the potential to inform conceptual frameworks for more effective interventions against HIV within broader campaigns against poverty and inequality (UNAIDS/WHO 2003: 5).

1.6 Significance of this research: Why Vietnam?

The overall impact of development upon drug flows is regarded as an under-studied yet critical dimension of the HIV epidemics in the Asia-Pacific region. Better understanding of this within a global and regional context may assist national and transnational institutions develop policies that do not generate vulnerabilities to illicit
drug consumption (Des Jarlais 2000; Friedman and Reid 2002; Gorbach et al. 2002; Rhodes et al. 2005).

Vietnam is the world’s 14th most populous nation.27 It has a large population of young people, which is a group likely to adopt and adapt new globalised products, including modern licit or illicit drugs. As a former socialist economy now courted by global capitalism, it represents a case study of the potential risks that economic deregulation poses for communities in transition. Vietnam has been singled out to highlight how epidemics “can erupt suddenly where significant levels of injecting drug use occurs” (UNAIDS/WHO 2003: 5).

Research to better understand the epidemic in Vietnam is of importance to Australia for several reasons. Firstly, molecular virology reveals Australians and Vietnamese now share inter-connected HIV sub-epidemics (Ryan et al. 2004). This shows that ‘local’ risk environments in Australian cities are now, in part, downstream consequences of Australia’s activity in the Second Indochinese War (see Elliott et al. 2003). Drug seizures, executions, HIV research and heroin signature testing show the two nations have a common link with Myanmarese opiate production and global narcotics trafficking (DPA 2004; Ehleringer et al. 1999). Secondly, Australia has an extensive aid programme with Vietnam, which includes HIV prevention advocacy and, in particular, a Mekong sub-regional perspective to persuade legal and health policy makers to support harm reduction (ACIL 2001; Downer 1998). Because this is a trans-boundary phenomenon, it assists policy analysis if AIDS is examined in a regional perspective. Thirdly, motivated by its “own national interest” (Downer 1999), Australia actively pushes economic transition in Vietnam, including little-known privatisation promotion (hence job-shedding) in Hai Phong City (IFC 1999) which is a city with HIV sub-epidemics among unemployed youths. Paradoxically, globalisation of economic liberalisation may actually enhance transmission environments (Altman 1999), so as Martens (2002: 646) has argued, it is useful to explore instances in which macro-level disturbances may have negative health consequences (Labonte and Togerson 2005). Furthermore, as Australia is a supporter of harm reduction approaches and the Millennium Development Goals (Downer 2005), this research may assist advocates to persuade supra-national development institutions that drugs and development must be seen as inextricably linked and treated as such.

Additionally, the findings of the research can assist calls for donors to overtly support and fund increased harm reduction interventions in a) drug control and b) mainstream development programming (Thomas 2006).

1.6.1 Vietnam takes leave of the past

This section introduces elements of economic transition in Vietnam before reviewing a body of literature into individual-level risk factors concerning the HIV epidemic. According to Anthony Giddens, when peoples, communities or nations face points in time where change is confronted voluntarily or is imposed, the nature of certainty is challenged:

“The notion of risk becomes central in a community that is taking leave of the past, of traditional ways of doing things, and which is opening itself up to a problematic future” (Giddens 1991a: 111).

Vietnam effectively missed out on post-World War II global expansion in trade after the Truman administration reversed Roosevelt’s opposition to French re-colonisation of Vietnam, Cambodia and Laos (Bateman 1956; Hess 1972; La Feber 1975; Sebrega 1986; Sharp 1946). Under the influence of Britain and France, the (effectively) pro-colonialism decision by the US upon Japan’s surrender set in motion the three-stage Indochina conflict that constrained Vietnam’s frontiers for almost 50 years (Blum 1980; Currey 1996; Fifield 1977; Tonnesson 1985; Xinhua 1995a). As will be discussed later in this thesis, unified Vietnam was only accepted into contemporary economic globalisation following the collapse of Eastern European communism (Janssen 1993). This does not mean the Vietnamese were excluded from rising global flows; the predominantly rural communities did participate, but as recipients who were occupied, experimented on, bombed, defoliated and then — post 1975 victory — embargoed (Andreff 1993; CCAS 1970; Dwernychuk et al. 2002; MacNamara 1996; Nham Tuyet and Johansson 2001; Pape 1990; Pierce 1995; Rovner 1996). It is important to bear in mind that exclusion was not voluntary and it generated latent demand to rapidly ‘catch up’ with regional neighbours once the opportunity arose (Kiet 1995a). Significant institutional transformations have continued to unfold since the early 1980s (Thayer 1995b, also thesis Chapter 6). A key trade-related indicator of this emergence from socialist networks is foreign direct
investment (FDI) which is at the heart of contemporary globalisation (UNCTAD 2003).

Because flows of international capital are fundamental indicators of globalisation processes and trajectories (Held et al. 1999; Hirst and Thompson 1999), they represent a barometer of Vietnam’s re-connection with profit-seeking capitalism during peace-time (hoa binh). The law on FDI was passed in 1987, and first signs that FDI was returning to Vietnam appeared in 1988. Investment law was amended four times before 2002 in response to investors’ needs (Doanh 2002). As Vietnam took leave of the past by seeking new foreign relations, flows into and within its borders were greatly constrained and shaped by a range of factors including the following:

1. Internal migration was restricted by a household registration system and poor transportation infrastructure damaged by US bombing (Chapter Five).

2. The Vietnamese People’s Army was still in Cambodia after reacting to Pol Pot in December 1978, and tension remained particularly high along the Thai-Cambodia border (Charnbhumidol 1992; Morris 1999; TASS 1988).

3. The Mekong River downstream of Yunnan province, China, had not been spanned by a bridge and Thai-Lao border crossings, including trade, were restricted because of Lao’s close relationship with Vietnam and Cambodia (Bakker 1999; Oldfield 1998).


5. Vietnam was excluded from ASEAN and remained under a US-led economic embargo that prevented the World Bank, IMF and ADB from engaging with Vietnam (Dinh 1993; Jansen 1993), and

6. Since mid-1978, Vietnam had been a member of the Soviet-led Council for Mutual Economic Assistance (CMEA), described as an entity “integrating the mandatorily planned economies” (Fingerland 1991).
Through the CMEA network Vietnam exchanged technology, labour, trade, education and culture with non-capitalist territories including Poland, Russia, Ukraine, East Germany, Czecho-slovakia, Hungary and Cuba. Aside from military assistance, the Soviets provided about US$1.8 billion in economic development aid to Vietnam between 1965 and 1975 (Theriot and Matheson 1985). Just as it traded textiles (Akiba 1998), Vietnam also sold its highland opium into Eastern European pharmaceutical markets (Rapin 2003). Export labour was a form of aid repayment (Rudner 1996) and, between 1981 and 1990, an estimated 217,183 contract workers relocated to Eastern bloc countries (Dang et al. 2003).

CMEA relations were transformed post-perestroika and in July 1990 Mikhail Gorbachev issued a decree “On introducing changes into the Soviet Union's foreign economic relations” which foreshadowed a transition in financial relations from January 1991 (UN 1991). The re-orientation was due to events in Europe, but it had seismic implications for the nature of Vietnam’s global integration (Vinogradov 1991), and critically, its regional and sub-regional trade (Amer 1994; DFAT 1997; Dollar 1996; Goodman 1996; Palmujoki 2001; Zagoria 1997). The dissolution of the USSR sent reverberations around the globe (Giddens 1996; Shaw 1999), including in Vietnam which relied on its non-Chinese communist supporter. Almost 280,000 Vietnamese in Eastern Europe had to return at a time of rising unemployment (Dang et al. 2003: 12). If we accept Giddens’ position, with Soviet-led financial and technical flows vanquished and China yet to become an option (see Chapter Five), unless Vietnam was prepared to “remain poor” it had no choice but to turn toward ‘the west’ and its version of globalisation (Giddens and Hutton 2001: 42); at the time, this was rising neo-liberalism (Williamson 2004a).

1.6.2 Ideological watershed

After the collapse of the Soviet Union, Hanoi gazed in the direction that Ho Chi Minh looked unsuccessfully until as late as 1946, toward the ‘west’ and the US in particular (Duiker 2001; Fifield 1977); this time, ascendant neo-liberal ideologies welcomed Vietnam into the fold, but with clear terms of engagement. The European ideological reconfiguration enabled Vietnam to engage greater regional flows (Womack 1996). In July 1993 Clinton lifted the US ban on IMF and World Bank loans to Vietnam.

28 The USSR supplied an estimated 90% of oil, steel, cotton and nitrogenous fertilisers between 1981-85; up to 70% of total exports in 1981 and 60% in 1985 were within CMEA (Andreff, 1993).
and the global transport sector predicted boom times for shipping traffic to and from Vietnam (Brennan 1993). Soon afterwards, several countries gave Vietnam a bridging loan so it could repay outstanding IMF debts so that the IMF could then immediately provide the first loan from its fund “created to help communist countries move toward capitalism” (Awanohara 1993). In the lead-up to its first Structural Adjustment Programme (SAP) loan, it was observed that more Asian Development Bank (ADB) and World Bank advisors had probably entered Vietnam “than any country on earth” (Jansen 1993). The World Bank held its first Vietnam donor conference in Paris in 1993 and its Vietnam in-country economic advisor, David Dollar, soon argued economic growth would make it easier to “lay off civil service workers or to privatise state firms” (Dollar 1994: 15). In a sign of just how rapidly commodity flows can respond when a constraint is removed, Clinton lifted the US trade embargo on February 3 1994 and the next day, with the youth market in mind, the first Pepsi bottles flowed off the joint-venture assembly line near Ho Chi Minh City (Dana and Dana 1999: 442).

Then, in the pivotal diplomatic year of 1995 (Womack 1996) — following lobbying from veterans and its business sector — the US normalised relations 16 years later than it could have. ASEAN, which was established as an anti-communist bloc against the Democratic Republic of Vietnam (DRV), accepted unified Vietnam into its envisaged free trade regime in July 1995. Furthermore, in December 1995 Vietnam and China announced re-establishment of cross-border transportation linkages including the Yunnan-Lao Cai railway line. Vietnam’s re-emergence as an attractor of investment had been “fortuitously timed”, as it coincided with the Asian Tiger mentality in which “investor appetite for exposure to Indochina was high” (Freeman 2002). As the Ministry of Planning and Investment’s Doanh described, there had been a sense of euphoria and expectations that mass employment creation would follow.

The timeline of FDI flows reveals the low base from which engagement commenced and the rapid rise after the fall of Soviet communism, peaking in The Year of the Rat, 1996. New risks associated with courting global capital flows for development became apparent in 1997 during the Asian financial crisis. Soros (2001) argues that the crash illustrated the fragility of financial markets, in which poorer nations are especially vulnerable. The meltdown highlighted the paradox in which “globalisation and market capitalism had the potential for enormous benefits, but also posed some serious risks” (Stiglitz 2003b: 275).
In less than two years after Vietnam metaphorically “joined the world”, the robust Asian ‘economic tigers’ myth was shattered.

**Figure 1: Flows of foreign direct investment to Vietnam 1991-2001.** Source: Le Dang Doanh, Ministry of Planning and Investment, to IMF conference, Hanoi, August 16-17 2002

As shown in Chapter Five, the FDI correction occurred almost immediately after border relaxation saw Chinese entrants to Vietnam increase sharply during 1994-1996. Experience from the HIV pandemic elsewhere suggests that opening borders for trade may increase risks by enabling pathogens to flow across more easily (Kimball et al. 2005; Linge and Porter 1997; Urry 2000). The following section will discuss the sharp increases in HIV rates in Vietnam that followed the mid-1990s realignment of geopolitical, financial and border relations that will be discussed in chapters four and five.

### 1.7 HIV in Vietnam: patterns and trends

After 1998-1999, Vietnam experienced explosive sub-epidemics among IDC and female commercial sex workers (FCSW) that have now spread to all provinces. It is estimated that there are about 260,000 infections (range 150,000-430,000) (UNAIDS 2006). Vietnam is described as having a concentrated epidemic which is yet to
“bridge”\(^{29}\) into what is often referred to as the “general population” (Nguyen et al. 2004b; Tran et al. 2005). According to some modellers, it will most likely remain a patchwork of concentrated sub-epidemics (Chin 2003). However, as will be shown below, assumptions that social conditions in Vietnam are unlikely to see an expansion of the sub-epidemic beyond specific ‘at-risk’ populations may be incorrect. Analysis of the trends in sentinel surveillance highlights sudden seroprevalence increases in surveillance populations that indicate the virus has encountered increasingly favourable environmental conditions.

1.7.1 Detections and seroprevalence

In the year that Vietnam began seeking FDI, 1988, it also commenced testing for HIV. Testing was first conducted in Hanoi, Ho Chi Minh City, the port city of Hai Phong and the central coastal city of Da Nang (Nguyen et al. 2004b). On January 14 1991, the Voice of Vietnam\(^{30}\) announced that in December a woman had become the nation’s first detection (Nguyen and Wolffers 1994; VoV 1991). Although it is said the woman had been in Thailand, in other versions she is “a young woman who was said to be infected by her sex partner – a foreigner” (Nguyen 2003b: 17). A doctoral dissertation asserts she was due to marry an Australian-Vietnamese and was tested as part of her visa application (Le 2003a).

No cases were detected among Vietnamese in 1991; on April 18, the Vietnam News Agency broadcast,

> “among the 97,812 blood samples taken of high-risk groups in Vietnam, 57 were proved to be HIV seropositive [.058%]. Of these 57 cases, one was Vietnamese, 53 were Thai fishermen, two were American and an Australian of Vietnamese origin, and one Taiwanese” (VNA 1991).

AIDS deaths in 1993 suggest the lentivirus was present in some Vietnamese as early as the late 1980s, yet the HIV virus was framed as an external hazard (MDRC/UNDP 2002). Professor Hien noted “policy had been to see the infection as

\(^{29}\) There is a remarkable similarity with language used to describe potential linkages between population groupings and that of construction engineering. Sex workers are deemed “reservoirs”. They are “bridges” that “span” into “general populations”, as if sex workers themselves are not part of the general community.

\(^{30}\) Voice of Vietnam is the English-language radio service owned and operated by the Government of the Socialist Republic of Vietnam under the Ministry of Culture and Information.
a threat from outside”, amplified intensively through “national campaigns to warn the public about the risk of AIDS from foreigners” (Nguyen and Wolffers 1994: 410). It would be later argued that despite initial claims that foreigners were driving a sex industry, it was in fact local men themselves (Nguyen et al. 2001c).

**Figure 2: HIV detections, AIDS and related deaths 1990 to July 2004.**


Molecular virology identified the emergent sub-epidemic as sub-type HIV 1-E associated with early virological mapping of Thailand’s sexuality transmitted sub-epidemics (Kato et al. 2001; Kato et al. 1999; Limpakarnjanarat et al. 1998; Menu et al. 1996; Nerurkar et al. 1996). As Figure 2 shows, there was a gradual rise in detections from 1993 to 1995. Then, there was a 224% increase in detections from 1998 to 2000, and by mid-2004 more than 82,000 infections were reported.

It is important to note that 73% of all detections before 1997 were attributed to injecting drug use (WHO 2002a). By the end of 2002 the ratio had declined only slightly, to 62% (MoH 2003a). Before 1996, the epidemic was perceived as one of distinct geographical halves, with only sporadic detections recorded in the north. North is classified as north of Thanh Hoa Province, accounting for 4254 of 9000 communes in Vietnam.

31 It is claimed denial was an initial response of almost every country in Asia with governments “focussing on HIV/AIDS as an imported rather than indigenous disease” (Ruxrungtham and Brown et al, 2004).

32 North is classified as north of Thanh Hoa Province, accounting for 4254 of 9000 communes in Vietnam.
in provinces bordering or near Cambodia (Khoat et al. 2003; Lindan et al. 1997; Nerurkar et al. 1996). The north-south separation extended to injectors who in Hanoi were generally younger than those in HCMC, had lower HIV awareness levels and tended to be injected by professionals working out of “shooting galleries” (Abdul-Qaader et al. 1999).

Seroprevalence trends are monitored through sentinel surveillance, which was introduced to eight sites in early 1994 (Nguyen and Wolffers 1994). The population sub-groups in the surveillance categories are tuberculosis patients, military recruits, intravenous drug consumers, prenatal women, STI patient and commercial sex workers. Figure 3 illustrates regional aggregations of surveillance categories not considered as high risk populations.

**Figure 3: Sentinel surveillance other than IDC, FCSWs**

<table>
<thead>
<tr>
<th>Surveillance Categories</th>
<th>Male STI Patients</th>
<th>Pregnant Women</th>
<th>Military Recruits</th>
<th>TB Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>0.03</td>
<td>0.72</td>
<td>1.07</td>
<td>1.5</td>
</tr>
<tr>
<td>Central</td>
<td>0.19</td>
<td>0.25</td>
<td>0</td>
<td>0.59</td>
</tr>
<tr>
<td>South</td>
<td>0.67</td>
<td>0.74</td>
<td>1.56</td>
<td>1.75</td>
</tr>
<tr>
<td>North</td>
<td>0.04</td>
<td>0.11</td>
<td>0.18</td>
<td>0.52</td>
</tr>
<tr>
<td>Central</td>
<td>0</td>
<td>0.02</td>
<td>0.07</td>
<td>0.04</td>
</tr>
<tr>
<td>South</td>
<td>0.06</td>
<td>0.16</td>
<td>0.12</td>
<td>0.25</td>
</tr>
<tr>
<td>North</td>
<td>0</td>
<td>0.43</td>
<td>0.5</td>
<td>0.79</td>
</tr>
<tr>
<td>Central</td>
<td>0</td>
<td>0.02</td>
<td>0.04</td>
<td>0.01</td>
</tr>
<tr>
<td>South</td>
<td>0.5</td>
<td>0.1</td>
<td>0.12</td>
<td>0.44</td>
</tr>
<tr>
<td>North</td>
<td>0</td>
<td>0.38</td>
<td>0.81</td>
<td>3.42</td>
</tr>
<tr>
<td>Central</td>
<td>0.37</td>
<td>0.51</td>
<td>0.52</td>
<td>0.43</td>
</tr>
<tr>
<td>South</td>
<td>0.73</td>
<td>0.74</td>
<td>0.4</td>
<td>2.11</td>
</tr>
</tbody>
</table>

Source: Nguyen T. Hien, Nguyen T. Long and Trinh Quan Huan 2004 (Ministry of Health).

The official storyline of HIV in Vietnam throughout the 1990s did not recognise the possibility of sexual transmission between men (MSM) (Nguyen et al. 1999). It is now argued that this blind-spot may be a contribute to unsafe sex among MSM.

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13 This was associated with linkages to the Cambodian sex industry in which young Vietnamese are trafficked or, driven by poverty, move voluntarily (Derks, 1999).
14 It was expanded to 12 sites in 1995, 20 in 1997 and 30 in 2001 (Nguyen, Nguyen et al, 2004). In 2003 it was extended to 40 provinces, although according to Professor Hien the 2003 sentinel surveillance data was not released because of concerns with sampling (personal communication).
15 It should be noted that the IDC and FCSW tested are those in detention centres. Such centres are renowned as incubators for HIV (Crofts, Costigan, et al, 2003).
There has been a gradual rise in seroprevalence among prenatal women, particularly in northern Vietnam where it approached 0.5 percent in 2002. However, close inspection of the SS data reveals there are some provinces with substantially higher prenatal seroprevalence rates. For example, in 2001 the rate was 1% in An Giang, 1.92% in Lang Son and 1.82% in Lam Dong from 769 tests. In 2002, the SS dataset shows 4.32% among pregnant women in Lang Son and 1.25% in Quang Ninh. This reveals geographical pockets that show signs of satisfying statistical criteria for a generalised epidemic. Seroprevalence among military recruits shows a trend upwards, peaking nationally at 1.39 percent in 2001. Unpublished data from the sentinel surveillance shows recruit seroprevalence rates higher in some provinces. For example, 2001 data shows seroprevalence of 2.2% (800 recruit tests) in Hai Phong, 2.62% (840) in Dong Nai, 2.63% (800) in Vung Tau and 2.41% (800) in Ho Chi Minh City (HCMC). However, in Quang Ninh 5.9% of the 1056 recruits tested were positive.

Vietnam is a prime example of the speed at which HIV can prosper in sharing injecting sub-cultures (Brown 2003; Cohen 2003; Reid and Costigan 2002). As will discussed in Chapter Five, at the beginning of the 1990s injectors consumed liquefied local opium (Power 1993). National surveillance found a steady decline in IDC seroprevalence from 21% in 1994 to 9.23% in 1997 (Nguyen et al. 2004b). From 1997 onwards IDC seroprevalence escalated from almost 19% in 1998 to almost 32.8% in 2002. The 2002 raw SS dataset reports an average seroprevalence of 29.34% from 11,134 tests across 30 provinces. However, if the data is recalculated to compensate for large variations in sample sizes, the average rate was actually 37.54% (Griffiths 2004).

The reversal in IDC seroprevalence was particularly evident in HCMC and provides a signpost to the overall opiate transformation in Vietnam. Opiate injectors in former Saigon were the first to encounter the epidemic and seroprevalence rates saw an overall decline from 34% in 1994 to less than 19% in 1998. However, by 2001 it was 80% (Nguyen et al. 2004b). The 2002 raw SS data records 80.7% from a small

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36 The numerical index for generalized epidemics is that HIV prevalence is consistently over 1% in pregnant women (Schwartlander, Ghys et al, 2001).
37 At the time this created quite a stir among HIV prevention agencies. Interestingly, in the raw dataset for the 2002 and 2003 sentinel surveillance the column for HIV tests among recruits in Quang Ninh province is empty.
38 However, if the data is recalculated to compensate for large variations in sample sizes, the average rate was actually 37.54% (Griffiths 2004).
sample (n=171) (NIHE 2002), followed by 54.7% in 2003 (n=398) (NIHE 2003). Other southern provinces recorded sharp seroprevalence increases. The rises generally occurred after 1996. Kien Giang was 5% in 1996, 13.5% in 1997 and 23.5% in 2001. In Can Tho seroprevalence among IDCs went from 1.4% in 1996, 8% in 1999, 21% in 2000 and 42.5% in 2002 (Nguyen et al. 2004b). Half the IDCs surveyed in rural Can Tho shared needles and were unaware of HIV risk (Griffiths 2004a). The 2003 raw SS data for Can Tho records 47% among 400 tests. In Vung Tau seroprevalence raced from 5.5% in 1997 when SS commenced to 54.75% in 2000.

In contrast to HCMC, which had HIV within liquid opium networks at the beginning of the decade, the virus’ entry into northern injecting sub-cultures appears to have been delayed. Of relevance to this thesis is a transportation “triangle” encompassing Hanoi, Hai Phong, Quang Ninh and Hai Duong. Seroprevalence in Hanoi was steady at less than one percent until 1997, when it reached 2.39%. In 1999 it was 13.25% and by 2002 it was 25.5%. In Hai Phong, the first three years of sentinel surveillance failed to find a case among injectors, but in 1997 these cases began to appear on the radar (1.35%). The following year seroprevalence among IDCs in Hai Phong was 32.8% and, by 2000, 78.53%. The 2003 SS raw-data reports seroprevalence at 60.5% in Hai Phong. Half-way between Hanoi and Hai Phong on Highway 6 is Hai Duong, which has become an industrial centre in recent years. Hai Duong was added to sentinel surveillance in 2001 and recorded 56.25% IDC seroprevalence followed by 61.25% in 2002. Quang Ninh has by far the highest HIV prevalence rates among all provinces. Sentinel surveillance commenced in Quang Ninh in 1996 when 0.73% of 137 IDC tests were positive. In 1997, 363 tests were conducted for SS, but all results were negative. However, in 1998, more than 900 IDCs were tested and 65.86% were positive. In 1999 it was 72.86%, elevating this HIV triangle to levels of alarming alacrity rarely recorded in the epidemic’s history.

Seroprevalence among tested female commercial sex workers rose gradually before warning signs began to emerge in HCMC after 1996 (Lindan et al. 1997). In An Giang, it increased from 2.75% in 1994 to 4.09% in 1996, 14.66% in 1998 and peaked at 17.86% in 2001. In the heart of the Mekong delta, Can Tho, seroprevalence reached 15% by 2001 and 23% the following year (Nguyen et al. 2004b). It is

39 In a reflection of the questionable nature of recent sentinel surveillance data, in the 2003 sample, Hai Duong reported only 1.25% seroprevalence among IDCs.
40 Quang Ninh province abuts Hai Phong borders China, is home to Hon Gai trade port and rapidly expanding tourist resorts in and near Ha Long Bay.
observed that the rapid increase among sex workers in HCMC and Hanoi began in 1997 and 1998 (Ruxrungtham et al. 2004b). Seroprevalence was only 0.1% in Hanoi in 1996, but rose to 3.85% in 1998 and was 15% by 2003 (Nguyen et al. 2004b; NIHE 2003). In Hai Phong, seroprevalence rose sharply after 1997, surpassing 7.75% in the 400 samples for the 2002 SS. In HCMC, FSW seroprevalence was 2% in 1997 and almost 24% four years later. Nguyen et al. do not include data for FCSW from the popular beach tourist resort and oil town of Vung Tau, even though IDC data is published (Nguyen et al. 2004b). However, the unpublished surveillance dataset for 2002 shows seroprevalence among Vung Tau FCSW as 6.5% (NIHE 2002).

These trends highlight increases in both commercial sex workers and IDCs after 1997 to the point where certain localities have extremely serious sub-epidemics. A key question is, what is the significance of this for the environment of the epidemic more generally?

1.7.2 Asian Epidemic Model and Vietnam

There is much critical debate within the HIV/AIDS literature about whether or not Vietnam's epidemic may transform from "concentrated" to "generalised", and what role injection may play in this transformation (Grassly et al. 2003; Nguyen and Wolffers 1994; Saidel et al. 2003; Wessing and Kretzschmar 2003). This debate occurs within the context of the medico-scientific "Asian Epidemic Model", which describes the epidemic as consisting "almost entirely of multiple, inter-related epidemics in key at-risk populations and their immediate sexual partners" (Brown 2004b: 2). Discussions of this statistically-driven model generally hinge on concepts of boundaries, networks and interplays between populations of FCSW, IDCs and male purchasers of sex. A central concern is whether or not the boundaries are real, and if so, to what degree they will be crossed. Key issues affecting projections are the ratio of men who use commercial sex, the number of clients FCSW have and the rates of condom use (Brown 2004c; Chin 1999; Chin 2003; Cohen 2004a). However, more recently, the literature has been forced to examine the overlap of injection and commercial sex work, particularly in Vietnam (Pisani 2004; Tran et al. 2005). Understanding the significance of shifts in the injecting drug environment is of

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41 Pisani had argued that most women who both inject and sell sex did so "in countries where condom use in commercial sex is high" thereby limiting the possibility of IDC epidemics "spilling over" to general heterosexual population "to any significant degree" (Pisani, 2000).
pivotal importance in understanding the extensity and intensity of HIV and the development of more effective interventions.

To date, the Asian Epidemic Model has assumed scenarios in which there were not large numbers of FCSW injecting drugs (Saidel et al. 2003). Where FCSW have low numbers of clients, heterosexual risk behaviours may be insufficient for “transmission within the general population at large” (MAP 1999: 5). For example, HIV modellers have assumed that in Vietnam “only 5-10% of men visit sex workers” (Ruxrungtham et al. 2004a: 71). This official storyline is also evident in a WHO study of Quang Ninh in which it is claimed that men had low numbers of sexual partners (Bui et al. 2001: 17). The 5-10% ratio was used as one of the assumptions for the most recent estimates and projects modelling, which argued that there was a) no FCSW s in rural areas and b) a lack of reliable data on the ratio of men who purchase commercial sex and the frequency of purchase (MoH 2005). This thesis does not concur with the position that the sex industry is not in rural areas, or that it is “under-ground” and “difficult to observe” (see Le 2003a). Rather, the sex industry is widespread and “pervasive” (see Le et al. 2000: 83). It is imbricated across a wide range of commercial activities, including hair-dressing, restaurants, hotels, nightclubs, steam-baths and massage venues, and the bulk of employed clients work in Party-controlled institutions or private business (WVI 2004). Undoubtedly, absolute and relative poverty pushes women (especially mothers) toward this sex industry (Grayman et al. 2005). Women and girls are often indentured into working as prostitutes by being offered loans for themselves or their families, which they then have to work off (Truong et al. 2004). Even in small towns, brothels and establishments for an indirect sex industry are basically “semi-official” businesses, reflecting high demand by men for paid sex (Que 1998).

Sexual norms in Vietnam are in transition and taboos on sex before marriage are having less hold upon young men and women (Gammeltoft 2002), particularly in

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42 Chin attributes Cambodia’s generalised epidemic to FCSW having 18-33 clients per week while in low prevalence Philippines and Indonesia the sex partner exchange rates of FCSW were “about 7 to 14 clients per week” (Chin, 2003).

43 There’s an abundances of venues selling sex (Rekart, 2002), and the industry is more integrated into the economic system than pre-1975 (Kolko, 1995). Highly visible karaoke represent structured commercial sex enabled through political relations that allow the industry to thrive (Koh, 2001). Sojourners’ resorts such as Do Son even supply sex through and within family restaurants (Dao, 2004). In HCMC workers “roam the streets on motorbikes, looking for customers and at night will perform quick hand-jobs in the park for a few thousand dong” (Altman, 2001). The pervasiveness of the ‘handjob’ scene has even prompted calls for it to be considered a de facto HIV prevention method (Walters, 2003).
urban centres (Belanger and Khuat 1999). The sex industry still fulfils the role of providing males with sexual initiation and an adjunct to sex with partners. In Hanoi it was recorded that “70.8 per cent of those [men] who first had sex before the age of 20 experienced a sexual relationship with a sex worker” (Nguyen et al. 2002b). The same analysis, which was limited to the capital, found that almost a third of male non-virgins had purchased sex commercially and of those, 45% had done so at least five times in six months. Polygamy was not illegal until 1959 (Turley 1972: 798), but evidence suggests the cultural practice was not stamped out even during socialist transformation (Hy 1989). A analysis of 804 males who sought STI treatment found all had visited FCSW, 58% reported their first intercourse was with a FCSW and married men were just as likely to have girlfriends as single men (Nguyen et al. 1998: 724).

The number of clients per sex worker varies across geographic regions and socio-economic conditions. In the border provinces of Lai Chau, Quang Tri, Kien Giang, Dong Thap and An Giang the average number of clients per week can range from four in Kien Giang to six in An Giang (Nguyen et al. 2002a). However, another study involving Kien Giang reported as many as 40 per week (MoH 2003b). Behavioural Sentinel Surveillance (BSS) found the mean number of regular clients per week for karaoke-based sex workers was lowest in Can Tho province, at 1.3. It was 7.5 in Ho Chi Minh City, 5.2 in Hanoi, but in Hai Phong it was 22.5. Karaoke workers in Hai Phong reported a mean 19.2 number of “one-time” clients. Street-based workers, more likely to be drug injectors and often older (Nguyen et al. 2004a), had higher numbers of one-time clients and regular clients. For example, street-based sex workers in Can Tho had, on average, 12.9 one-time clients per week and 15.2 regular clients. Again, Hai Phong was highest with 15.1 one-time and 17.2 regular clients per week. In the sex tourism resort of Do Son, 55% of FCSW had at least 20 clients per week in an extremely structured sex environment, where almost no men initiated condom use (Dao 2004). Other Do Son research found girls had five to seven clients per day, for which they received only one dollar per customer (Rushing et al. 2005). Tran (2004b) found street-based FCSW in Hanoi had as many as 28-30 clients per week and brothel-based women as many as “seven or eight per day”. Additional

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44 Even decision 97-SL by President Ho Chi Minh of 22/11/1950 did not include the one-man/one-wife ruling. DRV (1950). Sua do mot so quy le va che dinh trong dan luat, Sac leh ngay 22-11-1950 cua Chu tich nuoc Viet Nam Dan chu cong hoa.

45 The differential between one-time, frequent or regular is critical because studies consistently show condom insistence and usage is lower when the FCSW and FCSW are familiar with each other.
research in Hanoi reported up to 32 customers per day for brothel-based women (WVI 2004: 25).

Clearly, this data reveals locales where the woman-to-client ratio is particularly high and, as Nguyen and Vu et al. (2002) suggest, calls into questions the assumptions that a low percentage of males purchase sex. Condom use rates revealed in the BSS clearly illustrate the potential transmission pathways for the HIV virus:

“About one third of [female] CSWs in Hanoi and HCMC reported using a condom consistently with all one-time clients in the past 12 months, and even few women in these provinces reported using a condom every time with regular clients (29.4% in Hanoi and 14.7 per cent in HCMC)” (FHI/NASB 2001:26).

Several studies have compared “classes” of sex workers and reveal an interesting paradox between wealth and risk: street-based sex workers tended to have higher rates of condom insistence than “middle” and “higher” class women (Le 2003a; Le et al. 2000; Tran 2003b). ADB-sponsored research found 50.8% of FCSW reported consistent condom use with non-regular customers, 35.5% with regular customers, 20.6% with lovers and 9.2% with their spouse (MoH 2003b: 35). Reported use of condoms was extremely low in Lai Chau: 43.5% use with non-regular clients, 22.2% with regular; only 6.1% with lovers and 5.3% with spouses (Nguyen et al. 2002a).

Thus far, data presented on client ratios and condom usage illustrates potential transmission pathways, even if it is assumed that IDC is not a significant feature of the commercial sex industry. However, the earlier assumption offered by Pisani (2000) is no longer feasible. As Chapter Five will illustrate, heroin has now crossed the gender boundary and injecting drug consumption is an additional risk factor in the commercial sex industry (Doussantousse and Higgs 2002; Doussantousse and Nguyen 2001b; FHI/NASB 2001; MoH/UNODC 1998; Nguen et al. 2004a; Nguyen 2004a; Tran et al. 2004b; WVI 2004). Pisani (2004) now claims that the rate of injection

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46 Ironically, appearance of wealth adds to risk. Women perceive well-dressed men as wealthy, clean and hence less likely to be positive. Thus, they are less insistent on condom use even though wealth is associated with higher rates of using sex workers. Men whose appearance suggests lack of wealth, such as nguoi lao dong (labourers), are viewed by the women as being more likely to be positive so they are more insistent on condom use. Men perceive up-market FCSW as less likely to be positive so try to negotiate condom-free sex, while men consider lower-market FCSW as higher risk and so are less likely to insist on condom-free sex.

47 Lai Chau is in the mountainous north-west bordering Lao. It is a former opium production area that is now experiencing heroin injection. Ethnic minority women, especially Tai, participate in the sex industry.
among sex workers in Vietnam is only matched by Manipur in north-east India bordering Myanmar. This has created a sense of urgency among a health sector eager to protect the so-called ‘general population’:

“Vietnam faces an urgent double challenge to prevent HIV transmission through injection drug use and through sex work into the wider heterosexual population” (Nguyen et al. 2004b: 138).

It is now reported that convergence of heroin (inhalation) and commercial sex appearing during the Year of the Rat, 1996 (Tran et al. 2005). An important question is why it has taken eight years for the heroin/sex industry overlap to be recognised as an urgent threat and for harm reduction to be officially embraced as a legitimate component of mainstream prevention strategies.

1.7.3 Harm reduction policy environment

Harm reduction approaches have been piloted in Vietnam for more than a decade (Quan et al. 1998). Although it is now being accepted in policy and several projects, a major challenge is to achieve widespread coverage (MoH/NASB/UNODC 2000; NCADPPC 2004). Interventions have been dependent on flows of international development assistance and have therefore encountered problems of sustainability when funding runs out (SRV 2006a; Tran 2000). Programme mapping in 2003 counted at least 37 foreign institutions conducting HIV interventions (MoH/NASB 2003). UNAIDS found that in 1997-1999, US$22,840,300 had been disbursed on HIV/AIDS prevention in Vietnam. As it builds political ties with Vietnam, the US has increased its funding through CDC, POLICY Project and Family Health International. International NGOs accounted for $11,627,620, bilateral donors $5,804,738, and UN agencies $2,375,549, while the government committed just $4m (UNAIDS 2002). For 2002-2003 the total amount available or committed to HIV/AIDS interventions rose to $55,761,662 while the government’s commitment rose to only $4.3m. In 2005, the World Bank announced a grant of US$35m for a five-year project that will try to persuade provinces to implement harm reduction approaches (WB 2005), and the White House alone pledged US$25m in 2005 for ARV (STATE 2005b). Clearly, the lack of overall funding is no longer the major issue.48 Challenges lie in coordination,

48 Numerous conversations I have had with provincial-level health officials indicate the opposite. A common observation is that the central-level AIDS staff are pre-occupied with internationally funded projects because that is where the money is. Many provincial level staff argue this is at the expense of the
capacity building, overcoming discrimination toward IDC, FCSW and PLWA, and moving beyond top-down projects that have so far failed to gain sufficient coverage (MDRC/UNDP 2002).

Unlike Thailand which commenced the 100% condom programme in 1991 (Kilmars et al. 2002), the approach was not genuinely implemented in Vietnam (as of 2003). The on-going WHO/DIFD project in 21 provinces seeks to address this in part.49 Overall effectiveness of harm reduction prevention in Vietnam has not been extensively evaluated (Quan et al. 1998; Quan et al. 2000). There has been one semi-independent evaluation of the national HIV programme, but its scope was limited (MDRC/UNDP 2002). The review found drug consumers were heavily stigmatised and there was no overall communications strategy, poor coordination, weak capacity among the defunct National AIDS Standing Bureau and “programs targeting high-risk groups such as youths, men who have sex with men, HIV infected people, FSWs and IDUs had not been developed on a national-scale” (MDRC/UNDP 2002: 9). A UNODC evaluation of pilot harm reduction revealed low coverage due in part to political and police resistance to concepts such as needle provision even when provincial health authorities supported it (Kane 2000). As at late 2003, coverage remained limited (see MoH 2003a), reflecting a long-standing problem of garnering community support for NSP (Quan et al. 1998). HCMC Health Service director Le Giang (2003b) claimed one reason for low coverage was because there had been insufficient political leadership to promote harm reduction.

Recent high-level harm reduction advocacy among health and legal institutions includes the AusAID Mekong sub-regional project supported by the Burnet Institute (ACIL 2001), a 20-province technical assistance project by CDC (MoH/CDC 2004) and the DIFD/WHO condom promotion project. Coinciding with policy shifts in China (Watts 2003; Watts 2004a), by 2004 there were signs that support for harm reduction was emerging in key political bodies, such as the Ho Chi Minh Communist Youth Union, the Central Party Committee on Ideology and Culture, the Ministry of Health and the National Assembly (Eligh and Tran 2004; Griffiths 2004b). Only in March 2004 were harm reduction approaches included in the “National Strategy on HIV/AIDS Prevention and control in Vietnam till 2010 with a vision to 2020” national programme, leaving the vast bulk of locales without international assistance with insufficient assistance.

49 This project is focused on provision of condoms through social marketing. The contracted delivery agency is DKT International which pioneered condom social marketing in Vietnam.
Nonetheless, as the former Vice Minister for Health has pointed out (Pham 2003), persuading decision makers at multiple levels of authority of the need for targeted humanistic interventions for IDCs remains a communications challenge (Griffiths 2004b).

A barrier to putting at-risk people at the centre of prevention programmes is stigmatisation. Until recently, HIV positive citizens, injectors and sex workers have been generally framed as having engaged in deviant behaviours (Khuat et al. 2004). Many PLW A have difficulty accessing health services, may lose employment (if they had it) and are shunned (CSDS 2002; Dang et al. 2004). Stigmatisation has been deemed “the most significant barrier impeding” voluntary counselling and testing (VCT), and for IDCs the fear of being stigmatised is based on previous “cruel treatment in medical settings” (PSI 2005). W omen are stigmatised far more than men (UNODC 2002a). Stigmatisation restricts proliferation of peer education efforts (CARE 2003), as data I have compiled from Vice Minister Hung’s dataset of 2003 reflects. Friend Help Friends (FHF) groups (Nhom ban giup ban) were at the time the state’s version of ‘peer groups’, and a minority of provinces reported having them. As can be seen in Figure 4 below, those provinces reporting FHF membership reported distributing more than a million pamphlets and more than 200,000 cadre attending workshops.

**Figure 4: Provinces reporting Friend Help Friend (FHF) membership, 2002**

<table>
<thead>
<tr>
<th>Province or city</th>
<th>HIV+ in 2002</th>
<th>Members of FHF</th>
<th>Pamphlets</th>
<th>HIV on loudspeakers</th>
<th>HIV workshop participants</th>
<th>Needles distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binh Thuan</td>
<td>691</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>65</td>
</tr>
<tr>
<td>Dak Lak</td>
<td>1,481</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ha Tay</td>
<td>67</td>
<td>20</td>
<td>40,000</td>
<td>4,553</td>
<td>1,234</td>
<td>-</td>
</tr>
<tr>
<td>Hai Phong</td>
<td>4,801</td>
<td>125</td>
<td>68,000</td>
<td>4,617</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hanoi</td>
<td>4,209</td>
<td>36</td>
<td>178,000</td>
<td>28,344</td>
<td>17,072</td>
<td>12,000</td>
</tr>
<tr>
<td>Hue</td>
<td>119</td>
<td>31</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Khanh Hoa</td>
<td>1,513</td>
<td>35</td>
<td>-</td>
<td>13</td>
<td>-</td>
<td>600</td>
</tr>
<tr>
<td>Lang Son</td>
<td>2,067</td>
<td>200</td>
<td>19,660</td>
<td>177</td>
<td>1,050</td>
<td>-</td>
</tr>
<tr>
<td>Nam Dinh</td>
<td>984</td>
<td>6</td>
<td>30,000</td>
<td>1,417</td>
<td>2,700</td>
<td>12,000</td>
</tr>
<tr>
<td>Phu Tho</td>
<td>445</td>
<td>7</td>
<td>328,932</td>
<td>2,250</td>
<td>115,301</td>
<td>2,000</td>
</tr>
<tr>
<td>Quang Ninh</td>
<td>5,954</td>
<td>120</td>
<td>327,000</td>
<td>1,549</td>
<td>1,720</td>
<td>15,678</td>
</tr>
<tr>
<td>Son La</td>
<td>325</td>
<td>39</td>
<td>25,000</td>
<td>10</td>
<td>104</td>
<td>-</td>
</tr>
<tr>
<td>Thai Binh</td>
<td>330</td>
<td>20</td>
<td>50,000</td>
<td>2,158</td>
<td>2,003</td>
<td>12,000</td>
</tr>
<tr>
<td>Thai Nguyen</td>
<td>992</td>
<td>11</td>
<td>120,000</td>
<td>700</td>
<td>64,044</td>
<td>12,000</td>
</tr>
<tr>
<td>Thanh Hoa</td>
<td>1,672</td>
<td>8</td>
<td>41,550</td>
<td>582</td>
<td>8,864</td>
<td>5,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,255</strong></td>
<td><strong>663</strong></td>
<td><strong>1,228,142</strong></td>
<td><strong>41,753</strong></td>
<td><strong>228,709</strong></td>
<td><strong>59,343</strong></td>
</tr>
</tbody>
</table>

Data source: Compiled by author from report by Vice Minister for Health, Hanoi, to annual HIV
These provinces also reported almost 42,000 loudspeaker broadcasts about HIV, which averages out to 7.6 per day in each province. Despite abundant workshops and more than a million pamphlets reportedly distributed, the combined recorded membership of FHF groups was only 2.5% of people who were known to be HIV positive in those provinces. These data are indicative of insufficient coverage of peer-based information dissemination and support, at that time. International projects have seen self-help groups grow in recent years.

It is essential for effective responses that IDCs are directly and meaningfully involved with design and implementation (Des Jarlais 2000; Jacobson 2003), but in Vietnam such levels of participation remain an extreme challenge. Only recently have self-help groups for HIV positive people been formed, supported by POLICY project and FHI in particular, both funded by USAID. Yet government agencies continue to exclude PLWA from meaningful participation in elite policy development (CARE 2003). Although there are now emergent signs of support for peer outreach programmes, NSP and even methadone, the long-standing problem of blaming individual IDCs and FCSWs for deviant behaviour remains an impediment to scaling up humanistic prevention interventions.

As Rhodes et. al (2005) argue, this suggests a need for structural approaches to understanding environmental phenomena that have contributed to HIV vulnerability, especially in relation to drug flows. It is important to examine how transition toward a market economy may have already contributed to the risk environment. This is timely because Vietnam is intensifying economic restructuring as it approaches WTO membership, and is being instructed by the IMF and World Bank to hasten the pace of enterprise reforms, which will include privatisation of state-owned enterprises, thereby leading to unemployment (Abonyi 2005; Rama 2002).

Such an understanding may assist in deflecting blame for risk factors away from the level of individuals, upstream toward exogenous factors that create environments of risk and harm, particularly economic transitions (Friedman and Reid 2002; Rhodes et al. 1999c). Lessons learned may be applicable beyond HIV toward other questions concerning economic restructuring, development and power in the context of current globalisation processes.
1.8 Questions for this research

The introduction to the thesis has shown that, as with the former USSR with which it had been economically integrated, unified Vietnam became engaged in global flows of heroin and the related HIV virus after the collapse of Eastern European communism. Convergence of global investment and virological risks followed Vietnam’s engagement with neo-liberal financial frameworks, normalisation of relations with the US, ascension to ASEAN and restoration of Sino-Vietnamese transport linkages. In the lead-up to this transition, FDI commitments rose unsustainably. IDC seroprevalence rates sky-rocketed soon afterwards.

While it is now well known the sub-epidemic began to thrive toward the end of millennium and is associated with trafficking routes (Beyrer et al. 2000), there has been no detailed analysis of why this occurred in Vietnam when it did, and with such speed. The timing and spatial diffusion of risk transformations raises many questions, including:

1. Why did the overall intensification of the sub-epidemic in Vietnam occur significantly later than in neighboring Thailand and China?

2. What shifts in HIV risk environments contributed to the sudden escalation in seroprevalence rates among injecting drug consumers, which until 1997 had been declining?

3. What interplay of macro- and micro-level structural factors created new conditions for the number of HIV infections to increase rapidly from 1998 onwards?

4. What lessons do the experiences in transitional Vietnam offer for questions of globalisation, development and trans-national agencies’ policies toward drug-related HIV prevention in the Mekong sub-region?

Recent research focused at the level of individual behaviours has identified that some female sex workers in Hanoi began injecting heroin around 1998 (Tran et al. 2005). But the literature is without an examination of the geopolitical, economic and other
structural factors that may account for the temporality of this transformation in the virus’ favour. Researchers have suggested that economic transition may be a factor, yet associations between transition and the epidemic have not been sufficiently explored (Gorbach et al. 2002). Therefore, this thesis will address what has been described as an “urgent” need (Maher 2004), to provide research into social, economic and other environmental contexts that shaped the risks faced by IDCs, FCSWs and their fellow community members in the transitional economic settings of Vietnam. Accordingly, this thesis is constructed around one central research question: How have globalisation processes transformed HIV risk environments in Vietnam? Within this multi-level analysis, the aforementioned questions will be addressed.

The following chapter describes the theoretical perspectives and methods used to approach the research questions.
CHAPTER TWO
Theoretical considerations and methods

"Little progress has been made towards achieving the millennium goals - the moral consciousness of the international community. Progress towards these targets has been lamentably slow, and there is evidence that they will be missed by a very wide margin. In fact, there is evidence that there may have been no point in setting these targets at all, so far are we from attaining them in many parts of the world" – David Held, 2005.

2.1 Introduction

This chapter outlines theoretical considerations that inform the analysis and the stages through which data was obtained, analysed and reported. The thesis is trans-disciplinary and thus it analyses data from a range of sources including a) several AusAID HIV prevention projects in Vietnam, b) secondary source materials and data-sets either obtained or assembled while in Vietnam and c) ongoing and iterative sweeps through a diverse spectrum of existing literature, including historical texts, molecular virological mapping, globalisation discourse, risk society and the political economy of Vietnam’s transition. I was a participant observer in two AusAID-funded projects that generated data that this thesis draws upon. These projects were conducted and managed independently by the implementing organisations. Where the project reports are utilised in this thesis, it is done so as secondary data. Accordingly, texts, including researching findings and field reports from these projects, are referenced as existing literature.

As a research project within a School of Applied Communication, the investigation is guided by a) Stuart Hall’s (1989: 43) recommendation that communications scholarship itself should investigate political economy, and b) “communications for social change” scholars, who argue that emergent transnational social movements are a natural laboratory through which to explore tensions within globalisation (Huesca 2001). Elements of the harm reduction paradigm are considered as an “emergent social movement” (Friedman et al. 2001). The trans-disciplinary approach of this thesis is consistent with calls from social science for greater mobilities between disciplines (Urry 2000). Trans-disciplinary research into micro- to macro-level social settings is necessary in HIV policy and programming, particularly where drug consumption overlaps with sex trades (Bourgois 1999; Bourgois 2002). The need for moving across boundaries of academic disciplines occurs in a period in which...
“globalisation studies are at an early stage of recording, mapping, classifying and monitoring ‘the global’ and its effects”, including flows of trans-boundary hazards such as AIDS (Urry 2003: 3). There is a dearth of research at post-graduate level which examines AIDS in relation to globalisation (see footnote).50

2.1.1 Transition and transformation

This thesis will constantly use two related terms that have subtle, but important, differences: “transformation” and “transition”. The first refers to metamorphose, change from one form to another. This may relate to an economic structure, exemplified by the shift from centrally-planned, state-controlled communist systems to market-based means of exchange in the former Soviet Union (Milanovic 1998). Similarly, transformation can refer to an element, or substance (Macquarie 1982). For example, transformation includes the molecular reconfiguration of opiates from raw opium to morphine and degrees of sophistication in heroin. As such, an opiate transformation is a qualitative shift from a traditional form of molecular composition to one of modernity. Thus, a shift from smoking opium in a socialist economic system to smoking heroin, and then injecting heroin, in a market economy is an opiate modernisation at the individual level located within a fundamental macro-level transformation of the means of commodity exchange.

Transition relates to temporality (or timing) because it is a term concerned with mobility, or movement. Transition can be defined as “a passage from one position, state, stage etc to another” (Macquarie 1982). Transition may be instantaneous or gradual. So, while transformation of an economic system, or an opiate consumption practice, refers to form, content and practice, “transition” refers to processes and acknowledges that they involve trajectories and time. Therefore, opiate transformation refers to the shift from smoking opium to injecting powdered heroin, while opiate transition is the trajectories, time, processes and factors that enabled and/or shaped the passage to this modernisation. Vietnam is a transitional and transformational economy moving away from a centrally planned agrarian system that cultivated opium for export, toward a market-based industrialised economy that forbids opium production (Andreff 1993; Beresford 1990; Gates 2000; Rapin 2003).

50 For example, as at November 10, 2005, a keyword search of the Proquest Digital Dissertations database reveals that there are 6246 thesis with the term globalisation/globalisation in the citation and/or abstract, and 2396 with HIV in the citation and/or abstract. But only six have both terms.
2.1.2 Environmental approach and transition

Barnett (2002) has drawn on Ulrich Beck’s discussion of risk society and applies it to globalisation and HIV/AIDS. Barnett stresses that inquiry geared toward re-conceptualising risk settings must be sensitive to the role that economic inequalities play in creating inter-linked environments in which the poor are more likely to be affected by AIDS (Barnett and Whiteside 2002). The application of a risk environment approach (REA) is innovative because it has been put on the research agenda, but

“there remains a ’divide’ between advocating the need to understand the risk environment and the application of method” (Rhodes et al. 1999a: 1333, emphasis in original).

When dealing with globalisation and HIV in South East Asia, we are dealing with geopolitics, human security and economics — particularly where corruption, illegal sex industries and narcotics are concerned (Castells 1998; Chalk 2000; ICG 2001). Given the significance of economics upon health environments, it behoves critical inquiry to address economic transitions when examining globalisation and AIDS (Labonte et al. 2005). The lack of detailed analysis of relationships between economic transitions and sudden outbreaks of HIV constitutes a gap in the knowledge (Rhodes and Simic 2005). These authors claim that multi-method research can assist comparison between transitional social systems that have experienced subsequent HIV outbreaks. They suggest that risk environment exploration should be “iterative”, “comparative”, “multi-disciplinary” and may “generate hypotheses rather than testing them” (Rhodes and Simic 2005: 222). The shift in perspective from individual-level analysis of drug consumption risks to ecological approaches should be “a more process-based and historically-based social analysis” (Friedman and Reid 2002: 178, emphasis added). Rhodes (2003a) has also argued that opportunities exist to envisage a risk environment approach (REA) as the “theoretical and analytical locus” for inductive research so that it can be underpinned by theoretically sound concepts of micro- and macro- environments. While such application “is only just beginning” (Rhodes and Simic 2005: 222), it is an important and innovative approach to exploring influences of globalisation processes upon HIV/AIDS diffusion (Barnett 2002).

By adopting REA, this thesis makes a methodological contribution to the harm minimisation and globalisation literature. It contributes to paradigm shift and drift by
exploring linkages across the two related fields. To date, this thesis is one of the first to:

a) Operationalise the risk environment approach to understanding linkages between economic transition, drug market transformations and subsequent HIV outbreaks.

b) Situate the emergent HIV risk environment paradigm within contemporary debates concerning “risk society”, globalisation, regionalisation and “glocalised” negative consequences such as income inequalities and HIV.

c) Analyse the temporality of the HIV explosion in Vietnam through a historically informed lens of geopolitical and socio-economic transition for post-wars development.

d) Demonstrate the paradox through which neo-liberal economic reforms can facilitate the spatio-temporal diffusion of the human immunodeficiency virus.

2.2 Theoretical considerations

2.2.1 World risk society

The previous chapter introduced Giddens’ argument that societies that are taking leave of the past and traditional ways of doing things face problematic futures in which old risks overlap with new ones (Giddens 1991a). On top of traditional risks such as floods, transitional Vietnam is encountering new financial and social risks by taking leave of the past economically (Glewwe et al. 2004; Stiglitz 2004b). Heroin-driven HIV represents new risk, both actual and metaphorical, from which Vietnam had been isolated until after it commenced the passage toward economic globalisation. The overarching theoretical framework adopted to analyse this is a hybridisation of Giddens’ and Beck’s complementary work around the latter’s theory of world risk society. Their discussion of manufactured risk shares common themes (Jaeger et al. 2001; Lupton 1999a; Urry 2000), and has been extended to consideration of drugs and HIV/AIDS (Duff 2003; Moldrup and Morgall 2001). Their

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51 1997 in Vietnam is a good example. Flows of foreign direct investment slumped sharply and Typhoon Lynda - the worst since 1904 - struck in the Mekong Delta.
convergent theories of risk, globalisation and their socio-political dimensions can be applied to research focused on macro-structural processes including economy, communications technology and the power of professionalised risk definition (Lupton 1999a).

As discussed below, Giddens’ theory of “structuration” provides a theoretical “sensitisation” for examining constraints and agency from the level of individuals up to that of macro-structural scales. Giddens’ and Beck’s related treatment of risk, when adapted to “blood flows” as Urry has done (2003), enables flows of heroin and HIV into Vietnam to be conceptualised as a consequence of transition toward globalisation intended to “hoi nhaps kinh te the gioi” (integrate with the world economy). Although Vietnam remains a predominantly agricultural-based economy (Livingstone 2000), in conditions of world risk society its encounter with modernity and industrialisation sees it share many of the same challenges as post-industrial nations (with different cultural perceptions) as it moves from a world of enemies to one of new dangers and risks (Beck 1999: 3; Giddens 1990a). By embarking on capitalist-oriented modernisation, it is engaging with a “double-edged phenomena” that is fraught with danger even though this provides greater opportunities for humans to live a “secure and rewarding existence” (Giddens 1990a: 8-10).

Beck’s early discussions (1992) were focused on hazard and risk as manufactured “side-effects” of industrialisation, particularly health threats posed by toxic waste or nuclear radiation. The subsequent “world risk society” critiques the political dimensions of industrial production and distribution structures at global, national and local scales (Beck 2002b; Boyne 2001: 48). In highlighting relationships between global and local phenomena, including drug flows, Beck (2000b) acknowledged and incorporated the concept of ‘glocal’ scale, which recognizes that, like transnational marketing, global HIV prevention strategies must incorporate differentiated local cultures and decision-marking contexts. Glocalisation will be discussed in the following chapter (see Giulianotti and Robertson 2004; Robertson 1995). Beck identified three risk typologies: a) wealth driven risks, such as climate change, genetic engineering and regional water shortages, b) poverty-related risks, including habitat depletion, loss of species and land degradation associated with marginal agriculture

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52 Note that Beck referred to the post-enemy world prior to destruction of the World Trade Centre buildings in New York on September 11, 2001. He discusses world risk society in light of this event in (Beck, 2002).
and c) weapons of mass destruction “in the exceptional situation of war” (Beck 1996). Risks may be defined as:

“a systematic way of dealing with the hazards and insecurities induced and introduced by modernisation itself. Risks, as opposed to older dangers, are consequences which relate to the threatening force of modernisation and its globalisation of doubt. They are politically reflexive” (Beck 1992: 21, emphasis in original).

In world risk society, processes of industrial development manufacture uncertainties and hazards (Giddens 1995); production of wealth is “systematically accompanied by social production of risks” (Beck 1992: 19). The increasingly globalised industrial economy and its dominant production modalities are configured in ways that create harm, even though its processes are framed as necessary and beneficial. Positive effects of contemporary globalised capitalist modalities have a “malignant” face (Milanovic 2003b); as modernisation produces and diffuses consumption of social “goods”, paradoxically it simultaneously manufactures uncertainties and what Beck refers to as “bads” (Barnett and Whiteside 2002; Beck 1999). These hazards are not necessarily decision-dependent externalities that rational science will always be able to predict, prevent, mitigate or control. Rather, they represent socially contestable latent “poison” that economic processes may agitate (Beck 1999: 45); hazard actually occurs within industrialisation and is not merely an unintended consequence. Furthermore, hazard may be anticipated or even predicted.

Institutions that promote economic ideologies and flows of production to Third World nations have the capacity to either highlight or downplay hazards. Business can “slip into the role of the hero and helper and celebrate this publicly”, or it can be “the villain and poisoner” (Beck 1999: 103-104). Even though hazards in world risk society are inherent and to some extent, uncontrollable, a “hidden central issue” in political, legal, economic, scientific discourse and everyday life, is “how to feign control over the uncontrollable” (Beck 2002b: 41).

Applying this concept to development and HIV, the MDGs give the impression that the United Nations processes are a viable option to halt the advance of the virus. Yet scrutiny of key MDG texts reveals drug injection is grossly downplayed as a HIV threat. Therefore, the elite MDG discourse is irrelevant for much of the HIV
campaign globally, and in South East Asia in particular. The UN drug “control” agency does not attend MDG indicator development meetings; yet the same agency “feigns” participation via a key progress measurement report that again omits drug injection (UN 2003c). Similarly, drug control agencies may feign control over the expansion of narcotics through the language of ‘war on drugs’ (Oscapella 2003), even though drug injection actually diffused into wider space during the UN Decade Against Drug Abuse (Aceijas et al. 2004).

Paradoxically, while modernisation engenders “solutions” to problems, it also manufactures “causes” in the process; solutions to one hazard can be causes of others (Beck 1999). This aspect of risk society is an important consideration because economic liberalisation promoted to transitional communities as a solution to problems may, as a consequence of modernisation, create new conditions for ecological hazard, including AIDS (Altman 1999; Castells 1998; Urry 2000). For example, the physical and political-economic infrastructure constructed for externally-oriented market processes in formerly collectivised communities has enhanced HIV transmission (Atlani et al. 2000: 1548; Friedman and Reid 2002). But as Beck points out, hazard and risk may be downplayed in order to portray past, current and future economic formulae as heroic. This point is relevant on all scales or levels, from nation-states down to local communities where economic processes introduced exogenously may overlap with existing risk conditions such as place, ethnicity, gender, class and access to arable land. The spatial expansion of industrialisation/modernisation as a model for economic progress also leads to what Beck nominates as a central higher order question: “how does modern society deal with self-manufactured uncertainties?” (Beck 1996: 11). This query becomes de-territorialised as, through global mobility of people, capital and production, uncontrollable hazards are increasingly “de-bounded” temporally, spatially and socially. The temporality of hazard incidence is compounded by the fact that some have extended latency; they may exist, but go undetected for lengthy periods of time (Beck 2002b: 41). AIDS is a perfect example of this, at the level of community and within individual people (Barnett 2002). The concept of latency and time-lags is important because it acknowledges that hazards may occur at particular places and times, but also flow downstream physically and/or temporally. This notion of “downstream consequences” has political connotations because it raises the political issue of “upstream responsibilities” (Barnett and W hitside 2002).
Furthermore, causes of (and exposure to) hazard at the individual and community levels are not spread uniformly across space or time (Barnett 2002; Beck 1992; Healy 2001; Urry 2000). Instead, hazards are experienced in cultural, political and historical patterns. Economic factors generate uneven proximities to hazards that extend from local contexts and spaces to formation of “new international inequalities” between “Third World” and industrialised states, as well as within states themselves (Beck 1992; Beck 2002b). One of the “first laws of environmental” risk is that pollution follows the poor. Hence, there are “social risk positions” (Beck 1999) in which wealth remains at the top and risks at the bottom (Beck 1992: 35). Social risk positions can have topographical dimensions; the poor live on marginal land or closer to polluting industries, while the wealthy possess productive land and can locate away from hazard. As with hazards such as nuclear or industrial waste, manufacturers and distributors of such flows can downplay risk, so it may escape humans’ direct sensory perceptions until, as if a tree afflicted by toxin, organic indicators become visible (Beck 1992).

Although Beck and Giddens do not focus on HIV as such, they assert that a contemporary manufactured de-boundaried hazard is the flow of illicit drugs (Beck 2000b: 20). This recognition enables narcotics flows to be nominated as an example of the “toxins” or “bads” referred to by Beck. Like waste on a river bed, “heroic” economic procedures may “stir” conditions that enable drug flows to prosper, including, as Castells argues (1996), electronic financial networking, transportation networking and the expansion of organised crime. If we accept that drug flows are manufactured hazards, and that there are geographical and social vulnerability positions in risk society, it becomes clear that people’s or communities’ physical proximity to drug sources and/or trafficking routes is a spatial dimension of risk. Therefore, any economic or geopolitical processes that alter proximity to narcotics flows simultaneously alter communities’ and individuals’ topographical risk positions.

Drawing upon Beck’s theory, AIDS can be construed as an example of “bads” moving across boundaries in the current epoch of telecommunications networking, border permeabilities and globalisation of goods flows (Barnett 2002; Barnett and Whiteside 2002; King 2001). At a time when new transfers from simians to humans appear underway in central Africa (Wolfe et al. 2004), AIDS has indeed become a barometer for trans-boundary flows of hazard and risk (Bancroft 2001; Kimball et al. 2005). Urry has discussed risk society and the ease of trans-boundary pathogen flows
in which global disease mobilities are exemplified by “the spread of AIDS throughout most of the world over the past 15 years” (2000: 36). This appreciation of risk society by Urry, in which, like Rhodes, he stresses the role of transportation, trade and migration, confirms that HIV can be regarded as a negative consequence, or “bad”, inherent in modernisation processes that Vietnam was obliged to undertake en route to a market economy.

However, the emphasis in this thesis is not on the phenomenological existence of a toxin or virus, for that is well documented by now (Reid and Costigan 2002). Rather, inquiry here is focused on interplays of structural processes and arrangements that manufacture, or create dangers and make them capable of boundary crossings by reducing viscosity of flows. In the case of Vietnam, such processes included opening markets to sub-regional trade in goods, poppy eradication, incremental tariff reduction, construction of regionalised road systems, internal migration and re-opening Sino-Vietnamese border points through which opiates and plague have historically flowed. These processes are analysed throughout chapters three, four, five and six.

2.2.2 Risk communication
Hazard such as a virus, or terrorism (Beck 2002b), may be an ontological fact, but it does not become a “risk” as such until it is identified and defined (Beck 1992; Slovic 2001). For the hazard to become a known risk, it must be socially constructed (Alaszewski 2005; Cottle 1998: 13; Giddens 1990a; Jaeger et al. 2001). Hazard may be socially constructed as risk through lay persons’ accounts (Bourgois 2002). However, social construction of risk tends to be dominated by professionalised clusters of “experts” working in fields that include public relations, medicine, science, risk communication, economics, politics, media, legal professions, academia and epidemiology (Beck 1992; Fox 1999; Giddens 1991a; Lupton 1999b). As the MDG example clearly illustrates, self-described expert clusters may assume a position in peak global development discourse, while (effectively) downplaying the importance of associations between drug injection and HIV/AIDS (UNSD 2004b). In risk society, such experts may define a harmful phenomena as safe, even when generally it is not (Beck 1992: 22; Beck 1999). Those who control risk definition may also control processes of identifying solutions to a problem. Definition one way suggests a certain ordering of solutions, definition of risk in another way allows for alternative solutions. For example, the World Bank may frame Vietnam’s state-owned enterprises (SOEs)
as a source of future economic risk, thereby enabling it to offer privatisation as a rational solution to possible future social hazard (Dollar 2004b). Therefore, actors that have power to define and communicate risk occupy profoundly important social and political positions (Jaeger et al. 2001).

If the creator of hazard is also the definer of risk, such concentration of power can have a significant effect on human life chances; hazard creators, such as chemical manufacturers, may frame production and storage techniques as being safe in order to seek community acceptance and maximise financial incomes. Similarly, governments may deny the existence of HIV risk environments, such as male homosexual sub-cultures (Colby 2003), or deny the effectiveness of certain prevention policies (Drucker 2005). A well known example of this was China’s delayed recognition of HIV associated with the blood transfusion industry in Henan county (Beyrer and Csete 2003). Whether in reference to a weapon of mass destruction, terrorism, or economic policies, defining risks is thus an exercise in power (Beck 1999; Slovic 2001: 23; Urry 2000). In addition, those who construct and/or define structures that shape risk environments are also exercising considerable social and political power, particularly when risk is downplayed (Giddens 1990a; Giddens 1991a; see NTPC 2004a; NTPC 2004d). The power to define HIV risk environments is an important issue for agencies that structure economic transitions associated with opium (Jelsma 2002; Jelsma 2003). Specifically, this includes forced transformations in poppy or coca production which is a potential exogenous economic disturbance to an estimated 700,000 households and four million people worldwide who grow illicit coca or opium crops (see Ikelberg 1999; Tullis 1995; UNGASS 1998; UNODC 1998).

53 Quang Tri province in Vietnam is an example. In the ADB’s (2002) baseline assessment, no data for IDCs in Quang Tri was provided because provincial officials reported “a very low number of intravenous drug users” even though a major heroin route runs through it. A member of the research team told me that Quang Tri officials wanted to give the impression of a drug-free zone. The 2002 Vice-Ministers’ dataset showed that Quang Tri tested only one intravenous drug consumer, who was negative. Based on that, UN agencies defined Quang Tri as the second top province on the Millennium Development Goals HIV rating list. However, the following year Quang Tri was added to sentinel surveillance and suddenly provincial officials could find 383 IDCs, of whom 23.24% were positive. However, this 2003 SS data was not released. The Quang Tri example shows that even on the most likely of heroin routes, it can be officially denied that drug injection is occurring, which then creates an impression of low HIV risk environments in even UN MDG reporting.
2.2.3 Expert systems and trust

Giddens and Beck emphasise that the power of expert systems to define risk for others is contingent upon trust (Healy 2001; Lupton 1999a). Experts systems depend on trust, Giddens argues, because they are a form of “abstract system”. An expert system is abstract because an individual or institution encountering expertise is not intrinsically required to trust or have faith in a system’s human representatives, but is asked to trust the system itself:

“Expert systems bracket time and space through deploying modes of technical knowledge which have validity independent of the practitioners and clients who make use of them” (Giddens 1991a: 18).

An example offered by Giddens is the aviation system. When travelling on a plane, we do not merely trust the expertise of the flight crew; we put our faith in the entire aviation system, from the air-traffic controllers to the pop riveters. Likewise, we may regard the ADB, World Bank or IMF experts that have advised Vietnam to abandon socialism and embrace capitalism as being representatives of a transnational economic expert system. Policy makers and community members are encouraged to trust such economic expertise, even though the foreshadowed heroisch economy may stimulate drug demand and create ecological harm. Similarly, the United Nations drug control agency which tells “destitute” Lao poppy farmers to eradicate their crops (UNODC/LNCDCS 2004) is a disembedding abstract expert system.54 Both the economic expert system and the drug control expert system can downplay risks to government and villagers; they may not warn that macro-economic alterations or poppy eradication may engender negative consequences, including HIV.55 In such encounters, there are interplays of uneven power relations because when people’s worlds encounter such abstract systems, they often have little choice but to trust experts (Urry 2000: 173-174). Giddens sees this as a crucial difference between traditional societies and those that are modernising, because taking leave of the past introduces new risks about which we may have less than full information:

54 Giddens defines disembedding as the ‘lifting out’ of social relations from local contexts of interaction and their restructuring across indefinite spans of time-space.
55 Lao provides a case study in which poppy eradication is shaped both by an economic expert system and a drug control expert system. Poppy eradication was included in Lao’s application for an IMF loan in 2001. Amid much publicity, Lao authorities completed their first forced poppy eradication just three weeks before the IMF considered the loan application, which was approved. See (IMF, 2001).
“for the lay person ... trust in expert systems depends neither on a full initiation into these processes nor upon mastery of the knowledge they yield. Trust is inevitably in part an article of “faith” (Giddens 1990a: 28-29).

However, trust and faith are different; trust is derived from faith. Trust in expert systems rests on faith in “principles of which one is ignorant”, and expert systems’ principles are not intrinsically related to good intentions (Giddens 1990a: 34-36). Flows of actors who socially define risks are dependent on networks for mobilities and agenda setting. Therefore, expert systems benefit greatly from improved transportation and telecommunications systems (Lash and Urry 1994: 28). With greater globalisation of both, expert systems can highlight or downplay risks over ever-increasing physical space. However, Beck warns that economic expert systems may infringe upon nation-state and personal sovereignty because

“Even the decision of whether one will let them [experts] in or ask them for advice at all does not lie in the hands of the afflicted parties. They no longer pick the experts, but instead the latter choose the victim” (Beck 1992: 56).

Therefore, a drug control expert system need not consult villagers when choosing where to locate an internationally-financed poppy eradication project linked to a global network of supply-oriented drug control. An economic expert system need not consult workers in socialist-era Vietnamese factories before recommending that s/he becomes “separated from his job” (Abonyi 2005). Urry argues global citizenship rights should include the right to

“be able to inhabit environments which are relatively free of risk to health and safety produced by local and distant causes; to sense the quality of each environment directly rather than to have to rely on expert systems which are often untrustworthy; and to be provided with the means by which to know about these environments through multi-media sources of information, understanding and reflection,” (Urry 2000: 174, emphasis added).

By extension, this would include the human right for IDCs to determine discussions about the flows of blood across and through boundaries of their physical
80 and social space, including their own bodies (Urry 2003). Returning to the example of the economic and drug expert systems, a government lacking economic power may have little choice but to accept certain diagnostic personnel, institutions, criteria and procedures including its macro-economic policy settings and its political attitude toward poppy production (Lektzian 2003). In the case of Vietnam, an economic expert system recommended and funded construction of road networks that link heroin locales to port interfaces (ADB 2003a; WB 2003). A closely-related drug expert system has recommended communities on such roads move on from the past, economically, by eradicating poppy (UNODC/INCD 2004; UPI 1995). In these cases, those whose current — hence future — risk environments are defined by experts have less than full information regarding the rationale supporting problem diagnoses and potential consequences of compliance. Giddens and Beck emphasise the role of trust during encounters with expertise. Whether it is the Vietnamese government undertaking macro- and micro-economic transformation, or a remote rural community altering crop production, future risk is framed by experts and thus additional risks are posed by new economic configurations.

In the absence of full information, a government, a workforce or rural community is obliged to confront the question of faith in the expert system. Individuals’ faith in expert systems is, Giddens argues (1990a: 91), “liable to be strongly influenced by experiences at access points — as well as, of course, by updates of knowledge, via the communications media and other sources.” The concept of “access points” observed by Giddens is important because they are the places and moments in time that lay people and expert systems interact. An access point may be as simple (for international travellers) as boarding an aeroplane. Or, an access point may be economic negotiations, such as WTO applications, or transnational development projects that deploy technocratic expertise in rural communities. Giddens asserts (1990a: 91) that it is at access points that experts systems may be “vulnerable”. Clusters of access points, such as a series of projects or like-minded organisations, are nodes and/or hubs (Held et al. 1999: 16; Urry 2000). If, in access points or nodes, encounters are between forms of social organisation based on different structural principles, then they are classified as “time-space edges” (Giddens 1984; Urry 1991). A time-space edge therefore includes sites where professionalised experts who promote the values of market economics enter a Vietnamese or Columbian village.

56 Crofts argues this particular human rights issue is a central challenge in HIV prevention for IDCs in the Asia-Pacific region (Crofts, 1998).
and urge farmers to abandon coca or opium in favour of introduced plant and animal species.

### 2.2.4 Overlapping opiate nodes

Throughout his voluminous discussion of networks, Castells reminds us that nodes include financial markets, political groupings and intersecting points within networks of drug trafficking. Although nodes include ancillary service agencies within trans-nationally configured political institutions, nodes also include spaces such as “coca fields and poppy fields” (Castells 1996: 470). Nodes for *papaver somniferum* distribution have functioned within networked flows for thousands of years, albeit with fluctuating degrees of interconnectedness (Baker 1896; Beeching 1975; Bello 2003; Berridge and Edwards 1987; Bianco 2000; Booth 1998; Lubbock 1933; Trocki 1999; UNODC 1953). When combined with Giddens’ and Beck’s discussion of hazard and risk definition, Castells’ position on poppy recognizes that modern nodes of drug control expert systems, or “access points”, can physically overlap with opium nodes (UNIS 2004; UNODC 2000a; UNODC 2002d; UNODC 2004b). Both nodal typologies are connected to and work through hubs, which again often overlap. In the situation represented by Figure 5 below, Australian drug control nodes link with UN agencies, which are networked with outposts in Hanoi, Myanmar, Lao and Vietnam. From hubs in capitals, including Bangkok, the expert system is further stretched via nodal projects into remote locales where poppy is produced. Hence, relations are disembedded from First World sites via expert systems into distant cultural settings. Because the two nodal types are structured on different principles, the intersections of access points are therefore “time-space edges”. A prominent example is the concept of “alternative development” projects that attempt to persuade, or coerce, farming families to abandon poppy in favour of crops such as potatoes, even though poppy may be a main income source and an important medicinal and cultural product (Arlacchi 2001; Jelsma 2002). In such cases, drug cultivation and expert control nodes intersect around a product that forms local, national, regional and global markets. As will be demonstrated in Chapter Six, power to define HIV risk in a local poppy node is not equitable because international drug control nodes can frame villagers’ environments, but the villagers cannot enter the experts’ field of power and define it. This represents uneven power relations.
Giddens and Beck argue that although consequences of risk society may reverberate in micro-level locales, formation of risks are often exogenous processes set in motion by events in distant sites of power through globalisation processes (Beck 1999; Beck 2000b; Beck 2002b). Of relevance to this thesis is the role of international drug
expert systems’ policies in affecting opiate supply chains in South East Asia. Evidence indicates that one consequence of opium eradication promoted by trans-national agencies is that heroin consumption may emerge in remote locales where it did not previously exist (Gray 1995; Lyttleton and Cohen 2003; Poshyachinda 1993a; Poshyachinda 1993b). As this thesis will demonstrate, rapid poppy eradication regimes sponsored by hybridized national and international agencies external to poppy farmers have been a contributing factor in the transition from the relatively safe practice of smoking opium toward unsafe injection of heroin (Westermeyer 1976; Westermeyer 1997).

2.3 A structurationist outlook

This thesis draws on Giddens’ structuration theory (GST) to investigate interplays between human actions, institutions and risk settings across time and space (Bryant and Jary 1991). The theory can be used to explore security and hazard by looking at how expert systems acting from a distance, spatially and temporally, can alter “parameters of risk” for individuals and larger social systems (Giddens 1991b: 210). Giddens’ (1989) does not treat the concept of structure as something exogenous to human action. Rather it is drawn from and gives form to social life. Structures are the normative and semantic rules and authoritative resources expressed within systems (Giddens 1984). Rules (“formulae” and “conventions”) and resources have structural principles and simultaneously enable action while offering constraints upon it. That is, social structures and human actions reciprocally inform and shape one another. Clusters of routinised cultural practices are “structural sets” and have recurrent qualities, making them institutionalised (Bauman 1989). All clusters are “irremediably contextual” (Giddens 1990b: 301), but can be reproduced “across time-space within and between institutionalised locales” (Cohen 1989). The concept of “institution” may refer to a formal body of authority at the macro level, such as a health ministry, or a sub-cultural practice among individuals, such as opiate injection in professionalised “shooting galleries”. The existence of the micro (injecting) shapes the macro (health and police ministries) by being framed, by experts, as hazardous and thereby generating interventions aimed at injectors but which are exogenous to them. In turn, the macro shapes the micro when urban spaces known as injectors’ “shooting galleries” are destroyed by authorities. Thus, we can see that macro and micro-level institutions can overlap and influence each other’s sub-group norms and resources, and hence actions (Giddens 1984).
2.3.1 **Duality of structure and agency**

A core feature of GST is the "duality of structure", which refers to instances in which actors reproduce given practices by drawing upon existing rules and resources in the context of constraints and enablements at moments of action. Exact reproduction of action need not transform practice, but it does reproduce it in a new temporal locale even if physical space is the same (Jary 1991; Urry 1991). Thus a practice travels through time beyond any given cohort or generation of actors. However, if an agent exercises the option of acting differently, structure has been transformed even if only minutely, which then shapes future action by the same and/or other actors. So action is a product of structure, but may also transform structure (Giddens 1984).

System-like conventions (rules and constraints) and resources may endure or transform over distance and multiple spaces and time (Cohen 1989; Thompson 1989). Institutions travel across space in accordance with particular geopolitical constraints and particular historical conjunctures (Giddens 1984; Jary 1991). Pepsi and heroin are good examples; both youth-oriented commodities were sold in southern Vietnam during the American military involvement, but due to new macro-level rules, ceased to be available to consumers after 1975 (Dawson 1994; Power 1993). It will be shown however, that after trade sanctions were lifted, both products returned at almost exactly the same time.

For Giddens, the concept of agency is central to discussions about power and social change. Agents “virtually all the time know what they are doing” (Giddens 1989: 253); they reflexively ponder and thus, action almost always includes the option of acting differently (Giddens 1984). The rare exceptions are "certain marginal cases where an individual is completely drugged and simply manhandled by others" (Giddens 1989: 259). In response, Thompson (1989: 73) has argued that workers without income or property must sell their labour to survive, and so need to take a job, whatever form the employment or the remuneration may be. In such a case, there is in fact no option; therefore the person “is not an agent”. A World Vision International study of Hanoi sex work captures the overlap between Thompson’s and Giddens’ different positions on agency. After they have consumed heroin, some brothel-based sex workers are in a semi-conscious state; yet paying clients are able to “do whatever they want” with them (WVI 2004). More starkly, virgin migrant girls in the Do Son sex tourism zone (near Hai Phong) may be secretly drugged by a bar owner who has
pre-sold her virginity; when the girl wakes up she realises she has been raped, and sex work has begun (Rushing et al. 2005). These two examples highlight the critical question of degrees of agency and risk in general, but more critically, when financial needs or drugs — including opiate dependencies — overlap. Dependency and agency become key factors in both individual risk behaviours, and as Stiglitz (2003a) has noted, nations’ capacity to negotiate encounters with international financial institutions. For example, if a Calcutta sex worker insists a customer use a condom, she faces a 79% loss of income (Rao et al. 2003). A nation is threatened with an exodus of foreign direct investment and job losses if it does not deregulate labour markets (Lee 1996). In both scenarios, imbalances of sovereignty and power skew relations between actors, degrees of agency and hence the conditions under which institutions (commercial sex, investment flows) may be transformed (Giddens 1984; Kilminister 1991; Thompson 1989). Giddens has adequately provided for degrees of agency through a discussion on constraints, enablements and “feasible options”, which recognises that:

“Within power systems — which all social systems are — the capability of ‘acting otherwise’ is hence an elemental part of all practices which, in some sense or another, involve the compliance of the less powerful with the dictates of the most powerful” (Giddens 1990b: 313).

Sanctions upon actors, or just the threat of them, are central to options for action, and hence transformation of institutions (Giddens 1984). As Fishbein (1994) argues, actors may reflexively calculate the probable severity of sanctions and the likelihood they will be experienced, which is in part related to social proximity to those who may administer them. Threatened and actual sanctions have the power to constrain through limits on the range of options open to an actor, or plurality of actors, in a given type of circumstance. As will be discussed later in this thesis, severe economic sanctions were placed on Vietnam post 1975 and 1979, and threats of new sanctions were incorporated into the United States’ bilateral drug cooperation relations with Vietnam.57 Thus, even the threat of economic sanction can function as a constraint

57 Lektzian’s (2003) analysis of US sanctions on countries listed as drug production or trafficking nations explains that listed nations may be cut off from US development aid. In addition, the US experts “also utilize their influence with international organisations to attempt to block all potential sources of international aid to the country”, and, sanctions make it harder to get international loans. His research finds that the threat of being listed by the US has coercive power over nations, with Lao offered as a prime example. In accordance with section 490(h) of the Foreign Assistance Act of 1961,
upon macro-level drug environments, which are intended, in turn, to shape micro-level resources and rules available to individual actors.

Structural properties travelling the globe and transforming through duality can both limit and increase actors’ options. Duality of structure is a useful concept to examine opiate transformation where poppy eradication has overlapped spatio-temporally with enablement of heroin, with a consequence being outbreaks of HIV. It is such environmental “socio-structural influences” – including awareness of a risk – that shape degrees of agency at the personal level (Bandura 2001b). This question of agency is equally pertinent to the addictive power of opiates to restrict individuals’ action, and the degree of power on poppy policy Vietnam had while trying to access much needed global finance. Because of dependency, IDC-FCSW in Hanoi are more likely to agree to have unprotected intercourse after the range of feasible options are narrowed:

“A dancer-sex worker said that before she became addicted to drugs, she could select clients she wanted, but that since becoming addicted to heroin, she is always in debt and cannot afford to bargain with clients” (WVI 2004: 48).

Essential to duality and hence the transformative potential of structure is that actors are “knowledgeable”, but intention and knowledge of outcomes may not be co-present (Giddens 1984). It is here again that GST is a useful analytical device for exploring HIV/AIDS risk at both individual and macro-institutional levels. Intentional conduct at either level may result in “unintended consequences”, which Giddens described as when

“an actor may know that an action will result in some consequences but may not intend for consequences to occur because a) she may be indifferent to that consequence, or b) she may be prepared to accept that consequence in order to pursue other ends, even though she may consider consequences desirable in itself” (Cohen 1989: 135).

Giddens is adamant that the “unintended” is an important concept (Giddens 1984: 10). Knowledge (by actors and within institutions) is a crucial to this and varies.

spatio-temporarily (Cohen 1990; Giddens 1984). Giddens discusses “intended” and “unintended” via an example of a prowler in a dark room. Person A, who is unaware that a prowler is in a room, may switch a light on, thereby prompting the prowler to flee and be caught in the street by police who happen to be there. As a consequence, the prowler may be gaoled for burglary. The flight and apprehension of the prowler is an unintended consequence of intended action because the prowler’s presence was not known to Person A (Giddens, 1984: 10-12). However, if Person A suspects or knew the prowler was in the room, the consequence (fleeing) and capture is not unintended in the strict sense. Prior knowledge of potential consequences of action is relevant to HIV/AIDS risk behaviour, because awareness about the virus is far from uniform (Liao et al. 1996). Thus a lack of knowledge is a key contributor to risk environments (Barnett and Whiteside 2002). Furthermore, even among knowledgeable actors or institutions there are circumstances that place some desired outcomes (eg: attract foreign investment, meet dependency) ahead of others (avoid HIV). An opiate transformation may precede awareness of HIV (Eligh and Tran 2004; Rapin 2003). If so, when shared injection by an individual who is unaware of risks results in transmission, it is an unintended consequence. But if s/he was aware of possible transmission, infection subsequent to sharing is not classified as unintended in the purest sense. At macro-levels, if it was not known that opening borders, building roads to heroin zones and eradicating opium could be followed by heroin-driven HIV sub-epidemics, then the fact that it did so may be classified as an unintended consequence.

However, if actors and institutions had access to knowledge that eradicating opium and opening borders may lead to heroin and HIV flows, then a subsequent sub-epidemic should not be classified as “unintended” in the strict definition deployed by Giddens. Rather, it could be positioned as a latent negative side-effect that was an inherent — thus foreseeable — future threat associated with Vietnam’s engagement in world risk society (Beck, 1999, Beck, 2000, Beck, 1996). It could then be argued that harm was created through globalisation processes that are framed by expert systems as solutions to poverty and opium. Thus, it becomes clear that the solution to one set of problems may also be a cause of others (Altman 1999). Following from this, if it was known that processes of economic transition could trigger heroin injection, then the question of why communities are put at such risk becomes a political question. If AIDS interventions are to be truly preventive rather than merely reactionary (Rhodes
et al., 2005), this question must be addressed at the highest levels of national and international policy-making bodies.

2.3.2 Constraints and enablements upon risks
Giddens and Beck view economic globalisation as a creator of risks and extending the socio-spatial coverage of expert systems’ power to define consequences of phenomena upon ecology. Neither has yet proposed specific methodologies for examining its effects. Like Urry, Beck (1999: 134) advocates flexibility of approach and stresses that exploration of the linkages between contemporary hazards and industrialisation requires new and imaginative frameworks.

Among the substantial discussion of structuration theory was a criticism that it lacked methodological applicability to empirical work (Gregson 1989). However, Giddens himself is quite clear that “it is not intended as a method of research, or even as a methodological approach”. Instead, it is offered as a “sensitising device” for the task of exploration (Giddens 1989: 295-296). A “structurationist outlook” is

“best understood as examining the articulation of institutions across time and space. Structural sets are formed through the mutual convertibility of rules and resources in one domain of action into those pertaining to another. In the case of the putative research project, a number of such articulations could be diagnosed and analysed” (Giddens 1989: 299, emphasis added).

As outlined in Chapter One, a recommended approach to empirical investigation of economic transitions, structures and implications for HIV has been provided by Rhodes and colleagues. This thesis argues that dimensions and articulations of REA are closely aligned with many of the primary concerns within globalisation discourse, including those of Held, Urry, Beck, Giddens, Milanovic and Castells. For example, like Rhodes, these globalisation writers make direct connections between increased mobilities of trade flows, transportation, migration and the global narcotics industry. This thesis regards Giddens’ “articulations”, as being akin to Rhode’s usage of “overlaps” in which multiple structural factors interact to shape actors’ options for action, including rules and resources (institutions) governing drug consumption.

Central to this thesis is the notion that sensitisation to the past is essential to understanding transformation of Vietnam’s injecting environments because drug
markets cannot be viewed in isolation from historic geopolitical and economic conditions (Baker 1896; Castells 1998; Cuthbert 1995; IOC 1909; Lewis 2001: 107; McCoy 1972; Munn 2000; Trocki 1999; Trocki 2000; Trocki 2002; Williams and Baudin-O’Hayon 2002; Zhang and Chin 2003). Therefore, this thesis attaches importance to historical factors that shed light on why the transformation of the drug injection environment occurred at a particular period of time. It seeks to understand why the diffusion of HIV among heroin injectors occurred later than in Myanmar, Thailand and neighboring south west China. The thesis draws upon multiple sources across time-spans so that interplays of factors and consequences can be more fully elucidated (Foucault 1972). In doing so, the analysis is mindful of the notion that inquiry into contexts of globalisation and risk should be sensitive to “minor changes in the past” that, through iterancy, have had significant effects on the present (Urry 2003; Urry 2004a).

This thesis situates the transformation of drug consumption environments in Vietnam within a wider discussion of globalisation, regionalisation and sub-regionalisation. Therefore, as recommended by Labonte (2005), analytical fields will include economy, income inequalities and implications for risk positions. The thesis takes guidance from Held who, in Global Transformations, argued that research concerning globalisation should offer

"a coherent conceptualisation; a justified account of causal logic; some clear propositions about historical periodisation; a robust specification of impacts; and some sound reflections about the trajectory of the process itself," (Held et al. 1999: 14).

The thesis explores “periodisation”, or temporality, in particular. This is because the spike in IDC seroprevalence rates occurred (the impacts) around 1997-1998, but there is no detailed investigation of factors that may have enabled this. In doing so, the thesis explores the ‘newness’ of current globalisation and its consequences. The thesis provides layers of inquiry and discussion, which are conducted at different, but inter-related, levels or ‘scales’. It commences with discussion at the level of the “global” and progressively scales downwards, through regionalisation and sub-regionalisation. The thesis then addresses factors within Vietnam’s territorial borders, including economic immobilities that contribute to internal rural-to-urban migration. It then becomes more finely focussed at the level of “glocal” by discussing opiate
transition and transformation in one province (Nghe An) and along Highway 7 in particular. At each of the six scales (global, regional, sub-regional, national, provincial and district) the thesis works with the domains of transportation, trade, drug flows and geopolitical factors that have constrained and/or enabled these domains. Inevitably, among the geopolitical factors discussed is the role of conflict, including the Second Indochinese War involving the US and Vietnam. In doing so, the research will link dimensions of historic opiate trades to those of today. This puts Vietnam’s 1990s opiate modernisation into a spatio-temporal perspective so that the novelty of globalisation is addressed via a discussion of transportation, opiate flows and blood-borne disease consequences.

2.4 Methods and processes

This research comprised three phases. Phase One was a lengthy, but nevertheless preliminary literature review conducted in both Australia and Vietnam. Phase Two was participant observation in two AusAID HIV projects in Vietnam. Phase Two led to the viewpoint that there was a need to explore socio-economic factors that may account for emergence of heroin as a widespread product and the timing of increased heroin injection and continuing escalation in HIV transmission. Phase Three provides a synthesis between Phase Two findings and existing literature on globalisation, regionalisation and economic transition in Vietnam, and that of HIV and risk environment analysis. Thus, the thesis provides a detailed discussion of globalisation and HIV/AIDS in Vietnam which is informed by a) field research studies b) observation and immersion and c) a diverse body of literature from multiple disciplines.

The Phase One review commenced with economic history of Vietnam from 1954. The review then examined cross-cultural communication theory, HIV behaviour change communication theory, epidemiology at the global, regional and sub-regional level, molecular virological studies, migration studies and literature on the association between cross-border mobility and geo-spatial spread of HIV. Summary and key findings of the literature review were presented to a departmental research seminar within the School of Applied Communication at RMIT. The initial literature review identified cross-border HIV flows as an area of concern, and the efficacy of molecular virological mapping to discern associations between Vietnam’s emerging epidemic and that of regional neighbours. The review of the literature revealed that most discussion that linked increased trans-boundary mobility to HIV had focussed on
sexual transmission rather than drug injection (Griffiths 1998). This was identified as a significant gap in the literature and consequently became the focus of this thesis.

2.4.1 Phase Two: AusAID project observations

Phase Two fieldwork commenced in January 1999 and finished in 2003. During this period I was a participant observer in two AusAID projects. The first was the Nghe An Lao Capacity Assistance (NALCA), which focussed on cross-border truck drivers to Lao. The second was with the Vietnam Youth Union, which introduced behaviour change communications materials based on harm reduction principles to this key mass organisation. Observation during these projects contributed to my understanding of prevention programming in the Vietnamese context and enabled collection of data. The NALCA project is utilised in Chapter Six, where the focus is provincial and district levels of risk environment transformations. A brief outline of the process of engaging these AusAID projects is provided below.

Building Vietnamese language proficiency during 1999 assisted me to establish relations with local civil society institutions working in HIV prevention. During this initial period, relationships were formed with a Hanoi-based NGO, the Supporting Centre for Control of HIV/AIDS and STIs (SUCECON), and an international NGO, Christian Children's Fund International (CCF). By acting as a conduit between the two organisations, I created space which could explore ways to combine their capacities to develop HIV action research.

2.4.1.1 Identification of project location

SUCECON sought my assistance to help write a submission to AusAID for HIV project funding under its small grants scheme. Based on the review of literature (Phase One), I recommended to SUCECON that it select (for action research) an international transport interface linking a Vietnamese coastal port to Lao via roads. This was based on an assumption that mobile populations mixing within such a hub represented a conduit along which HIV may flow. Cua Lo Port in Nghe An province was selected by SUCECON because it represented a likely interface for mobile populations to mix, such as Vietnamese sailors (including fishermen), international sailors and also cross-border truck drivers. Two highways from Lao, seven and eight, are effectively funnelled toward Nghe An and hence Cua Lo. Highway 8 enters through Ha Tinh province while Highway 7 enters at Nam Can border gate in Ky Son.

58 I was also contracted for one month for a baseline assessment by World Vision on a Hai Phong HIV project focussed on long-distance truck drivers.
district Nghe An. In addition, Cua Lo town has a summer-based tourism industry that includes a prominent sex industry. The rationale for selecting the interface was not because it had a existing serious HIV problem, but rather it was predicted that it would represent a likely worsening risk environment. The project proposal also included examination of shipping and truck flows into Hai Phong port.

The application to AusAID was successful. Rather than work through the provincial AIDS Committee, SUCECON recommended cooperation with the Trung Tam Y te du phong Nghe An (Nghe An Centre for Preventive Medicine, or NACPM). The project included quantitative data collection through surveys with truck drivers within the port, analysis of Port Authority records of ship and sailor entrants for the first six months of 1999, and also face-to-face surveys with a small number Vietnamese sailors both at the port entrance (eg: vendor stalls) and on-board docked ships. By accompanying SUCECON and NACPM during survey data collection I observed that the bulk of the trucks entering Cua Lo after returning from Lao were transporting rainforest timber. This meant trucks and their drivers traversed Lao and, most likely, would be “trans-boundary” for potentially lengthy time-spans. In addition, this would probably put them in close proximity to the Myanmar border in north-western Lao, and would therefore establish potential human infrastructure along which narcotics may be trafficked.

Discussions with the Director and Vice-Director of NACPM also revealed that the province had recently experienced an opiate transition. The province had formerly been a producer of opium, but eradication programmes had restricted supply. NACPM reported heroin had become available, especially in the provincial capital, Vinh City. Youth, mostly males, had begun by inhaling heroin, but were commencing injection.

2.4.1.2 Implement cross-border action research project

In mid-1999, AusAID called for submissions to the 2000 round of the Mekong Sub-regional Small Grants Programme. It specifically encouraged a cross-border
perspective. SUCECON and CCF proposed a cross-border action research HIV communication project targeting truck drivers. The partner on the Lao side was the Burnet Institute which was working with the Lao Youth Union.

The proposal was accepted and funded by AusAID. Implementation commenced in April 2000. An objective of the project was to produce behaviour change communications (BCC) materials based on rapid assessment of the risk environment and qualitative research with drivers. The project design included a volunteer position. This permitted me to become a participant observer under the supervision of SUCECON management. The advantage of participant observation in development sector projects is well established in the literature (Rhodes et al. 1999d). There are debates as to whether direct observation is “scientific” and, hence, whether or not it should be included as data. However, with drug diffusion sub-cultures and networks, observation is regarded as essential to provide context for traditional epidemiological approaches (Bourgois 1998; Bourgois 1999; Bourgois 2002; Ciccarone and Bourgois 2003). With specific reference to trans-national drug flows in the Mekong sub-region, Castells (1998: 168) argues that “if a phenomenon is acknowledged as a fundamental dimension of our societies, we must use whatever evidence is available to explore”. Combined with interviews, sentinel surveillance analysis and a review of existing literature, insights obtained through direct observation have been found to be useful in an assessment of IDC and sex work in St Petersburg (Aral et al. 2005).

The NALCA project utilised triangulated rapid assessment methodology in order to link assessment to action, including key informant interviews and surveys of truck drivers. A ‘risk environment’ perspective was adopted, which focused on the influence of the physical environment, road and shipping transportation, mobility, drug changes, law enforcement policies and the additional contribution to risk posed by the commercial sex industry. The design was modelled on UNDP’s Guidelines for Rapid Applied Research on Mobile Populations. At the time, this was being utilised in UNDP’s SEA-HIV/AIDS’ vulnerability mapping along national Highway 1 (Uhrig 2000). These protocols recommended multi-method data collection and the research included interviews, surveys, mapping and exchange tours.

Survey of truck drivers: In order to have an insight into the intensity and trajectories of cross-border transportation flows, the project needed to measure how many trucks travelled to Lao, along which routes, how frequently and for how
long. The Nghe An Provincial Transportation Department reported that, apart from a small number of privately owned trucks, only four state-owned provincial companies had permission to drive across the border. The project met directors of each of the four companies and, after having explained the purpose of the intervention, gained their approval to approach their drivers and ask them to participate in the survey. Because it is compulsory to gain written and stamped permission from the Communist Party administration, the People’s Committee, the provincial health department and the police department were also invited to the meeting with directors. This was particularly important as the project involved working in a border district (Muong X en), and foreigners are forbidden to go within five kilometres of a non-international border post without written, stamped permission. With the assurances of NACPM that it was a sanctioned project, management of all four provided background documentation of cross-border trade and the number of trucks that cross the border. Between the four companies, it was calculated that they employed 221 long-distance truck drivers who travelled to Lao from Nghe An.

Given the unique nature of the population, a purposive sampling method was adopted (Patton 1990); only those drivers who were trans-boundary (Vietnam-to-Lao) were to be surveyed. To work within time-constraints, the project adapted a Knowledge, Attitude, Practice and Beliefs (KAPB) survey that had been pre-tested and utilised by World Vision on the AusAID national Highway 1 project. The project added questions regarding frequency to Lao and duration across the border. A two-day training session was held in Hanoi in which research team members were introduced to mapping principles and methodology. Two trained doctors were selected to survey the drivers, one from SUCECON and one from NACPM. Surveys were administered in the companies’ parking areas, garages and lunch-rooms. Each driver was told of the purpose of the project and the interviews. Informed verbal consent was sought by the SUCECON and the Centre for Preventive Medicine partner. A total of 137 drivers gave consent and were surveyed, representing 61.9% of the target population. Survey forms were collated in Hanoi, where data was entered into EpiINFO 6, analysed and interpreted.

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63 This is one reason that few international organisations fund projects in border communes or districts. They are discouraged from travelling to such locations, particularly those that are militarily sensitive.

64 The Viet-Lao Investment Cooperation Company had 52 trucks, with 26 drivers that go to Lao. Nghe An Transport Company had 120 trucks and 60 drivers to Lao. Transport Company No. 5 had 138 trucks, with 80 going to Lao. Nghe Tinh Petrol and Oil Company had 79 trucks, with 55 going to Lao.
Truck driver interviews: Semi-structured interviews were conducted with 20 drivers in order to map which highways they used to travel to Lao, the points at which they become immobile to eat, rest and process paperwork, known areas of commercial sex work en route and the areas in Lao to which they travel. Road maps of Lao and Vietnam were used as prompts so that the drivers themselves could draw the routes they took. Again, the project sought and obtained verbal consent from each of the respondents. As is customary in Vietnam, all respondents in the survey and interviews were paid a token sum as appreciation of their time (VND15,000=US$1). Convenience sampling was used to select the drivers to be interviewed; the project team waited in the staff tea-room or approached drivers in the truck parking area.

Key informant interviews: To build a profile of the potential HIV risk environment through which drivers travel along Highway 7, and perhaps contribute to, the technique of key informant interviews was used. It was decided to conduct the interviews in Cua Lo township, Vinh City and the locales the drivers became immobile en route to the Lao border (Con Cuong, Hoa Binh, Muong Xan and the Nam Can border gate). The sampling was purposive, based on the UNDP guidelines. Interviews were conducted with district health staff, district/ward law enforcement officers, district town pharmacy owners, xe om (motorcycle taxi) drivers, district People’s Committee members, tea sellers near entrances to district markets, border customs officials, Border Army officers, staff or managers of cafes/restaurants at which truck drivers stop to eat or sleep and management of the Centre for Curing Social Ills. In addition, unstructured interviews were conducted with karaoke-based and street-level sex workers in Cua Lo tourism zone and at Cua Lo Port.

At the time, the UNODC was also conducting an alternative development (poppy eradication) project in conjunction with the government in Ky Son district, which borders Lao. This was significant because it was the first alternative development project initiated in Vietnam by UNODC since it established its node in Hanoi. The project, which commenced in 1996, arose from the national drug “master plan” formulated jointly by UNODC and the Government of SRV as part of the United Nation’s global campaign to have countries develop such plans. Also, the poppy

65 In order to target mobile populations with Information, Education and Communications (IEC) it is necessary to establish where they become immobile. This includes starting points, refueling centres, breakfast, lunch and dinner restaurants and places they sleep. It also includes border points.
eradication project was located directly along Highway 7. In order to increase the potential for gathering meaningful contextual data, discussions were held with Ky Son project management and UNODC project documentation was obtained, which outlined former levels of opium production.

Informant interviews along Highway 7 were conducted on four separate field trips throughout the 13 months of the project, with each field trip comprising a minimum of five days. This enabled researchers to observe seasonal changes and variations in road conditions. It should be noted that the road was being upgraded from dirt to asphalt during the 13 months of the project.

**Structured observation:** An aim of observational-based description of transportation routes and flows is to provide insights into transportation networks and nodes at which they intersect, including border check-points (Hsu et al. 2001). The purpose of including observation within the project methodology was to a) witness the physical environmental influences upon the flow of trucks along main transport routes, b) ascertain if there was sex work at points at which truck drivers became immobile, including the border gates and c) test the veracity of press reports of overt smuggling across the Vietnam-Lao border. Observation-based maps and description were made of the Cua Lo Port entrance, the Cau Treo border gate in Ha Tinh province and the Nam Can border gate in Nghe An province. Observation proved essential to note the change in road quality over time, trafficking pathways, density of truck flows, physical adaptation of trucks from the Oil and Petrol Company, remnants of war and availability of pharmacies.

**Exchange tours:** An important element of the project rationale was to establish trans-boundary communications linkages between Vietnamese and Laotian agencies. The Laotian partners were the Burnet Institute and the Lao Youth Union’s Boulikhamxay provincial branch. It was intended that both projects would commence at the same time. However, delays in approvals on the Lao side meant that the NALCA project commenced nine months earlier than its Laotian counterpart. The Laotian partners travelled through Ha Tinh to Vinh City and then to Cua Lo Port. From there the project escorted the Laotian delegation up Highway 7 to Ky Son district and Nam Can border gate. The NALCA project’s research and communications activities were already completed, which gave the Laotians valuable insights into the nature of the risk environment on the Vietnamese side. Although
Laotians and Kinh (majority ethnicity) do not share a language, the Laotians were able to communicate with officials of Thai ethnicity in the highland districts along Highway 7. This confirmed the potential information-sharing between local districts with shared cultures.

Accompanied by a representative from Ha Tinh Department of Preventive Medicine, SUCECON reciprocated with an exchange trip to Lak Sao township in Boulikhamxay. This proved valuable because it enabled observation of trucking and the role of Vietnamese youths (on the Lao side) in smuggling consumer goods exported from Thailand, including televisions, refrigerators and toilet bowls. Discussions were held with key informants, including the Lao Youth Union, youths, village elders, health staff and police. This exchange revealed an important difference between the Lao and Vietnamese drug diffusion environments: heroin passed through Boulikhamxay without being consumed, but once it entered Vietnam it was consumed.

**Analysis and dissemination:** Results of the mapping assessment were translated into English and Laotian so that provincial Lao project staff could have working documentation of the risk setting in Vietnam. This assisted with knowledge transfer across the border. A key finding from the research was the following: the Cua Lo port and tourism sector overlap represented a risk environment for long distance diffusion of HIV sexually, but along Highway 7 the most pressing concern for health officials was not sexual transmission; instead it was the emergence of heroin and injection.

### 2.4.1.3 AusAID project with Youth Union

Through UNDP, in 2001 AusAID funded a four-year HIV capacity-building and behaviour change communication project implemented by the mass organisation, the Ho Chi Minh Communist Youth Union (hereafter Vietnam Youth Union, or VYU). Its objective was to increase the capacity of the central (Hanoi), provincial, district and commune levels of the VYU to work with at-risk youths, such as FCSW and IDCs in two districts in two provinces. The two provinces were Can Tho, in the Mekong Delta, and Ha Tinh, which is adjacent to Nghe An and through which Highway 8 flows. The design included a two-year volunteer position working inside the Ho Chi Minh Communist Youth Union, which plays a pivotal role in shaping the tuyen truyen (propaganda) through which FCSW and IDCs are framed in Vietnam (Griffiths 2004a). Thus, the VYU is an important node in the formation of the political and
social dimensions of HIV risk environments. I was appointed to the project as a (volunteer) UNDP participant observer. The rationale for entering the project was to develop insights into the attitudes of a key policy-making institution toward HIV prevention generally, and toward drug injection and commercial sex work programming in particular.

During this period I collected condom distribution data from condom social marketing organisation, DKT International. At the time, DKT did not have its sales data organised in a way that would permit trend analysis. Therefore, I obtained monthly reports (hard copy) for Vietnam’s (then) 61 provinces. This was then keyed in to form a data set. Condoms represent a critical “resource” dimension of the risk environment because the ratio of supply to demand, and ease of access, influences the capacity for actors to “act differently” by using condoms. Analysis of this data, the first of its kind in Vietnam, revealed a severe condom imbalance in 1998, which is discussed in Chapter Six.

As my language proficiency improved during this period I was able to conduct ongoing unobtrusive observations of drug injecting environments in Hanoi. Also during this phase I obtained, translated, entered and analysed a detailed dataset provided by the Vice Minister for Health in 2002. It was by far the most extensive HIV dataset I have seen in Vietnam and was superior to sentinel surveillance. Findings from this dataset are discussed in Chapter Six. During this phase I was provided raw data from UNODC’s most recent drug consumption research from Phase II of the Ky Son project in the former opium growing area. This data proved invaluable as it captured a transformation in the drug diffusion environment in Ky Son two years after the NALCA research interviews. This UNODC data has not previously been reported publicly, but forms part of the analysis in Chapter Six. This period with the AusAID-UNDP project was used to gather other secondary data, including a wide range of economic studies pertinent to poverty, migration, labour market reform, agricultural production and transportation. These studies were reviewed after leaving the field and contribute extensively to national-level discussion in Chapter Five.

A key lesson drawn through observation in the project was that the presence of heroin flows and widespread poverty greatly influenced the escalation of the epidemic in both Ha Tinh and Can Tho provinces. These observations and findings from the
projects influenced the subsequent selection of literature, reports and other datasets for analysis in the next phase of the research.

2.4.2 Phase Three: Operationalising risk environment approach

Phase Three of the research aimed to situate insights and texts gained during the AusAID projects within the context of a) national transitions and transformations, b) regional trans-boundary HIV flows, and most importantly, c) to locate and explain this shift in the HIV risk environment in the broader context of globalisation and economic transition.

This required the research to return to literature, but across a much wider array of fields than previously. The expanded literature review revealed that there had been considerable advances in discussions concerning globalisation in general, and its association with drug flows and HIV in particular. Discourse had shifted from recognising HIV as a cross-border issue related primarily to sex (Lacerda et al. 1997), to a trans-boundary human security issue also inter-twined with narco-economics (Altman 2003; Beck 2000b). However, as discussed earlier, there was a paucity of research that had applied a risk environment approach (REA) as envisaged by Rhodes, or that situated the approach within discussions of economic transitions, regionalisation and globalisation. Therefore, REA itself was used as the analytical framework. Each of the risk environment domains — trade, transportation, migration and drug diffusion — were initially analysed separately. For example, trade statistics and studies on trade policy reforms were analysed en bloc to discern possible influences upon HIV risks. Similarly, migration literature and cross-border entry data was treated as a section. Extensive use of existing studies of Vietnam Living Standards Survey's provided context to appreciate push factors behind internal migration, which shapes the sex industry and overlapping drug injection.

A significant conceptual breakthrough came when analysis of entrants to Vietnam (migration domain) showed a rapid increase after poppy eradication, but shortly before the rise in seroprevalence rates from 1997-1998 onwards. This was consistent with evidence obtained in the NALCA project and was one of the first signs of a pattern that emerged throughout ongoing research and analysis: there was a mid-decade window in which fundamental transformations in the geopolitical and HIV environments occurred concurrently. Accordingly, the research located literature
that enabled more in-depth analysis across and between the domains. The political relations of the sub-region emerged as a recurring theme, so even though geopolitical relations were not initially designated as a “domain”, they clearly affected trade, transportation, migration and drug diffusion. Therefore, discussion on geopolitical factors which have constrained or enabled flows through the aforementioned domains are interwoven through each section. The process of exploring linkages between one domain of environmental factors with others (seemingly unrelated) continually reaffirmed the argument that overlapping factors contributed to sudden expansion of the HIV sub-epidemic from 1998 onwards. As a picture of an environmental confluence emerged, the analysis adopted a historical perspective in order to account for timing of those factors that contributed to opiate transformation. However, this raised the question as to the significance (for IDC seroprevalence rates) of transition and a switch from opium injection to heroin injection. This particular element of the HIV situation has been insufficiently addressed by researchers (Maher 2004). Accordingly, a further round of analysis of existing literature concerning injection practices during the pre-heroin epoch was conducted in order to identify a possible explanation as to why the molecular modernisation of opiates injected in Vietnam was a fundamental exogenous transformation of HIV risk environments.

In summary, this thesis has adopted a multi-disciplinary approach to understanding the influence of globalisation processes on HIV risk environments in Vietnam. The arguments are developed through analysis of a) historical perspectives on globalisation, economic transformation and risk environments b) empirical data generated from recent AusAID HIV projects in Vietnam and c) wide-ranging literature on sub-regional conflict, geopolitics and Vietnam’s socio-economic transition. In particular, the comprehensive use of literature concerning economic transformations concentrates on factors that have shaped trade, transportation, migration and shifts in drug consumption.

In the next chapter, this thesis will explore contemporary discussions concerning conceptualisations of globalisation. This will provide context for discussions in chapters four and five, which examine transformations in sub-regional and national opiate environments which have become a time-space distanced feature of South East Asian HIV sub-epidemics.
CHAPTER THREE
Globalisation: opiate-plague precedent to HIV

"No man lives at the present day who actually saw an opium clipper at sea and the memory of them has almost faded away, yet these beautiful little ships are not worthy of oblivion, for were they not the first trading craft with clipper lines? Did they not produce an incomparable race of seamen and were they not also the chief means by which China and Japan were opened up to the outside world?"

- Basil Lubbock, 1933.

3.1 Introduction
This chapter develops a number of themes introduced in the first. The central question this chapter will address is "What is globalisation and why is it relevant to drug-related HIV risk environments in Vietnam?" To explore this two-part question, it will undertake a task regarded as essential for globalisation research, which is to interrogate the 'newness' of its sources, processes and impacts compared with historical precedents (Coe and Yeung 2001; Giddens 1989; Held et al. 1999; Hirst and Thompson 1999; O'Rourke and Williamson 2000). The chapter will stress that the current neo-liberal model of economic globalisation challenges the notion of boundary as it applies to national agency, imagination, economic ideology, inequality and communicable consequences of shifts in trade flows. In doing so, it will show that while HIV/AIDS is framed as a zoonotic communicable threat inseparable from illicit drugs (Downer, 2005: 30), it has an opiate blood-plague precedent closely associated with a pivotal epoch in mid-19th century globalisation (Trocki, 1999). Therefore, rather than assume that the nexus between global networking, opiate transformations and HIV is entirely novel, it can be viewed as a contemporary mutation of long-standing hazardous dimensions of globalisation structures. Whether old or new, illness and its association with papaver somniferum traded through Vietnam is thus a malignant dimension of not only current international trade infrastructures, but of its historic precedents.

To establish a likely link between rapid uneven economic transition, trans-boundary flows and HIV, the chapter will show that institutional diffusion of top-down, neo-liberal economic expertise into former socialist states generated a rise in absolute and relative inequality which came before the HIV explosion in Russia and Ukraine. This post-Cold War diffusion of pro-market policy is an extension of modernisation
schema intended to alter actors’ expectations so that traditional societies take leave of the past. A residual paradox within these exogenously-centered economic proscriptions is that expectations are raised, but for millions of global citizens, are not realised because development is so uneven.

However, consequences of such global trends have local forms and impacts. Therefore, the terms “hybridisation” and “glocalisation” are applied in order to suggest that global trans-boundary flows engender HIV heterogeneity that a study of the global to the local should seek to discern and analyse.

### 3.2 A shot in the arm

Referred to in Vietnam as toan cau hoa, globalisation encompasses unfolding transformations that are highly differentiated across space and by scale (Rosenau 1997: 361; Yeung 2002). Although global flows have waxed and waned for centuries (Bordo 2002), globalisation became a rag-tag buzzword as the dust appeared to be settling after the dissolution of the Soviet Union in 1989-1991 (Castells 1998; Dupont 2003; Milanovic 2003c; Nicholson 1999; Shaw 1999). The term had become a shibboleth or “magic incantation” by the time of its zenith in the mid-1990s (Bauman 1998). The temporality of its ascension in discourse is highlighted because it overlaps exactly with what has been termed Vietnam’s re-entry to the world, in 1995 (Janssen 1993; Morley and Nishimara 1997; Womack 1996). This timing is not coincidental, because while excluded from neo-liberal globalisation, Vietnam had shaped it spatio-temporally and qualitatively. This is because Cold War66 borders that constrained neo-liberal globalisation’s spatial diffusion until the 1989-91 upheavals were, in part, downstream consequences of a geopolitical contour that had flowed, quite literally, along a tectonic fault-line from Dien Bien Phu valley, across Lao to Thailand (JCS 1961; McNamara 1996; Warner 1965: 73; Zuchiewicz et al. 2004). Alongside the collapse of Vietnam’s partner, the Soviet Union, the other monumental geopolitical transformation in late 20th century globalisation has been the related emergence of China, with which Vietnam shares a 1200km border and a long history of antagonism (Abuza 1998; Alexiou 1982; Ambrose 1979; Amer 1994).

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66 The use of the term “Cold War” is because of convention only. Like McNamara (Fog of War, 2004), this thesis finds the use of the term “cold” to describe Vietnam’s encounter with conflict highly inappropriate. Rather, the American-Vietnam conflict was clearly a “hot war”. For the sake of simplicity however, the term “Cold War” is used throughout this thesis.

67 This thesis uses the spelling Lao, whereas others use Laos.
Speaking to the UN, Giddens (1996) described globalisation and its impact on time-space distanciation as “the most fundamental phenomenon of our times”. As a term, it remains a contested in-vogue label to account for “particles”, including economic policies (Urry 2003), “that are decreasingly confined to particular geographic space and its local and established practices” (Rosenau 1997: 83-84, emphasis in original).

As can be seen in the rise of anti-corporate globalisation social movements (Beck 1998; Beck 2002a; Brecher et al. 2000; Burgman 2003; Buttel and Gould 2004; Cohen and Rai 2000; Della Porta and Diani 1999; Klein 2002; Smith 2004; Starr 2000), there is a sense that globalisation is not endogenous to collective human will. Rather, it is carried along by a mixture of influences as waves of transitions “crash across virtually the whole of the earth’s surface” (Giddens 1990a: 19). According to Urry, “although hundreds of books and articles have been written on the ‘global’, it has been insufficiently theorized” and “globalisation studies are at an early stage of recording, mapping, classifying and monitoring ‘the global’ and its effects” (Urry 2003: 3, 12).

Noting that alongside globalisation we must be alert to regionalisation and localisation, it is suggested we are working with a “process (or set of processes) which embodies a transformation in the spatial organisation of social relations and transactions - assessed in terms of the extensity, intensity, velocity and impact - generating transcontinental or inter-regional flows and networks of activity, interaction, and the exercise of power” (Held et al. 1999: 16).

As outlined in Chapter One, the complexity of these networks and their impacts is equated to blood traversing complex pathways within each of us (Urry 2003; Urry 2004a). According to Labonte, interest in potential health “impacts” of globalisation is fairly recent and, as Urry argues, due in part to its complexity, is not easily understood. Nevertheless, if one were to investigate flows that shape health-related environments, globalisation processes that need “intense scrutiny” are those related to economies (Labonte and Togerson 2005). Consistent with Beck’s juxtaposition of “bads” as the antonym of “goods” dispersed by a heroic economy, processes that shape networks pertinent to this thesis include time-space distanciation that links actors in New York and Asia “while the cultivation of poppies can be linked to drug abuse in Berlin or Belfast” (Held et al. 1999: 2).
With reduced viscosities, hence greater ease and speed, globalisation as liberalisation allows trans-national actors with varying degrees of power and orientation to criss-cross nation states, opening up tensions concerning sovereign agency and global governance (Carroll and Carson 2003; Cerny 2003; Giddens 1999; Kofman 2003). Such actors include trans-national organized crime networks, including Chinese Triad groups (Zhang and Chin 2003). Other actors with a “dephysicalisation” of power are mobile expert systems (Bauman 1998), such as the World Bank and AusAID, which simultaneously advise Vietnam to accept job losses in privatized SOEs while preventing HIV in the same port city (Hai Phong) through which drugs flow (Griffiths et al. 2001; IFC 1999). Penetrative mobility of economic ideology challenges the agency of the state (Earnest and Rosenau 2000; Nicholson 1999), perhaps rendering obsolete this boundaried concept as we have known it (Beck 2000b: 20; Urry 2000: 36). The extensity of economic and political globalisation processes are ongoing, thereby ensuring the “patchiness” of its myriad mutations and impacts, including HIV (Nguyen 2001).

Although economic globalisation most undoubtedly brings benefits (Collier and Dollar 2002; Stiglitz 2004b), it simultaneously manufactures hazards and contradictions (Beck 2000a; Giddens 1999; Kofman and Youngs 2003). For Vietnamese authorities, it is not just the independence of national government and the rule of the CPV that are at stake, but also cultural sovereignty. An example is given by the Central Committee on Ideology and Culture, which fears that “peaceful evolution” threatens Marxist-Leninism and Ho Chi Minh Thought:

“Hostile forces aim to distort the socialist regime in Vietnam and shake the will of the Vietnamese State in military, economics, culture, society and other fields. Economically, through political lobbies, they set requirements as prerequisite conditions to enhance trade relations with Vietnam. On education, they are ready to spend a large amount of money to grant scholarships or invite students to study overseas, and then they will affect the students’ thinking and their future orientations. Culturally, they leave no stone unturned to bring new cultural lifestyles, which are contrary to Vietnam’s traditional customs and practices” (Vu 2004).
A counter-veiling position on the ability of nation states to challenge or counter economic globalisation is that of Gilpin, from the international relations realist school, who maintains that, although international relations frameworks are mutating, states still maintain the primary role (Gilpin and Gilpin 2001). Theoretically therefore, switching off unfolding economic globalisation remains an option for states (O’Rourke and Williamson 2000). It is noteworthy that Urry, who has spent considerable time scrutinising “mobility” and particle flows in the context of globalisation, makes an important point that rarely appears in the literature. For all the emphasis on mobility, he argues, we should be also mindful of “immobility” for “it is the dialectic of mobility/moorings that produces social complexities” (Urry 2003: 126). Therefore, constraints upon mobilities, such as immigration laws, tariffs, embargoes and road conditions are equally as relevant to globalisation’s complex contours as phenomena that lower flow viscosities by reducing resistance to movement. So, a branded heroin brick is not a toxin while it continues to be mobile, as it does through Lao on route to Melbourne via Vietnam, for example. In Lao, the heroin package is generally a particle on the move. Yet, when it begins to become moored and breaks from its pack a few metres after crossing into Vietnam, as it does, it becomes a consumable product. Similarly, wealth, knowledge and power traverse networks, but do not moor uniformly or evenly. Proximity to moorings where particles such as policy manifestoes, money, employment or drugs become immobile are unequal. As evidence from Vietnam reveals, proximity to flows influences individuals’ economic risk levels (Minot et al. 2003). Therefore,

“scapes and flows create new inequalities of access. What becomes significant is the ‘relative’ as opposed to the ‘absolute’, location of a particular social group or town or society in relationship to these multiple scapes. They [power, wealth, heroin] pass by some areas while connecting others along information and transportation rich ‘tunnels’” (Urry 2003: 5, parentheses added).

### 3.3 Infrastructure for imagination: radio to E-scapes

The term “scapes” in the globalisation lexicon is associated with Arjun Appadurai, who applied the term to discern and categorise networked flows that stretch relations globally (Appadurai 1996). Urry and Beck (2000b; 2000) show that scapes neatly complement the concept of flows within Castells’ extensive work on
networks. Technoscapes are the infrastructure along which cross-boundary flows of technical particles such as nuclear rods, water-purifiers and syringes move. Movement of digital commands that connote flows of the token abstract system of money are financescapes, which are undergoing enormous revolution in Vietnam (Dinh 1997; Yong 2003). The production and flow of tuyen truyen (propaganda), advertising, news, music and HIV education utilise mediascapes which, as Beck (1992) points out, construct perceptions of risk and hazard. Mobile humans such as drug traders, migrant labourers or experts traverse ethnoscapes. This thesis will show that the mass migration of Chinese-Vietnamese into China in 1978 and the refugee exodus before and after created an ethnoscape that connects Myanmar poppy farmers to Sydneysiders via HCMC. Ideoscapes include the flows of cultural imagery, such as those promoting consumerism, and economic policies such as the eradication of poppy.

Paying particular attention to expansions in road, air and sea transportation, Urry (2000) adds the term “transportation scapes” to Appadurai’s lexicon (hereafter transportscapes). Professional experts deploying donor funding in remote locales utilizing workshops, printed materials or websites are convergences of media-, ideo-, techno-, ethno-, transport- and financescapes. Appadurai’s and Castells’ related concepts of scapes, networks and flows are described as “the networks of machines, technologies, organisations, texts and actors that constitute various interconnected nodes” along which flows of “peoples, images, information, money and waste” travel within and across national borders (Urry, 2000: 36). As Appadurai shows, and others have acknowledged, (Beck 2000b; Birch 2001; Braziel and Mannur 2003; Featherstone 1995), the diffusion of telecommunications technology, such as television and now the Internet, creates mediascapes which — among other impacts — contributes to the globalisation of “imagination” (Tharoor 2004). Globalisation of imagination occurs as mediascapes and ideoscapes offer a changing supply of alternative possible lives (Appadurai, 1996), not just to individuals, but also communities and nation-states. Mediascapes may have direct transformative power over tradition, as evidenced in Cua Lo port in Nghe An, where uneven access to visual mediascapes can be mapped.

Located right beside the wharf, the traditional Cua Lo fishing village is historically poor. However, in recent years Cua Lo has been transformed into a drop-off point for transnationally trafficked second-hand televisions, videos and audio particles (VNA 2006c).
TV sets, karaoke players and radios are collected from ships off-shore by locally-produced fishing boats and smuggled into port where young men (trained to solder in Vinh City on Highway 1) then repair them. Like an organized factory, women transport components between houses on traditional gang (shoulder-baskets). Few households salt-dry or smoke fish any more; rather, recycled electronic entertainment particles flow out from the port homes toward poor, mostly rural, households in Nghe An and other provinces’ districts. Such rural households cannot afford to buy new colour televisions flowing in the opposite direction, down Highway 8 after being smuggled from Thailand through Lao by youths who also smuggle toilet bowls (Griffiths and Vichittavong 2001). The illegal rehabilitation of mediascape particles in Cua Lo is an example of an uneven cultural dimension to production fetishism and fetishism of the consumer (Appadurai, 1996), in which nation-states and/or provinces such as Nghe An compete to entice global capital to locales such as free trade zones (Le 2002; NAPC 2004). By trafficking second-hand televisions, the Cua Lo ethnoscape engenders consumer values among young labourers which are essential to proven, or aspiring, manufacturers (industrial producers). While this is hardly novel (Bata and Bergesen 2002), its extensity is such that globalisation of imagination touches urban scavengers (Beck 2000b: 53-55). Although they are rarely
senders of global information, with access to smuggled recycled televisions, such poor become receivers of cultural imagery and commodification. Hence, they are able to perceive and evaluate setbacks, hopes and forms of these “alternate lives”. However, in what Beck refers to as the “sinister play of the imagination”, regardless of the frequency with which coded imagined alternatives are sent along mediascapes, globalisation’s uneven economic contours mean that while nations’ or individuals’ expectations may be raised, a minority of expectations can be sated. Appadurai (1996) refers to this as “disjuncture”, in which supply of improved life conditions falls short of demand. Globalisation of mediascapes, which market alternatives, stretch these contradictions over greater distances; as a result, more “people’s own lives and possible lives enter at least into ironical conflict with each other” (Beck, 2000: 53-55).

3.3.1 Imagination disjunctures not new

As with globalisation itself, it is useful to consider whether or not imagination-reality disjuncture is novel. Familiarity with the role of mediascapes and ideoscapes in post-WWII modernisation projects funded by the US in particular demonstrates that it is not (Waisbord 2002). Schramm and Lerner, doyens of 1950-1970s development communication supported by UNESCO and the US, advanced programmes to flow mediascapes comprising satellites, televisions and radios into “traditional” societies so they would move on from the past, modernise and “develop”. The specific objective was to broadcast alternative imagined lives so that individuals’ and communities’ expectations would be raised and rural-to-urban migration increased (Schramm 1964). It was felt that with enough individual expectations raised, “peasant” societies could become modernised. Daniel Lerner framed the somewhat rudimentary, but still useful term, the Want/Get Ratio (WGR). Disillusionment, failure or what can now be termed ‘disjuncture’ was the gap between societal Wants raised and Wanted particles delivered. According to Lerner, diffusion of media particles had a consequence opposite of what was intended. Developmental mediascapes had

“Taught the poor people to want ‘the good things of life’ available in the rich countries. [But] We have not taught them how to get what they want,” (Lerner 1976a: 52).

As a consequence, Lerner argued, the epoch of media systems deliberately raising expectations had produced a dark side, the spread of “rising frustrations”. In an age
when the Internet overlaps with the diffusion of recycled televisions along Nghe An smuggling routes, the media of expert systems have been transformed. ICT4Dev (Marcelle 2003)\(^{68}\) is a 21st century mediascape supposedly “allying the power of the internet with the reach of radio” to bridge long-standing disjunctures (Panos 2001: 14). But aside from the critically important digital divide (Cecchini and Scott 2003; Chacko 2005; Chen and Wellman 2003; Rogers and Shukla 2001), the act of deploying mediascapes again raises expectations that cannot be met anywhere near universally. Urry’s earlier reference to “relative” and “absolute” is important because it recognises that individuals’ or communities’ financial wealth is not only an issue of actual income, but is also relative to awareness of others’ wealth levels. As was deliberately meant to be the case under the exogenous modernisation schema, the WGR contributes to rural-urban migration (Lerner 1976b), and as evidence throughout the heroin century demonstrates, environments of narcotics diffusion and consumption (Carnwarth and Smith 2002; Cherubin and Sapira 1993).

### 3.4 Homogenisation or heterogeneity?

Globalisation versus localisation of cultures is a central debate in globalisation discourse (Beck 2000b; Giddens 1990a; Giddens and Hutton 2001). It was feared by some that global cultural and dominant ideological flows would negate local identities, languages, customs and work practices (Appadurai 1996; Featherstone 1996). A consequence would have been the global diffusion of predominantly western symbols, lifestyles and, eventually, belief and non-belief systems. If homogeneity was the rule rather than the exception, then narcotics flows, injecting drug consumption and surrounding exogenous risk environments would be close to uniform. Buffering the homogenisation position (Lewis 2002), cultural “hybridisation” is a concept to help us deal with mixtures. It is well articulated by Pieterse (1995) who views “globalisation as a process of hybridisation which gives rise to a global melange”. Hybridisation appropriately describes convergence of time-space edges where trans-national agencies form access points among nodes of HIV prevention activities. Theoretically, such internationalisation should result in increased sensitivity to local nuances, relations and myths, thereby generating local cultural recombinants in sites where global flows intersect (Lash and Urry 1994: 211).

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\(^{68}\) ICT4Dev = Information, communication and technology for development.
Glocalisation is associated with Roland Robertson, who argued that the homogeneity position was a “trap” that ignores plurality and local configurations within global economic and cultural flows. He argues that, other than mere convention, there is no need to view globalisation as having a homogenising impact (Robertson 1995: 38). Like Rhodes et al. (2005), Robertson stresses the importance of local as a causal and consequential element in world flows:

“Globalisation — in the broadest sense, the compression of the world — has involved and increasingly involves the creation and the incorporation of locality, processes which themselves largely shape, in turn, the compression of the world as a whole” (Robertson 1995: 40).

As evidenced through football (soccer), local cultures adapt and redefine global cultural products according to their particular customs and needs (Giulianotti and Robertson 2004). In addition to local consumers adapting global products, including expert systems’ drug policies, trans-national product suppliers moving into new markets serve as a “multi-local” actors by utilizing local customs, sub-cultures, networks and laws (Featherstone 1995).

At the production and consumption points in drug flows, there is mutation to reflect and suit local context, so that for example, consumption practices that resemble hanka production methods from Eastern Europe appear glocalized in Ho Chi Minh City (see Heimer et al. 2004; Power 1993). Viewing narcotics and related knowledge flows as a looping melange of globalisation and glocalisation recognises that each society, community, ethnicity and individual has their own time-space locale within waxing and waning drug markets (Bello 2000: 128; Rhodes et al. 2005). It also recognizes that the sum total of local opium production nodes feed upwards into the global drug flows that have occupied the minds of transnational control agencies for almost a century (Baker 1896; Wright 1912). Beck (2000b: 49) feels that recognising the power of the local to metamorphise the global is “precisely the dividing line between old world-system approaches and the new, culturally attuned ‘sociology of globalisation’”. Giddens (1990: 64) observes that glocal transformation of time-distanciated influences may move in opposite directions from the relations that shape them.

In a point that is relevant to socio-political transition in Vietnam, glocalisation recognises that “as authority of the sovereign state is diminished, this may allow ‘local
cultures' that have been buried by the state, or other agencies, to emerge” (Birch 2001: 191). Hence, a male sub-culture of polygamy, stymied in a socialist system, may now shape Vietnam’s sex industry. It goes without saying that global drug networks and flows may reflect these glocal tendencies (Urry 2000), as evident in Russia (Castells 1998). We only have to consider the diversity of ways in which certain global drugs are regarded and consumed, such as injecting liquid opiate extract in Vietnam or Russia, to see the importance of the local (Eligh 2005; Power 1993; Rhodes et al. 2003b).

3.5 Anti-viscosity ideoscapes: ‘openness model’ of transition

“Washington Consensus” is associated with the diffusion of an ideological economic framework referred to as neo-liberalism (Galbraith 2002; Gore 2000; Kolodko 1999; Lavigne 2000; Lutz and Singer 1994). This anti-Marxist policy formula is promoted to the Communist Party of Vietnam by trans-national economic expert systems, such as the IMF, World Bank and International Finance Corporation (Awanohara 1993). The term itself originated from John Williamson in a speech delivered in late 1989 (Lavigne 2000; Williamson 2004a). He now suggests it is a somewhat tarnished “brand”, while Held describes the ideology as an “augmented Washington Consensus” (Held 2004; Held 2005). As evident in an increasing number of regional free trade associations, such as the ASEAN Free Trade Area, an emphasis is on the “openness model” in which policy and territorial boundary-crossings are deemed essential (Dollar 1996; Dollar 2002a). At the time Washington Consensus advocates arrived in Hanoi, Vietnam had little choice but to engage the world economy if it did not wish to remain poor (Giddens and Hutton 2001: 42). As can be seen in Vietnam (Collier and Dollar 2002; Labonte et al. 2005), developing nations are encouraged by expert systems to attract FDI flows by integrating with regional and global trading systems (UNCTAD 2003).

Given capital’s mobility (Mai 2002), attracting FDI entails logistical overhauls, including relaxation of border restrictions and construction of transportscapes to enable myriad particles to flow along traditional and novel pathways more easily (UNCTAD 2003).

It is important to note that Williamson, when coining the term, was not necessarily promoting policies that should be implemented, but rather was attempting to identify which policies were being implemented in Latin America with a high degree of consensus among “US government and the international financial institutions”. Williamson (1993) quoted in Gore (2000).
Nations and regions within them are also forced to compete for limited capital through the labour market, thus putting downward pressure on wages and conditions. Taylor (1997) observes that the market-friendly policy mix is delivered to post-socialist transition nations by expatriate “experts” who “fly in” to local capitals with the power of credit lines on offer. A study of 1086 policy shifts related to investment flows in 116 countries between 1992-2001 found 95% of the changes were liberalising (Kobrin 2005). The resilient neo-liberal ideology pushes an anti-viscosity basket of measures that includes (adapted from Held 2004):

1) **Free trade**: Vietnam agrees to AFTA, to lower and even remove tariffs, and allow internal mobility of labour and foreign investment in strategic industry such as banking and establish low-tax export processing zones in Nghe An.

2) **Capital market liberalisation**: ANZ Bank becomes the first foreign bank allowed in Vietnam, with others to follow. A small stock market emerges, introducing a new epoch of conceptual risk parameters. Vietnam and the US sign the Bi-lateral Trade Agreement, thereby allowing US banks to trade in formerly tightly controlled financial markets.

3) **Flexible exchange rates**: Like China, Vietnam maintains tight government control over its exchange rate. This protected the Dong against depreciation during the Asian financial crisis. However, the IMF urges Vietnam to move toward greater exchange rate flexibility, particularly with WTO membership looming (IMF 2006).

4) **Market-determined interest rates**: Vietnam maintains firm control of interest rates, which are seen as a means of assisting provision of low-cost loans. However, it is under pressure to move toward a deregulated model (WB 2001a).

5) **The deregulation of markets**: Trans-national pharmaceutical, alcohol and cigarette companies enter Vietnam. Private pharmacies are permitted, thereby providing thousands of condom and syringe outlets, but contributing to a number of viruses developing resistance (Chuc and Tomson 1999; Nguyen et al. 2002c).
6) Privatisation: the IMF, World Bank, ADB and AusAID (among others) push the Vietnamese government to privatise thousands of state-owned enterprises, with conservative estimates of at least 400,000 likely job losses (Belser and Rama 2001).

7) Balanced or surplus budgets: IMF staff welcomes the intention by authorities to save a large part of unforecast national revenue (due to high crude oil prices), while keeping capital spending close to the predicted levels. Although price subsidies used to fight 2004/2005 inflation are mostly financed by windfall oil revenues, they should be temporary (IMF 2004).

8) Tax reform: Vietnam introduces a Value Added Tax. Taxes on imported goods (tariffs) are reduced through the ASEAN Free Trade Agreement (AFTA) schedule as a condition for becoming a member of ASEAN.

9) Secure property rights: formerly collective and state-owned lands allowed to be owned and traded privately, thus permitting landlordism and the increase in landlessness among farmers (Deininger and Jin 2003; Kolko 1997).

10) The protection of intellectual property rights: To achieve World Trade Organisation membership, Ky Son district health centres’ use of pirated copies of Microsoft Excel is meant to be banned.

Washington Consensus is reflected in Vietnam’s application to the World Bank for a Poverty Reduction Support Credit (WB 2001b). The document urges that climate for private sector “be improved”, state-owned enterprises be privatised or liquidated and the economy to be integrated “with the world economy to expand labour-intensive exports” such as garments.\textsuperscript{70} Particularly with regards to privatisation, Williamson traces the rise of the neo-liberal ideoscape to the period of trans-Atlantic dialogue during the Thatcher-Reagan epoch, preceding the collapse of the USSR (Williamson 2004b). While considered orthodoxy for much of the past 25 years in leading OECD countries, after the demise the Soviet Union the ideoscape was truly reified as the apparent superiority of a capitalist-oriented approach to development (Gore 2000). In particular, the US government, the IMF and World Bank pressed an agenda of

\textsuperscript{70} Thus, garment workers in Vietnam compete with workers across the borders in China and Cambodia while migrant workers’ textile jobs have already disappeared in northern Melbourne due to the same underlying economic forces (Webber and Weller, 2003; Navdi and Thoburn, 2004).
deregulation and liberalisation on developing countries as conditions accompanying their loans (Kobrin 2005: 12).

In macro-economic environments in which many developing nations were dependent on external assistance (Lektzian 2003), conditions were imposed through borrowings under the controversial Structural Adjustment Programme (SAP) (Chossudovsky 1997; Slater 2003). For example, Uruguay was awarded a $151.52m credit on the “condition” it reduce public sector expenditure, “particularly the wage bill”, and increase taxes on wages and pensions (WB 2002). This “top down” version of liberalisation, in which nong dan (peasants), cong nhan (workers) and cong dan (citizens) have little opportunity to shape engagement, is dubbed a “race to the bottom”; communities “and entire countries” cut social costs and try to keep wages down in order to attract foreign capital (Brecher et al. 2000).

Because SAPs often advocate job-shedding and/or the introduction of labour markets into traditional village economies, they are structural elements of drug consumption environments in transitional economies such as Lao (Lyttleton 2005). In Lao’s case, the UN applauded loudly when the government announced a “get tough” policy on poppy (UN 2000) and, alongside a privatisation agenda, eradication was included in structural adjustment programme loans (LPDR 2001). However, there is a growing awareness that rapid poppy eradication has pro-heroin impacts (Westermeyer 1976) both in Thailand and Vietnam (Celentano 2003; Eligh 2004; Rapin 2003), and quite possibly Lao in the future (Lyttleton 2005). In the case of Vietnam, there is a dearth of information on whether or not poppy eradication was a condition of being granted early Structural Adjustment Programme loans. However, we do know that the government first approached the IMF and World Bank regarding lending in mid-1988 (Bank Letter, 1988), a period in which poppy was cultivated widely in the northern highlands (Rapin 2003; UNODC 2001c). As discussed in Chapter Six, the timing of poppy eradication overlapped with Vietnam’s re-integration with IMF and World Bank credit facilities.

Currently in Vietnam, World Bank loans appear strongly dependent upon the government remaining committed to faster deregulation of the financial sector and privatisation of SOEs which — without doubt — will cause unemployment (Dollar

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71 Lao’s first forced poppy eradication in March 2001 overlaps with poppy being included in its World Bank loan application in the same month.
1994; SRV 2003; WB 2001b). Remaining a devotee of the openness model, Dollar agrees the Bank made mistakes in imposing SAP reform packages in a one-size fits-all approach (“it would be remarkable if we didn’t make mistakes”). In a sign of the potential future social dislocation in Vietnam when wide-spread privatisation occurs, Dollar maintains that sackings through factory closures remain an inevitable element of “a messy [globalisation] process that requires adjustment and creates significant challenges and problems” (Dollar 2004a). Given the known associations between unemployment and vulnerabilities to narcotics diffusion (Stimson 1995), privatisation and liquidation of state firms, which the World Bank and IMF promote in Vietnam, therefore have potential in-built negative consequences for HIV risk environments.

3.5.1 Wealth distribution during rise of neo-liberalism

Global, regional and in-country inequalities are central to debates concerning both globalisation and HIV risk environments (Bancroft 2001; Barnett and Whiteside 2002). Especially where labour markets are concerned, pro-flow economic reforms generate social risk positions that extend from the local to formation of “new international inequalities” between developing and industrialised states, and within states themselves (Beck 1992; Beck 2002b). Rosenau nominates the HIV pandemic as clear evidence of this:

“There continue to be two epidemics: the one in the rich world, where the latest biomedical techniques have turned HIV into a chronic condition; and one in the poor, where even the basic treatments for opportunistic disease are rare and hence HIV remains a death sentence” (Rosenau 2002: 121).

Labonte is concerned with inequalities and social consequences such as AIDS (2005). He proposes that a key question when examining economic transition is whether or not consequences are impacts of an “embrace” of liberalisation, or rather, of preceding domestic policy. For this reason, the following section will examine the legitimacy of claims that, on the whole, neo-liberalism as globalisation is not exacerbating international wealth inequalities (Collier and Dollar 2002). This is

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72 Research among SOE managers found severe unpreparedness for privatisation and, based on concerns for likely employment impacts, suggested a “humane policy” because “perhaps a headlong rush to modernisation is not feasible at this time” (Wright and Nguyen, 2000).

73 As measured financially.
relevant to Vietnam as it now has the reputation as being one of the most positive examples of openness and liberalisation (Glewwe and Nguyen 2004; Kobrin 2005). Wealth distribution is central to HIV transmission for many reasons, one of which is that poor opiate consumers are more likely to switch from inhalation to injection (Reid and Costigan 2002).

As observable in World Bank Development Indicators (2001), a customary poverty measure is the number of global citizens receiving an income of “a dollar a day”, which is approximately currently 15,500 Vietnam Dong.74 It is argued that the number of people living on less than a $1 per day fell from 1.3 billion in 1990 to 1.2 billion by about 2000. Because world population increased in the period, it is argued that poverty ratio reportedly declined (Wade 2002). This position, supported by Dollar (2002a) is, according to Milanovic (2003b), reflective of a “Pollyannaish” view that “globalisation is a benign force leading us ultimately to the era of converging world incomes” as developing countries such as China open up to the world. Both prominent World Bank economists at the forefront of the globalisation/inequality debate (Beer and Boswell 2002), Milanovic’s and Dollar’s divergent positions offer a prism through which to observe this pivotal discussion of utmost relevance to AIDS (see Labonte et al. 2005).

According to the 1992 Human Development Report (HDR), during the period Vietnam was excluded from the expansion of contemporary globalisation, the richest 20% of the world’s population had moved from receiving 30 times greater income than the poorest quintile in 1960, to 60 times more by 1990.75 This, the second HDR, unequivocally positioned “the market” at the centre of national development and poverty eradication. But it lamented the lack of market access offered to developing countries, claiming it in part reflected “weakness of their policies” (UNDP 1992: 1). However the protectionist behaviours by US cat-fishing interests have demonstrated that an emergent economy such as Vietnam faces trade barriers that stymie agricultural export growth in certain sectors (Mansfield 2003).76 More than a decade later, UNCTAD (2004c) notes that although many developing countries embraced

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74 Note however that other discussions use a $2-per-day poverty line (Collier and Dollar, 2001).
75 Based on country comparisons. Adding in-country maldistribution the comparison of the top and bottom quintiles shows the rich receiving 150 times more.
76 “Try as they might, fish raised in areas like the Mekong River aren’t any the same as genuine US Farm-Raised Catfish. Not by the hair on their chinny-chin-chins. They’re not as tender. They’re not as consistently mild and delicate. They’re probably not even sporting real whiskers” – an excerpt from a persuasion campaign by US catfishing lobbyists trying to block imports of Vietnamese basa fish. The US lobby even blamed war-era chemicals for impure waters (Duval-Diop and Grimes, 2005).
the “openness model”, it had not enabled “most developing countries” to match “virtuous interaction” that “underpinned the catching-up process” of Western Europe after WWII and of the newly industrialising East Asian economies from the 1980s. A more recent examination of global wealth creation during the decade in which IDC diffused widely, finds that for many countries it was one of “despair”. More than 50 countries were poorer than in 1990, in 21 a larger proportion of people were hungry, in 14 more children died before five years old and in 34 life expectancy had declined in (UNDP 2003a). The apparent failure of neo-liberalism, up to this point in time, to deliver “goods” as well as “bads” has fuelled accusations that economic globalisation is a mutation of long-standing structured global inequalities that are intrinsic to capitalism (Beck 2000b; Beer and Boswell 2002).

According to Milanovic (1999), the cessation of the overt Cold War enabled the world’s first household-level analysis of income trends among 91 countries. Among the findings by this World Bank research, at least six were of note:

1. It confirmed world income inequality was extremely high. It was perhaps sustainable because the world is not unified and, apart from in an abstract way, “rich people do not mingle, meet or even know about the existence of the poor”.

2. World inequality increased, both between and within countries, during 1988 and 1993. (The significance is that Vietnam entered contemporary globalisation during a time of rising — not decreasing — inequalities including within national borders).

3. Within-country inequality between rural and urban areas rose sharply, particularly in India and China.

4. Confirming geographic risk positions, the significance of “class” as an explanation for poverty declined while that of “place” increased. Nowhere was this more evident than in the former Soviet states and Eastern Europe.

5. The richest one percent of people in the world received as much as the bottom 57%.

77 His groundbreaking research captured change from 1988 to 1993 so obviously missed more than a decade relevant to the time-span under consideration in this thesis.
6. The top 10% of the US population had an aggregate income equal to the poorest 43% of people in the world (Milanovic 1999).

What then of global inequality during the remainder of the 1990s, the period in which the term itself became a shibboleth, IDC diffused globally and Vietnam “joined the world”? In order to counter arguments that inequality was on the rise, Dollar and Kraay performed macro-level analyses that have become something of a high-water mark for the pro-liberalisation argument. While some argue that growth during the rise of the “openness model” was compounding inequalities (Bata and Bergesen 2002; Bauman 1998; Beer and Boswell 2002), Dollar argued it was categorically untrue. The work examined income data from 80 countries over 40 years. It concluded that private property rights, fiscal discipline, macro stability and “openness to trade increases the income of the poor to the same extent that it increases the income of the other households in society” (Dollar and Kraay 2000: 6). However, rather than depend on the “trickle down” argument, they go one step further by stating that openness to international trade “directly” benefits the poor in terms of income “as much as it does other households”. Their subsequent work argued that global inequality had risen for 200 years until 1975, after which time the trend plateaued, was possibly reversed and “the chief reason for the change has been the accelerated growth of two large and initially poor countries: China and India” (Dollar and Kraay 2002). In addition, Vietnam was specifically discussed as a case study in which globalisation had increased per capita income while there had been “no significant change in inequality”. The assertion that Vietnam has not experienced rising inequality during a transition from socialism toward capitalism is a significant act of risk definition that will be refuted in Chapter Five.

Indeed, Vietnam has now been elevated to the status of a globalisation “Poster Child” by the Bank in an elite expert debate concerning the efficacy of the openness model to date (Labonte et al. 2005). This is quite a break from the past; formerly shunned by the Bank’s ideo-, media- techno and ethnoscapes, through time-space distanciation Vietnam is now framed as a supporting exhibit for neo-liberal openness (Kobrin 2005). In fact, Vietnam was listed as a (rare) case study of a “new globaliser” in another key Dollar text, Making Globalisation Work, which also observed that: “the number of extreme poor (living on less than a dollar a day) in the new globalisers declined by more than 120 million between 1993 and 1998” (Collier and Dollar 2002: 2). However, this work also observed that much of the developing world, accounting
for two billion people, had become marginalised during a decade in which “their aggregate growth was actually negative in the 1990s”. Clearly, at global levels there have been winners and losers during the decade against drug abuse, in which injection diffused into new spaces.

One example of such negative growth are former states of the USSR which, following one of the 20th century’s pivotal political transformations (Shaw 1999), have Europe’s fastest growing HIV epidemics (EuroHIV 2004). By 1990, virtually all Eastern European nations had passed legislation seeking foreign investment and several had allowed privatisation (UNCTC 1991). According to Scott (2001), rushing to liberalisation and capitalism where only political apparatchiks had access to capital “was an open invitation to gangsterism” where Washington Consensus had “done more harm than good”. We know an opiate-heroin transition occurred in Russia around 1995-96 (Dehne et al. 1999). It was in part a consequence of social dislocation (Atlani et al. 2000). It is interesting to observe that economic analysis shows the sudden onset of heroin was followed by a severe decline in socio-economic conditions after rapid adherence to neo-liberal ideoscapes. At the micro-level, Milanovic’s econometric analysis captured the magnitude of the macro-level contraction on household poverty in the period leading before the opiate transformation in Russia. There had been a severe income contraction in 1991 and 1992, but from March 1993 to September 1996 “real per capita income decreased by between 15 and 20 percent” (Milanovic and Jovanovic 1999). Concurrently, poverty increased substantially throughout other formerly Soviet-aligned states. In 1989 it was estimated that the number of people living on less than $4 per day (at international prices) was 14 million (out of a population of approximately 360 million), but “it is now estimated that more than 140 million people live below the same poverty line” (Milanovic 1998: 7). Furthermore, additional analysis of people’s perception of their own poverty found “subjective poverty” rates much higher than official estimates based on income levels. The perceptions of actual and relative poverty also varied within different parts of Russia (Milanovic and Jovanovic 1999), thus showing that Lerner’s “Want Get Ratio” and rising frustrations remained a key question in economic transition.

Not surprisingly, this seminal epoch in the expansion of neo-liberalism is now linked to successful consumer marketing of heroin into former morpheus-era drug scenes (Friedman and Reid 2002; Rhodes and Simic 2005). This again alerts us to the obvious
point made by Stiglitz (2003a; 2004a; 2004b), that there are risks of negative consequences when representatives of transitional communities accept globalisation processes under existing dominant paradigms (Beck 1999; Beck 2000b; Giddens 1990a).

As noted (Labonte et al. 2005), this is particularly important given that it is argued that the World Bank rationale for calculating net reductions in poverty in India and China are fundamentally flawed; hence the pro-poverty reduction argument — which is effectively social construction of risk — is methodologically weak (see Wade 2002). Furthermore, according to Galbraith (2002), it was “extraordinary” that India, China and Vietnam were used to support the efficacy of the neo-liberal ideoscape because their economic growth was due to domestic policy initiatives that were anything but Washington Consensus.78 Given the strong association between intra-nation inequality and internal migration (Brewer et al. 1998; Bruenjes 1997), and the association between HIV risk environments and migration (IOM 1998; Quinn 1994; Rhodes 2002), it is important to highlight inequality analysis in three of the most “ticking” Asian HIV time-bombs:

“For the three Asian countries [India, China, Indonesia], there is a clear contrast between the 1980s when regional inequality was declining or constant, and of the 1990s when it is also very clearly going up in all three countries” (Milanovic 2004: 33).

This establishes the argument that it is not possible to accept the position that current neo-liberal openness paradigms are without risks of manufactured negative social consequences. One particular risk generator pertinent to HIV is that of transportscapes, for as enhanced transportation infrastructure moves goods more efficiently and faster, it also shuttles and shuffles “bads”, such as social factors that generate sex industries and heroin injections (Castells 1996; King 2001).

3.6 Déjà vu: transportscapes, globalisation and plague

International transport integration reinforced by integration within countries is deemed critical to economic development. At both the macro and micro levels,

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78 This is argument is elucidated by Fforde who, when reviewing Dollar’s book on Vietnam, argues it has completely misrepresented the impact of pre-IMF, World Bank reforms through 1981 to 1986 which set State Owned Enterprises on a footing that generated the bulk of increased industrial output until at least the late-ish 1990s (Fforde, 2000).
compression of time, cost reductions and market convergence remain elementary structural characteristics of current globalisation and regionalisation (Clark et al. 2004; Fujimura 2004), including global drug flows (Castells 2000; Williams and Baudino- O’Hayon 2002). As with any aspect of globalisation, to help us understand if this is new or merely “déjà vu all over again” (O’Neill 2004) it is useful to discern historical periods of trade intensification (Coe and Yeung 2001; Held et al. 1999). This section approaches the question of globalisation’s ‘newness’ via a sensitizing discussion of a central process stretching it and regionalisation, transnational shipping (UNCTAD). Shipping is selected because, alongside road transportation, it is an important facilitator of HIV risk environments (Rhodes 2002), including the opiate flows that connect Myanmarese to Berliners (Held et al. 1999).

Advances in shipping and related anti-viscosity logistical breakthroughs that enable trade to flow with greater speed across longer distances are being re-visited by globalisation writers to put current hype into historical perspective (Bordo 2002; Jacks 2005b). Visiting contemporary discussion concerning current versus mid-19th century shipping advances, and setting it against a discussion on the clippers that helped make the latter possible, it can be shown that opiate flows were not exogenous to one of the great intensifications of global interconnectedness. In fact, opium was enmeshed in a pivotal five-year shift in transportscapes technology that is associated with a lasting expansion in global trade flows rivalling those of today in significance. Just as transportscapes are associated with pathogen flows currently (O’Sullivan 2003), so it was that opium and plague flowed as embedded particles within licit trade in the late 19th century (Trocki 1999). Discerning an association between opiate-plague flea-flows and the human will to traverse the oceans faster in pursuit of profit is the first step in confirming that the trade-heroin-HIV nexus engulfing Vietnam is not new, but merely a mutation of historical processes. This position is borne of the “sceptics” school, which leads to the viewpoint that current globalisation should be seen as on-going transition toward multi-scale transformations (Hirst and Thompson 1999).

Sceptics question whether or not contemporary globalisation is – in terms of time and intensity - as new as rhetoric may suggest (Giddens 1996; Giddens and Birdsall 2001; Held et al. 1999). The transformationalist position was adopted by Giddens when he regarded current globalisation processes having novel, even revolutionary characteristics (Giddens and Birdsall 2001). The position is supported by Hirst and
Thompson (2002; 1996; 1999) who defer to, as this thesis does, the Global Transformations discussion as a key, balanced account of the genealogy of globalisation, albeit with the qualification that it is Eurocentric. While outlining the sceptics versus hyperglobalists debate, Giddens mapped the current phase of globalisation “as beginning only about 30 years ago, when the first global communication [satellite] system was established” (Giddens 1996).79 Noting that globalisation rhetoric continued to “mesmerize” commentators and “capture imaginations”, Hirst and Thompson (1999) maintain it is a myth to argue that contemporary global transportation and trade flows are unprecedented. Instead, they argue that (comparatively as at 1999) the global economy is less open and integrated than between the 1860s and the commencement of World War I. Among consequences of this wave of economic globalisation post-1870s were vastly increased intra- and inter-country economic inequalities, and these inequalities were stretched through time (Bata and Bergesen 2002; Collier and Dollar 2002). Obviously, as Milanovic warns (2003b), we must not overlook the fact that this epoch of economic expansion is inseparable from military penetration of the Mekong sub-region by European colonial regimes (Beeching 1975; McCoy 1970; Murray 1980; Stuart-Fox 1997). It is also argued that globalisation is “not peculiarly western” (Giddens 1990: 175). Although firmly rooted in such historical precedents, Hirst and Thompson (2002) regard contemporary globalisation and its consequences as significant and distinctive. Castells (1996, 1998) argues that two exceptional distinctions are that, for the first time in history, an informationalist mode of capitalism is truly global, and it is structured to a large extent around an electronic network of financial flows which assists international organised crime.

In addition to communications networks underpinning mercantile flows, literal time-space compression through containerisation enables greater volumes of regional trade (Held et al. 1999; McCalla 1999; UNCTAD 2004d). However, is such transportation integration encompassing Asia unprecedented? Archaeological evidence from the ancient pre-Khmer era in Cambodia suggests global trade radiated outwards from the Mekong sub-region hundreds, or perhaps thousands, of years ago (Sanderson et al. 2003). The existence of the ‘old’ Silk Road supports the argument (Beach 2001; Carey 1899; McGregor 1992). Wheeler (2001) analyses Vietnam’s

79 Obviously, an early recipient of that communications breakthrough in “about” 1966 was the Democratic Republic of Vietnam. The communication system was deployed to help one transportscape destroy another (Pape, 1990).
“web-like” integration into regional ocean-going trade networks following southern migration, particularly in the 17th century. Based out of Hoi An, which was known to Europeans from the 1630s as Faifo, Chinese diaspora and Vietnamese forged nodes and networks that connected the Dang Trong zone with local, regional and inter-regional trading partners through “four interconnected transportation systems based on riverine, overland, coastal and oceanic traffic” (Wheeler 2001: 28). Operating against the clock of the South China sea monsoons, goods flowed from as far inland as Cambodia and across the mountains of Lao to Hoi An, where they were temporarily moored before being loaded onto sailing ships. The roads into Hoi An “tended to follow the logic of the water”, linking trade flows to Lao, Cambodia, Thailand and the “inland Chinese provinces of Yunnan and Guangxi”.

The corpus work by O’Rourke and Williamson (1999) provides especially strong evidence that the intensity of current transportscapes linkages is not unprecedented. Their scrutiny of the genealogy of trans-Atlantic globalisation, into which Asia was integrated, is a detailed discussion examining the second half of the 19th century (Hirst and Thompson 2002). The research found that government policies were not responsible for the upsurge in global trade beyond the mid-1800s. Instead, the globalisation of trade was attributed to improvements in transportation infrastructure, especially ocean shipping, which eroded tyrannies of distance (Hirst and Thompson 2002). As with China’s current export successes, this contributed to price convergences.

3.6.1 Opiates shape transportscapes

Supporting discussion, which also addressed convergences in the mid-1800s, stressed that the technological improvements in seaborne trade also required transformations in port systems (Jacks 2005a; Jacks 2005b). Blainey (1983) discussed the role of mid-19th century port networks, shipping and the impact that the repeal of Britain’s anti-free trade Navigation Act in 1849 had on opening up the Empire’s ports to non-British ships. First enacted in 1660, the Navigation Act was primarily aimed at the Dutch and was integral to Britain’s global transportscapes and trade policy (McGovney 1904: 725), more accurately known as colonialism and imperialism (Trocki 1999). Rather like the micro-level cabotage,80 the Act had served as a

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80 Cabotage is a restriction by which internationally-flagged ships are prevented from transporting domestic or international goods between a nation’s domestic ports.
constraint upon flows: it “had absolutely prohibited the import [to Britain] of Asiatic, African or American goods by way of European ports or in non-British ships” (Clapham 1910: 482). The US became subject to the Act once its independence was achieved by war. Therefore, the increasingly advanced US wooden-hulled ships were forbidden to transport non-domestic goods - including migrants - to British ports, and those of Britain's colonies. The repeal of the Act in 1849 coincided with the rise of the fastest cargo ships in history, sleek clippers manufactured in the US (Blainey 1983). Blainey also argues a critical consequence of the Act's repeal was the removal of constraints upon US clipper ships' participation in the tea trade to Britain and to San Francisco (Blainey 1983: 202). While O'Rourke and Williamson, augmented by others (Bordo 2002; Collier and Dollar 2002; Milanovic 2003b), stress that transport突破s breakthroughs triggered trade flows (comparatively) rivalling those of the late 20th century in significance, they have not noted an important contributor to this compression of time-space: the current connection of the poppy farmer to Sydney has a precedent that fed into globalisation breakthroughs in the mid-19th century (Trocki 1999).

In China Tea Clippers, Campbell (1974: 6) argues that it was Donald McKay, of Scottish extraction, who “broke with design by building ships in longer proportion to beam, with bows much straighter and sharper”. Built on the US east coast, McKay's “matchless fleet of flyers”— it is said — “solved the problem that had baffled shipbuilders since the dawn of history: to combine great speed with great cargo capacity” (Morison 1931: 609). The clippers appeared on global routes during the 1840s and set times the British could not match; the great British tea and opium empire began to lag behind in one technological aspect — fast shipping. But because the US had been excluded from lucrative tea routes from Asia to England, the deficiency remained relatively unexposed. However, opium played a key role in bridging the competitive divide and thus increased time-space distanciation and, as a consequence, globalisation (Trocki 1999).

According to Evans (1964: 33) there were three major breakthroughs leading to the diffusion of the clipper design. One was the removal of the trade constraint by the Act's repeal:81 “But it was the discovery of gold in California and in Australia that was to pave the way for the clipper”. The clippers transported rushing hordes of prospectors and merchants to the goldfields, which we know included mass migration

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81 Also the Crimean War.
to San Francisco and southern Australia (such as Bendigo) by Chinese with whom opium consumption also travelled (Editorial 1911a). In fact, it appears that US involvement in the East Asian opium trade, which pre-dated the Californian gold rush, was integral to the diffusion of the clipper technology. The issue of interest here is the timing of a technological transfer that contributed to these global transportation and migration flows.

In The Opium Clippers, Lubbock (1933) accessed Mathieson’s and Jardine’s records, among others. His analysis reveals that the global transportation breakthroughs were in part a consequence of the pursuit of profit in opium. McKay’s clippers were purpose-built with the opium trade in mind, where speed was necessary to defy the traditional risks of the South China Sea monsoon season. Notably, Lubbock specifically refers to a sub-category known as “coasters” whose task included scouting the coastline of Vietnam seeking new markets for opium. This means that Nghe An’s ports were almost certainly targeted for market penetration. The use of opium clippers on long-distance shipping routes predated the Navigation Act’s repeal, which these ships later exploited after tea and migration flows were liberalised. Among the Yankee clippers was the vessel named Oriental. Until 1850, one of the most famous vessels in the tea trade was British Gladstone company’s John O’Gaunt, captained by Robertson. As with the US embargo on Vietnamese Pepsi production (Dana and Dana 1999; Dawson 1994), the Act had been a constraint upon flows. Like Pepsi, the response was immediate once the shipping embargo was lifted. American technology was allowed to compete on trade routes, and in 1850 the first great tea race was held to ascertain whose sleek ships could most compress time and space. Setting out from Shanghai, Oriental won handsomely “leaving Canton River on August 28, ‘beat down to Anjer against the monsoon in 21 days and hauled into the West India Docks 97 days out” (Lubbock 1933: 322). A new phase in lower viscosity shipping transportscapes was set in motion.

Rather like the 1983 America’s Cup competition, or rivalry between airlines and car designers in the 20th century, the owners of John O’Gaunt sent spies to observe the

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82 Chinese also migrated to the US to work on infrastructure development, such as the railway boom which coincided with the ocean transportation developments. Of course, opium traveled with multiple other ethnicities also.

83 Mathieson and Jardine were dominant players in the British opium trade.

84 This therefore signifies that this technology was used to sell opium into Vietnam, obviously because it preceded the epoch in which opium planting had been diffused into its highlands courtesy of England’s trade into China. Given the role of Vinh in age-old transportation networks, it is highly likely that Cua Lo Port would have been one such potential stop-over.
design of Oriental while it was in dry dock on the Thames. The industrial espionage was incorporated into Gladstone Company's new Stornaway for Robertson (Lubbock 1933). The technology diffused so quickly that, by the mid-1850s, state-of-the-art British vessels “began to win races from Foochow to London against the fastest American clippers” (Graham 1956: 79). This trans-Atlantic convergence of sleekness helped establish the foundation for a pivotal infrastructural underpinning globalisation — that of comparatively rapid oceanic transportation. A legitimate question at this point is why this is relevant to discussion concerning globalisation and flows of HIV in Vietnam today.

This discussion of the role of opium in shaping global shrinking in the 1850s shows us that narcotics trafficking did not merely benefit from technological breakthroughs in shipping, but opiate flows actually contributed to it. As will be discussed in the following Chapter, opium was vital to colonial financesscapes which also underpinned the industrial revolution (AJIL 1911; Brook and Wakabayashi 2000; Greenberg 1951; Trocki 1999; Wong 1998). In this sense, the global trade in opium that would later engulf Vietnam was not merely a by-product or side-effect of industrialisation, but actually helped support it in fundamental ways (Trocki 2000). As World Bank economist, Milanovic (2003b), points out, this is evidence that “convergence” and “globalisation” have a “malignant” side that is deeply rooted in the story of imperialism and colonialism. With time-space condensed, eventually the “Asian economies became more integrated into world markets” so that “formerly self-sufficient peasants in Russia, farmers in Kansas, and artisans in Japan were brought into intimate contact with the world economy” (O'Rourke and Williamson 2000: 55). In language that provides an exquisite and appropriate metaphor for the topic at hand, this interconnected trade was dubbed “intimate commercial intercourse with the Orient” (Wright 1912). At gunpoint, tariff reductions were forced on Japan, China, Thailand and Korea. But landing products in Europe and the US at competitive prices eventually solicited a resilient protectionist backlash against global trade that current globalisation analysts would be amiss to overlook (Hirst and Thompson

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85 The expansion across borders of the opium trade was inextricably linked with colonial conquest, international relations and transnational financial flows that had consequences still reverberating today, as Trocki writes (1999): “For Asian rulers at the end of the eighteenth century, there were two choices. They could accept the westerners, and allow them ‘free trade’, which meant trade in opium and all the consequent economic and social disadvantages that came with it. Alternatively they could resist, they could close their doors to the trade and attempt to keep foreigners out of the countries. In the end, all those who tried this course failed. The rulers of Burma, Vietnam and China, all fell to foreign pressure” and were forced to accept treaties that legalised the opium trade.
From this, O’Rourke and Williamson make an important observation that Asia’s commitment to globalisation started more than 100 years ago. Opiates cannot be separated from this late 19th century rise of global interconnectedness (Trocki 1999), nor can they be today (Castells 1998).

While specifically discussing the novelty of globalisation, Nicholson (1999: 24) notes that during its earlier forms, diseases such as the plague “passed round the world then as now even if the spread of them was slower”. This then supports the obvious fact that disease consequences of enhanced global trade are not new (May 1952; Redway 1923). While it is novel that Indian computer programmers are linked to Melbourne or Berlin (Held et al. 1999), it is certainly not new that capitalism, via low paid Indian workers, connects nodes of Burmese farmers to German narcotics.

Furthermore, it is certainly not a late-20th century phenomena that intimate intercourse connecting China and San Francisco provided infrastructure along which plague would flow (Redway 1923: 338). Of particular relevance to this thesis is the third of history’s great plague pandemics which, from 1894 onwards, travelled into global pathways from Hong Kong via ocean shipping (Achtman et al. 2004). Of interest is not such so much that “within 20 years” it took more than 10 million lives; rather, it is that the plague had travelled to Hong Kong from Yunnan province in China’s west (Khan 2004).

**3.6.2 Opiate trafficking and plague**

Plague historian Carol Benedict writes that Chinese epidemiologists have identified at least 50 plague-carrying mammals through 10 reservoirs of the *yersinia pestis* bacterium, including in Yunnan province (Benedict 1992; Benedict 1996). By the 1850s, Yunnan’s transportscapes were becoming increasingly integrated with neighbouring provinces and countries including Vietnam. Yunnan had become an important Chinese opium growing region in response to Britain’s introduction of Indian opium (Dikotter et al. 2002b). Primary trafficking paths from Yunnan passed

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86 King William II of Holland to the Shogan of Japan in 1844: “The intercourse between different nations of the earth is increasing with great rapidity. An irresistible power is drawing them together. Through invention of steamships distances have become shorter. A nation preferring to remain in isolation at this time of increasing relationships could not avoid hostility with many others”, (Jansen, 1989).

87 For example, farmers in Burma, Thailand and Vietnam grew rice for export to Europe and the United States in the post-1870 period (Coclanis, 1993). Rice was a staple source of energy for working class families whose members laboured in British textile factories processing cotton extracted from its colonies Rice was also a staple in Australia during the mid-1800s (Blainey, 1983).

88 Plague outbreaks were still being reported in 2004 in Yunnan (cite).
into Vietnam en route to elsewhere in China and then into global trade (Bello 2000). One transportscape was from Yunnan to Canton down the Red River:

“shallow-bottomed boats departed for the Vietnamese border town of Laokai (Laojie). The cargo was transferred to larger boats, and moved down the river to Haiphong, where it was shipped to Beihai. Finally, coastal junks carried the drug to Canton” (Benedict 1992: 119).

This establishes Hai Phong as an historic through-port for outward bound opiates, while what is now Lao Cai was an entry point from Yunnan. Similarly, a route passed from Yunnan into Vietnam at what is now Thanh Thuy border gate (Trocki 1999). Thanh Thuy is in an extremely narrow gap through the mountains of Ha Giang province, through which the Lo River flows (O’Dowd 2004). It is important to note that opium along at least the Ha Giang route reportedly then flowed back – northwards – into Guangxi province (China) via Lang Son province (Vietnam) (Benedict 1996). This trafficking route passed through the mountains to Piangxiang town in Guangxi, and then north toward Nanning city. In other words, the opium left Yunnan, entered Vietnam and then re-entered China (see appendix 3). Another route stretched from central Yunnan eastwards to Nanning (also in Guangxi) via Baise, meaning that two separate routes of Yunnanese origin converged in Nanning.

Benedict’s detailed analysis argues that rats accompanying these opium flows, including those to Vietnam, diffused the Yunnan plague. This establishes a precedent for an association between Mekong sub-regional opiate trafficking, economic globalisation and blood-borne disease. Ships eventually carried these iterant zoonotic boundary crossings trans-continentally (Benedict 1988; Benedict 1992; Benedict 1996), arriving in both San Francisco and Sydney in the Year of the Rat, 1900 (Khan 2004; May 1952). Not only did the increasingly fast-moving trade connect Yunnanese and San Franciscan rodents via Hong Kong, the opiate-plague flea-flow also reached Bombay in 1896 (Klein 1986; McAlpin 1982). Bombay was a hub in the colonial textile and opium trade that subsidized the rise of the industrial revolution and hence capitalism, which had benefited from the 1850s shipping breakthroughs. While the plague spread through the confines of crowded housing for workers in

89 According to New South Wales records the bubonic plague hit Sydney in January (summer). Spreading from the waterfront, the rats carried the plague throughout the city. Within eight months 303 cases were reported and 103 people were dead. http://www.records.nsw.gov.au/public/gallery/plague/history.htm.
Bombay’s colonial sweatshops, elsewhere — in Germany — a textile dye manufacturer was experimenting with colonial opium. With opiate-plague on the move, Bayer’s chemist, Dreser, was on the verge of launching diamorphine as heroin (Carnwarth and Smith 2002).

It is the downstream consequences of such colonial opium processed into heroin in Europe that is still being diffused globally via enhanced transport-, ethno- and financescapes. However, given the interplay described above, the nexus between global opiate routes and HIV cannot be considered as strictly new. Linking opiate and plague via a discussion of trade and transportation reveals this. The following section will discuss current trade-driven advances in shipping and related logistics that again reduce the viscosity of global opiate flows.

3.6.3 Transportscapes and opiates in late heroin-century

As with the mid-1800s (Scholte 1999), advances in transportation infrastructure and vehicular technology are associated with intensification of global inter-connectedness (Castells 2000; Urry 2000), particularly flows of trade (Clark et al. 2004; Held et al. 1999; Hirst and Thompson 1996). Not unlike the opiate-plague relationship, there is a negative consequence to this, however (Tullis 1995). For example, it has been proposed that the greatest indirect challenges to health, on the global level, “probably occur through liberalisation of world trade” which facilitates movement of illegal products alongside licit particles (Walt 1998). Liberalisation of global trade is facilitated through diffusion of transport innovations such as containerisation, which was introduced in the 1960s and expanded rapidly during the 1990s (McCalla 1999; UNCTAD 2004d). Advances in information technology have assisted management of container flows (see Airriess 2001). Of significance has been the emergence of post-Panamax super-container ships of greater than 12.04m draft. Similarly, business demands for efficiency-driven practices such as “just-in-time” logistics management means multi-modal transportation interfaces must reduce resistance to flows, thereby setting competitive benchmarks for aspiring port systems, including Vietnam (Arnold et al. 2001; Bangsberg 2004; Orton 2001). With the deregulation of global shipping, companies are merging and forming umbrella alliances, which, combined with larger shipping capacity, enables them to concentrate cargoes along particular routes “which

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90 Panamax container class has maximum dimensions for passing through the Panama Canal (width of 32.21 metres, length of 291 metres) of approximately 3000-5000 TEU.
serve a handful of large ports directly” (McCalla 1999: 247). To increase ease of container flows, ports must be inter-modal, raise crane capacity, boost labour productivity and maintain adequate port depths so that greater volume can switch through hubs faster (UNCTAD 2004d). For the average country, a “bad” port is equivalent to being 60% further from market (Clark et al. 2004). In recent years, Asian transport providers have created some of the most advanced internet-based container management systems and are now “global players and service exporters” (UNCTAD 2004d: 7). However, land-locked countries or regions, such as Lao or Yunnan, must move containers through neighbours’ transport and legal systems. Therefore, regional, sub-regional and bi-lateral cooperation frameworks are being forged to permit trans-boundary trade corridors linking land-locked communities to international shipping lanes (UN 2003a).

All flows require infrastructure to move, and narcotics are no exception (Beck 2000b; Held et al. 1999). So it stands to reason that improving transportscape networking, especially nodes and hubs, is beneficial for drug flows (McCusker 2005). Just as the extensity, velocity and trajectories of trades in goods have morphed in the past 15 years (UNCTAD 2004a), so have the trade in dependency-inducing bads: “For the drug trade today nationalities and borders do not exist. More than ever, this trade epitomises the new world disorders of the post-Cold War era” (UNESCO 1999). Nevertheless, borders do play a role in affecting price differentials of drugs (Williams and Baudin-O’Hayon 2002). Although his research is associated with the rise of electronic networking (Castells 2000; Castells 2001; Held et al. 1999; Urry 2003), Castells dedicates significant attention to the successful territorial expansion of organized trans-boundary crime during the 1990s, particularly opiate flows (Dalby 2003: 22). As with other trans-national threats, opiate scapes emanating from Myanmar grew enormously during the 1990s:

“Because illicit drug trafficking is closely tied to transnational crime networks, and is interwoven with governmental corruption, economic systems, arms trafficking, money laundering, separatist ethnic insurgencies, and the Acquired Immune Deficiency Syndrome, it has a clear potential to undermine political, economic and military sectors of
a state, as well as the overall security of its inhabitants” (Othman 2002: 19).

Like the arms or the HIV industry, heroin flows are a global business (Buddenberg 2002; Giddens and Hutton 2001; UNGASS 2001a). This is a basic paradox of current globalisation that Vietnam had been largely shielded from: the more that networked infrastructures are improved to assist illicit global particles slosh across borders and colonise greater tracts, the easier it is for global criminal networks and nodes to transform and stretch (Stares 1996). Poppy connects the farmer to the stockbroker, the pony to the jetliner, the peasant girls who harvest opium to the experts who document it. The paradoxical covers with which sped-up globalisation cloaks flows of drugs are so extensive that the legalisation of drugs is “probably the greatest threat that organized crime would have to confront” (Castells 1998: 174). Drawing upon research in Russia and South America, Castells describes how state and private sector transformations in transportation and electronic networks are utilized by highly adaptive narcotics traders to penetrate new markets and compromise state institutions (Castells 1996). He also argues South East Asian drug traffickers have benefited from such “economic globalisation and new communication and transportation technologies” (Castells 1998: 169). This is of such significance, Castells argues, that we cannot understand the contemporary world without appreciating the extensity of the rise in trans-boundary criminal networks (Cuthbert 1995).

In discussing ways in which transportation improvements are great news for narcotics smugglers, Williams and Baudin-O’Hayon (2002) point out that “a critically important but often neglected dimension” of contemporary trade is the transformation of intermodality across road, rail and shipping infrastructure made possible by containerisation. Because nation states tend to only inspect between two and eight per cent of these containers crossing their borders, “not surprisingly trans-national criminal organisations are able to embed illicit commodities” within the flows of goods (Williams and Baudin-O’Hayon 2002: 131-132). Reducing the viscosity of container movement is, perversely, therefore a pro-narcotics micro-economic policy.

The Australian Bureau of Criminal Intelligence reports that by the mid-1990s concealment of heroin in sea cargo and containers presented a unique problem for

92 See frontcover of the 2004 UNODC World Drug Report. Two girls from Ky Son district in Nghe An province, Vietnam, are pictured. See Figure 43.
law enforcement because of the size and the volume of containers received (ABCI 1999: 35). As will be shown, this is a simple point of utmost significance to this thesis: when transnational economic expert systems support construction of new river, land, air and sea scapes connecting Myanmar to Vietnam (ASEAN 1997b; ASEAN 1999), it increases the likelihood of heroin transportation into and through Vietnam. This is because goods flows simultaneously move ‘bads’; the diffusion of unsafe IDC discussed in Chapter One is but a social indicator of this. Paradoxically, neo-liberal globalisation is a shot in the arm for illicit opiate flows, yet the booster effect has not been matched by equivalent advances in interdiction or reductions in demand (Keh and Farrell 1997). Nor can it, because incremental improvements in law enforcement confront the balloon effect in which drug flows are dispersed through fresh or dormant scapes (Johnson 1996; Stares 1996). As Medler (2004) discusses, the effective trafficker is a risk-averse business operative who takes time-space calculations into mind. Risk calculations are often based on physical geography, which has the potential to constrain or enable the speed of flows. Medler makes two logical, but important, assumptions of such relevance that they warrant adaptation using the concept of particles. Firstly, ceterus parabus “smuggling route selection tends to follow the path of least resistance”, and secondly, because it is less risky to embed narcotics particles in flows of legitimate specks, there is a fundamental link between social topography, transnational smuggling and that of geography and legitimate commercial intercourse. Whether they are ponies, trucks, containers, packages, toilet bowls or financial transactions, the intensification of particle flows along a scape reduces risk for narcotics actors. The more networked these scapes become, the more opportunity for organisation and risk management. Hence, particularly when coming from a low base such as Vietnam, we have exponential improvements in the statistical risk environments for profit-maximising actors. Building a mountain road is good for the trafficker, but may be bad news for those whose lives the pathways intersect (Eligh 2005).

Medler’s terminology - “path of least resistance” - is highlighted because of its obvious reference to water. Waterways not only facilitate trafficking directly, but other pathways often shadow riverine systems.93 Therefore paths of least resistance are a) shaped by physical environs, and therefore b) more likely to be traditional than new. Because economic globalisation emphasizes increasingly lower viscosity for good

93 For example, Highway 7 in Nghe An follows the Ca River from the Lao border to the ocean.
flows through neo-liberal openness and logistical efficiencies, “through a series of discrete iterations” such processes facilitate the movement of licit as well as illicit goods (Medler 2004: 11, emphasis added). However, it is not just physical infrastructure such as bridges and roads that have assisted trafficking to become increasingly globalised (Castells 2000). As Dominican-US cocaine flows suggest, although the phenomena at hand is truly global, it is contingent on highly local political-economic determinants that warrant analysis just as much as the downstream consequences in Berlin or elsewhere (Rogers 1999). Among his extensive work on financial networks, hybridized market capitalism, the collapse of the Soviet Union and AIDS, Castells describes global networks comprising local nodes that include

“poppy fields, clandestine laboratories, secret landing strips, street gangs, and money-laundering financial institutions in the network of drug traffic that penetrates economies, societies, and states throughout the world” (Castells 1996: 470).

Selecting this identification of papaver somniferum farms as a node linked to global flows enhanced by contemporary networking is useful. It situates remote villagers on Highway 7, Nghe An, within a broader narcotics mélange that, if stimulated, may shape HIV risk environments around youths close to production and those on the streets of distant urban spaces. Isolating poppy as a node allows us to conceptualise overlap in specific locales where hybridized “expert” nodes within drug control systems enter the farmers’ worlds to implore them to take leave of the past (see UNODC 2004a: frontcover). When we realize that such poppy nodes and their critical historical role in decreasingly viscose transportsapes cannot be divorced from the story of economic globalisation processes in general (Lewis 2001; Trocki 1999), it becomes apparent that it is impossible to understand contemporary transformations in HIV risk environments without appreciating the importance of long-standing flows in the Mekong sub-region of which Vietnam is a key component. By extension, because it is “not possible to divorce the cultivation of opium” from the “economic and social context” (Walker III 1992: 203) it is difficult to appreciate the current spread of HIV among drug consumers without considering politics, economics and socio-cultural phenomena that have not only constrained such flows in the past, but have recently enabled them.
3.7 Chapter conclusion

While addressing critical questions about the relationship between transportation and HIV risk environments, this chapter has nevertheless argued that globalisation has deep roots in history and historical change. Specifically, the spread of opiate consumption and disease is linked to the expansion of trade flows, which in turn are associated with the progress of economic globalisation (Milanovic 2003b). In discussing the 19th century association between transportation innovations and global opiate flows, the chapter established that, in an earlier epoch, zoonotic disease has accompanied narcotics which flowed through Vietnam (via Hai Phong) to broader global markets. It also established that opiates had flowed south into Vietnam through Ha Giang and Lao Cai provinces before returning north to China, via Piangxiang in Guangxi province. This opiate-plague global diffusion was, most definitely, a downstream consequence of the evolution in 19th century capitalism which was linked to the 'molecular' modernisation of opiates and the invention of heroin. As Trocki argues, capitalism's fortunes in the South East Asian region were inextricably and fundamentally linked to production and distribution of opium by European powers. Put simply, there has always been a high degree of exogeneity associated with local poppy environments that are linked to global end-markets.

The chapter also showed that globalism and (in the case of the former USSR) economic liberalisation can create income inequalities that overlap with opiate transformations which, in turn, have fundamental consequences for HIV risk environments. In this concrete sense, a “solution” to a problem – neo-liberal economic deregulation – can be the “cause” of another problem – increased relative poverty. Additionally, and from the point of view of drug consumption, we can see that rapid economic transition that is accompanied by mediascape diffusion can be conceived as a form of “demand creation” in an epoch in which the Want/Get Ratio deteriorated. And when additional negative consequences such as HIV accrue over rapidly-widening space, we can see that these transformative complexities can also contribute to the creation of new 'harm' in some communities.

The chapter argued that, as with the mid-19th century onwards, advances in transportation systems continue to assist the global diffusion of narcotics. Thus, the
The chapter showed that globalisation is highly relevant to risk environments in Vietnam. This is not because it establishes relations between Burmese poppy farmers and Berliners. Rather, economic globalisation processes contribute to improvement of long-standing linkages. Globalisation enhances the efficacy and efficiency of these trade and communication routes, enabling the flow of illicit and licit goods and services, as well as correlative diseases. If the trajectories of such flows were to include Vietnam, it could not be categorized as novel or new in the strict sense because opiates and their negative side-effects had previously been moving along such routes in order to satisfy global and local demand. All it would require is for long-standing opiate pathways to be resurrected and modernised by having heroin flow along them, instead of unprocessed opium. This then points to the question of Vietnam’s proximity to such opiate flows. Given the location with which we are dealing, South East Asia, this moves the thesis toward the issue of Vietnam’s physical and political distance from the so-called Golden Triangle. The following chapter will explore this further by transferring attention down to the scale of regional.
CHAPTER FOUR
Re-connecting regional and sub-regional flows

"The collapse of the Soviet Union has brought with it a fundamental reordering and restructuring of global space. Whereas the Cold War was characterised by a political and economic geography of relatively stable and spatially fixed blocs which, though they may have had contact with each other, were to a large extent politically and economically impermeable, now the spatial fixities and barriers of the Cold War’s political geography are being dismantled. Replacing these spatial structures is a new and unruly political and economic geography that is being forged out of the ruins of the two-superpower world, a geography marked by the growing flow of ideas, capital, goods and people across the frontiers which formerly served to divide West from East, the capitalist countries from the Communist ones, the anti-Soviet from the pro-Soviet."

- (Herod 1998: 170)

4.1 Introduction

This chapter shifts its focus from the global to more regionally-based issues relevant to formation of HIV risk environments in Vietnam. As we have noted, these flows represent the ‘glocalisation’ of risk contexts. The aim of this chapter is to identify and analyse pertinent elements in these flows that are formed distinctly through the South East Asian region. The approach is consistent with calls to recognise that drug markets, hence spatial-temporality of HIV transmission environments, remain inseparable from geopolitical considerations, including transformations of capitalism (Ciccarone 2005; Trocki 1999). The first of two main sections is primarily concerned with geopolitical relations that affected the permeability of boundaries to Vietnam’s west, including those of Thailand, Laos and Cambodia. The regional organisational scale to be discussed is the Association of South East Asian Nations (ASEAN), while the sub-regional scale is the Greater Mekong Sub-region (GMS). The premise for doing so is that military, political, cultural and trade dynamics within both imagined, and now actual, configurations have been inextricably linked with temporality of Vietnam’s entry into market-oriented economic processes. And it is in the context of regional and sub-regionalisation that globalisation-oriented transport and related trade linkages with and through Vietnam are now imaginable and, importantly, fundable by Washington Consensus. The sub-regional scale of economic and political organisation is thus a portal for the regional and global.

Importantly from a HIV perspective, Mekong sub-regional relations have been inseparable from opium markets, and have in fact been shaped by papaver somniferum
The simultaneous transition toward transformations in the contiguities of the sub-region and broader regional political relations effectively dictated Vietnam’s proximity to the well-spring of heroin flows, Myanmar (Othman 2002).

The chapter maps elements of Vietnam’s inclusion in formal regional and sub-regional structures to show that it has been located in a physical geographical risk position shaped by time-space distanciation rooted in earlier forms of consensus in Washington. It will document that the timing of regional neo-liberal trade and transportation transition has been accompanied by transformations from tradition to modernity within institutionalised drug environments at both the macro and individual levels. Regional economic processes promoted as essential for globalisation, have stimulated new trajectories of heroin flows at the expense of traditional use of opium, resulting in new hazards ranging from corruption to HIV. The transition from opium consumption in the region to production and consumption of sub-regional heroin is termed an “opiate modernisation”. Thus, opiate modernisation is reflective of modernisation in general. This trade-related creation of new risk exists in contemporary globalisation is a downstream consequence of 19th century globalisation, elements of which were discussed in the previous chapter.

This chapter then analyses virological studies to apply Urry’s globalisation/blood-flow metaphor to the issue of regionalisation of the HIV sub-epidemic. Epistemologically, this brings into play his adaptation of Mol and Law’s description of the fluidity of social space in which they worked with the concept of “mapping” haemoglobin and anaemia (Mol and Law 1994). By taking this approach to a discussion of the spatio-temporal journey of HIV, it examines the complex heterogeneity of bloods flows (globalisation/glocalisation) within the sub-region. In doing so, it demonstrates that, 19th century Yunnan opiate-plague flows have been resurrected and modernised by globalisation processes.

Through this blood-based linkage of trade, transportation, geopolitics and a virus, the chapter directly addresses the question of the ‘novelty’ of contemporary globalisation. Whereas fleas had once permitted trans-boundary blood flows through Yunnan and into Vietnam, the particles facilitating opiate-illness now includes syringes. Although the manifestation of iterant trans-boundary zoonotic flow is modern, it is in fact following similar pathways to 19th century commodity routes generated through
migration and intimate commercial intercourse with the orient. This chapter will therefore confirm, via clusters of blood measurements, that current networked regionalisation is a transformation rather than a purely modern imagined project. Utilising molecular virology to address flows and mutation reveals that extreme heterogeneity co-exists with homogeneity, to confirm the value of glocal as a scale in globalisation discourse. In doing so, it examines the virus’ movement across space and time to a) establish that an injecting sub-epidemic was a latent hazard contiguous to Vietnam before integration, and b) documents that this hazard was known to expert systems well before that risk-laden economic regionalisation.

The principle question is “What is the significance of regionalisation to a transformation in the drug consumption environment in Vietnam?”

### 4.2 Blood-flow consequence: regionalisation delayed

Social, economic, geographic and political space have multiple scales, clusters and degrees of extensiveness. There are regions,

“in which objects are clustered together and boundaries are drawn around each cluster. Second there are networks in which distance is a function of the relations between the elements and difference a matter of relational variety” (Mol and Law 1994: 643).

The concept of regionalisation has emerged as an integral element of contemporary economic globalisation (Clarete et al. 2003; Dupont 2003; Mirza and Giroud 2004b; Moore 2003). In Vietnam, regionalisation is termed khu vuc hoa. It encompasses physical space as well as forms of collectives in which similar climates, objects, peoples, or countries increase and decrease social proximity to each other. Political-economic regionalisation can be considered as

“a clustering of transactions, flows, networks and interactions between functional or geographic groups or stages of societies” (Held et al. 1999: 16).

Regionalisation processes warrant examination in any analysis of globalisation and its impacts. Two political clusters are of immediate relevance to this thesis because they have been shaped by Vietnam and, in turn, have influenced sub-regional trajectories of myriad particles, including conflict and heroin. The first is ASEAN, which includes
Singapore, Malaysia, Thailand, the Philippines, Brunei, Indonesia, Myanmar, Lao, Cambodia and Vietnam. The second is the Greater Mekong Sub-region which comprises the riparian nations of Myanmar, Thailand, Lao, Cambodia and Vietnam, and the Chinese province of Yunnan (ADB 2004d; Gupta et al. 2002). To appreciate the significance and extensity of organisational configuration of — and flows within — ASEAN or GMS, it is necessary to understand that their formation and composition reflect one of the Cold War’s most significant and bloody acts of risk definition. This expert risk definition was rooted in vehemently anti-communist Washington ideology. One of its myriad consequences was to shape sub-regional opiate flows for decades (McCoy 2000). New Washington Consensus is still trying to deal with the impacts of its Cold War predecessors. It is pertinent to this thesis because, as is discussed in Chapter Six, it was directly shaped by mobilities along Highway 7 through Nghe An.

This thesis has reiterated that expert systems that define risk thus exercise power, particularly when also defining solutions (Beck 1992; Slovic 2001). An illustration of extreme relevance to this thesis is provided by a pivotal Washington text from October 1961. Faced with the downstream consequences of allowing the French to regain its colonies (Blum 1980; Currey 1996; La Feber 1975; Micaud 1947; Warner 1965), the Kennedy administration misunderstood the geopolitical maelstrom unfolding in former Indochina. In the aftermath of France’s defeat at Dien Bien Phu, which marked the end of the (1945-1954) First Indochinese War (Tonnesson 1985), the US underestimated the political environment in Vietnam overall, and feared the loss of Thailand, Lao, Cambodia and South Vietnam (Kolko 1987; McNamara 1996). As a consequence of misreading forces propelling trans-boundary fluidity, McNamara sought to establish an artificial boundary north of the 17th parallel to prevent the

94 ASEAN has since involved to ASEAN +3 which included India, China and Japan. And now the East Asian grouping is emerging which Australia has won a seat at the table of. However, this thesis is concerned with a particular period of time during which the geopolitical reconfigurations were primarily through ASEAN. Therefore, the more recent evolution in the regional groupings is not under consideration in this thesis.

95 McNamara traces this to the hand-over meeting with President Eisenhower attended by himself and newly elected President Kennedy. The meeting took place on January 19, 1961 during which time the out-going President stated that “Laos is the present key to the entire areas of South East Asia. If Laos were lost to the Communists it would bring an unbelievable pressure to bear on Thailand, Cambodia and South Vietnam. President Eisenhower stated that he considered Laos [and by, implication, Vietnam] of such importance that if it reached the stage where we could not persuade others to act with us, then he would be willing, "as a last desperate hope, to intervene unilaterally" [emphasis in original] (McNamara 1996: 35-36).
“domino effect” (CCAS 1970; Freedman 2000). On October 10, security advisor McGeorge Bundy provided McNamara with fateful expert risk definition. With the Dien Bien Phu Valley debacle fresh in politico-military minds, McNamara was urged to commit to a “hard hitting” operation that had a “70% chance of success”;

“The 30% is that we would wind up like the French in 1954; white men can’t win this kind of fight. On a 70-30 basis, I would, myself, favour going in” (Bundy 1961).

All expert systems have the option to act differently and hence shape environments that over time, and through iterancy, can have consequences that are the opposite of actors’ intentions (Giddens 1984). As McNamara later lamented, the expert system could have examined factors underlying flows along Highway 7 in Nghe An province (McNamara 1996). After all, this transportscape was not a normal road. Rather, Highway 7 was an historic transportscape and ideoscope through the Truong Son mountain passing into opium-laden Xieng Khouang (Gunn 1985; McCoy 1972; Stuart-Fox 1997). However, in this case the Washington-based expert system was so confident that it could prevent Ho Chi Minh Trail particle flows, which resembled “a line of ants”, that like the French in 1954 (see Currey 1996), it erroneously concluded that it could defeat bicycles and human porters (Scheck 2001). As will be discussed in Chapter Six, the Pentagon chose Xieng Khouang province in Lao to establish a secret army and an ultimately unsuccessful line of containment against personnel, ideology and armament flows into Lao, Cambodia and southern Vietnam. The intended aerial destruction of Vietnam’s limited transportation networks and industrial plants commenced under Operation Rolling Thunder in March 1965 (Pape 1990).

The extent to which transportscapes, including rail, roads and ports, were targeted for the prevention of human, arms and ideology flows through mountain pathways can now be mapped. Figure 7 reflects one the 20th century’s most significant

96 It is important to appreciate that we are not dealing with a political environment within which the pre-existing term “domino” was deployed. Rather, this environment contributed to the rise of the term “domino theory”. This became a global term, born out of extremely local conditions that extremely distant expert systems did not understand.

97 This bomb data map is derived from “Air-strike data from US archives”. It was created in Vietnam as part of the Indochina Bomb Data Project, funded directly by the US Department of Defense. The map records all the plots coordinates of bombing missions during the Vietnam War in Vietnam, Laos and Cambodia. It was provided to this thesis by the organisation conducting mapping of unexploded ordnance in Vietnam, the Vietnam Veterans of America Foundation.
independence wars in which one transportscape literally overlayed another, resulting in trans-boundary blood flows with myriad iterant consequences. Each dot on the sub-regional map is either a payload of bombs dropped by the US air force, or shelling from naval vessels.

**Figure 7: United States bombing of Indochina**

The data-points reflect the contagion-like diffusion of ordnance across the 17th parallel, into Lao, Cambodia, China and even Thailand. The bomb-data map reveals that certain trans-boundary pathways were targeted to interdict flows of vehicles and porters, including Highway 70 from Yunnan, Highway 7 through Nghe An and...
Highway 8 through Ha Tinh. Instead of halting a particle flow, the 70-30 risk definition sparked a wider conflict that took millions of lives, contributed to a global economic recession and fragmented South East Asia into pro-Soviet and pro-US blocs. The unspanned stretches of the Mekong River literally became South East Asia’s iron curtain, delineating socialism from pro-Washington capitalism (Osborne 2000a). The American-Vietnam War directly shaped opium and heroin environments regionally, and hence globally, because it gave succour to existing and emergent narcotics networks (McCoy 1972).

Because Vietnam’s regional integration is central to the terms and temporality of its encounter with globalisation, and its re-connection with heroin flows, it is important to be familiar with ASEAN, which was borne of an ideoscape that ignored the 30% risk of failure that resulted in the Vietnam-American war. This is relevant to HIV risk environments because Vietnam’s disconnection from ASEAN post-1975 also cut it off from the sub-regional heroin epidemic until after political isolation ended.

### 4.3 War zones to trade networks

On August 8, 1967 in Thailand, ASEAN was signed into existence by the foreign ministers of Indonesia, Malaysia, Singapore, Thailand and the Philippines (ASEAN 1967). As a bloc of overtly anti-communist governments (Acker 2001; Palmujoki 2001: 17; Thiparat 1995), ASEAN was created almost six months before global mediascapes broadcast the Tet Offensive (1968), which showed that impoverished North Vietnam could outlast Washington. As ASEAN signatures dried, Thailand and the Philippines provided transportation hubs from which to bomb Vietnam, Lao and Cambodia. Under President Johnson’s Operation Rolling Thunder (Pape 1990), B-52s left Clark Airfield in the Philippines to destroy vital transportscapes, including highways 7 and 8. Similarly, US warships left Subic Bay to mine and shell ports including Hai Phong and Cua Lo in Nghe An (Marolda 2000). Quite simply, ASEAN was a strategic geopolitical node in a networked trans-national campaign to destroy north Vietnam’s industry and transportation infrastructure (Goodman 1996). Bangkok had cause for concern, as the Communist Party of Thailand (CPT) controlled tracts of rural areas and had characteristics of a state within a state, such as taxation collection and standing armed forces (Battersby 1999). Although primarily linked to the Chinese Communist Party, after initiation of the broad Thai Patriotic Front and armed struggle in 1965, CPT cadre were transited into Pathet Lao.

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98 This was estimated at 14,000 soldiers in 1978 (Wongtrangan, 1982).
regions for training, or through the Truong Son mountains to North Vietnam and China (Stuart-Fox 1979: 335).

Into the 1980s, ASEAN structures overlaid sub-regional relations as its "solidarity was forged through support for Thailand as the frontline state opposing Vietnam's occupation of Cambodia after 1979" (Stuart-Fox 2004: 118). ASEAN's animosity toward Vietnam was despite the fact that Vietnam had liberated Kampuchea of Pol Pot's killing fields when, after years of provocation (Amer 2004; Charnbhumidol 1992; Murunuchi 1991), General Vo Nguyen Giap ordered an all-out offensive on Phnom Penh commencing December 25, 1978 (Currey 1996; Morris 1999). With Vietnamese troops fighting US-supported Khmer Rouge forces on the Thai border (Tanbanjong 1989), ASEAN remained ideologically committed to its "long-term interest priority - maintaining a non-communist, capitalist entity" (Vongchant 1986: 194).

Thailand's role as an ardent participant in the America-Vietnam War, which included the carpet bombing of Laotian and Cambodian villages, left resentment and hostilities that severely constrained east-west flows of trade, humans, ideas and other particles. The land and Mekong River border between and Lao and Thailand was a zone of tension post-1975, particularly in 1984 with a military border flare-up over a disputed watershed border between the Me Nam Chao Phraya river system and the Mekong River (Dommen 1985). Reportedly related to the "murky" trade in rainforest logging in border regions of Lao's Sayabouri province, serious conflict broke out as late as December 1987 and continued intermittently until the following February (Battersby 1999). The significance of this border warfare is that as late as (early) 1988, the boundary between capitalist- and socialist-oriented neighbouring states remained an active military constraint on latitudinal flows. As will be discussed below, at this point in time Myanmarese heroin flowed onto international pathways.

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99 Interestingly, April 30, 1977 is given as a date that the first major cross-border Khmer Rouge attacks on Vietnam occurred. April 30 (1975) is the date Saigon was "liberated", marking the end of the conflict with the US. Just as curiously, when Cambodia joined ASEAN it was at a special ceremony organised in Hanoi. Again, April 30 was the date. It is unlikely to be coincidental.

100 For example, see the language of Laotian, Ngaspovathn (1985), who wrote: "Thailand offered its territory as a base for US B52s which bombed Laos (three million tones of bombs-i.e., 12 times the destructive power of the Hiroshima bomb), Cambodia, and Vietnam, and served as supplier of mercenaries to fight against Laos and in a broader sense as a logistic base, catering among other things, to pleasure of the flesh for the American army committing aggression against Indochina, in the hope of realizing this time with the patronage of the United States which was victorious over Thai's former ally, Japan, its annexationist plans at the expense of Laos and then if possible at the expense of another country."
via Thailand in particular, and in 1988 HIV was escalating among Thai injecting networks.

However, an important political transformation of GMS east-west border relations occurred in July 1988, when General Chitichai Chunhawan became Thailand’s first elected PM since a coup established military rule in 1976 (Niksch 1989). As is discussed in Chapter Six, this occurred in the context of Mikhail Gorbachev’s overtures toward ASEAN and China and the impending announcement of a Vietnamese withdrawal from Cambodia (Alagappa 1990). The new Thai PM immediately began to alter the course of sub-regional, hence regional and global, diplomacy. He sought to incorporate Lao, Cambodia, Vietnam and Myanmar into trade networks rather than pursuing overt warfare and covert insurgencies. The General announced economic was overriding political considerations, “rapprochement with Vietnam is one of my top priorities”, and

“Indochina must be transformed from a war-zone to a peace-zone linked with South East Asia through its trade ties, and modern communications” (Buszynski 1989: 1059).

General Chitichai Chunhawan captured the sense in which the scale of global was altering rules and resources configuring the sub-regional when, a month after his first official visit to Lao (in November 1988), he argued that inter-nation tension would be superseded by rising economic interdependencies,

“Everywhere, from Washington D.C., and Moscow to Beijing and Vientiane, there has been and continues to be evidence of nations’ greater readiness to reach out to their rivals and foes, to talk and deal, to exchange and cooperate with those whose ideologies and interests conflict with their own” (Thai PM quoted in Oldfield 1998: 240).

The new-found political language from Bangkok, which was ahead of ASEAN’s formal position, enabled the 1967 anti-communist regional architecture to be brought into play as a mechanism for absorbing long-standing tension. Clause 2.5 of the original Declaration made it clear that cross-border trade and communication was an incentive for political integration (ASEAN 1967). In Clause 4 of the treatise, ASEAN seemingly foresaw conditions in which a non-communist Vietnam could be included.
Indeed, former Malaysian Foreign Minister Tan Sri Ghazalie Shafie claimed “by bringing ASEAN to life via a Treaty of Amity and Cooperation we expected that one day Vietnam would be able to join by acceding to this treaty” (Goodman 1996: 592). The first modest steps toward institutionalisation had been taken at Bali in 1976 when the Secretariat was established during the first ASEAN summit. Reflecting the low levels of sophistication in member nations’ economies at the time, the summit communiqué had foreshadowed cooperation in flows of “urea, superphosphates, potash, petrochemicals, steel, soda ash, newsprint and rubber products” (ASEAN 1976). The political node had minimal implications for trade flows as “integration in any serious sense cannot be spoken of before 1992, when the ASEAN Free Trade Area [AFTA] was established” (Palmujoki 2001: 4). It was a vision to form a “single production base and creating a regional market of 500 million people” (ASEAN 2002). The 1992 AFTA framework included the Common Effective Preferential Tariff (CEPT) Scheme, which this thesis posits has been an important structural aspect of macro and micro HIV risk environments. This is because the scheduling of tariff reduction schedules is a structural element of trans-boundary smuggling environments (Fausti 1999). The reason is that,

“The smuggling of non-prohibited goods is driven mainly by economic considerations. Reducing or removing tariffs and other barriers to trade is likely to take away much of the incentive to engage in informal trade, or smuggling” (ADB 2004d: 27).

Although raw agricultural products were CEPT exempt, processed agricultural products, manufactured products (including capital goods) and those outside the definition of “agricultural” came under the tariff reduction schedule (ASEAN 1992). Reduction was scheduled for phases, the first target of “20% shall be done within a time frame of 5 years to 8 years, from 1 January 1993”, followed by 20% or below “within a time frame of 7 years” (ASEAN 1992). By the time ASEAN adopted this anti-viscosity manifesto, Vietnam had already set sights for “regional and international economic reintegration” (Heng and Gayathri 2004: 170). Essential to the timing of Vietnam’s engagement with ASEAN were Mikhail Gorbachev’s overtures toward South East Asia, which were critical in reducing the perceived ideological threat to capitalism (Alagappa 1990; Williams 1991). This geopolitical sequence of events that

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101 It is this treaty that Australia reluctantly agreed to sign in Vientiane in July 2005 in order to gain a place in the forthcoming East Asia regional grouping.
led to Vietnam’s invitation into ASEAN will be explained in Chapter Six in the context of the thaw in Sino-Vietnamese relations that allowed north-south border flows. At this point, it is sufficient to note that ASEAN invited Vietnam to become a member in 1994 only after it had withdrawn its armed forces from Cambodia, thus placating Thailand, China and the US (Gates 2000; Thayer 1995b; Womack 1996). Although Vietnam’s willingness to join ASEAN was to “enjoy the benefits of free trade” (Heng and Gayathri 2004), it was partially motivated to secure regional neighbours’ support in its enduring struggle against China (Zagoria 1997).

4.3.1 Transforming rules and resources
On July 28, 1995, ASEAN accepted Vietnam as a member. This time-space edge pinpoints a critical shift in the macro political environment. It altered the rules and resources within which Vietnamese policy makers could operate regionally, hence globally. Vietnamese Prime Minister Vo Van Kiet addressed the fifth ASEAN Summit, in Bangkok, and noted the trend toward “regionalisation and globalisation”. Observing the historical turning point, PM Kiet stated:

“Gone are the dark days for the Southeast Asian region. However, the people in the region will never forget that wars and conflicts not only took a lot of human lives, caused untold destruction but also pushed many countries in the region to the state of confrontation, hostility, thereby putting a brake to the development of all regional countries” (Kiet 1995a).

The Prime Minister was making the point that conflict had cost Vietnam decades of potential economic cooperation and development, including cross-border transportation and trade flows. Speaking in Washington, the Foreign Minister, Nguyen Manh Cam, explicitly stated that the regional was a conduit toward the global:

“ASEAN represents another channel for us of integration into the region and allows Vietnam to join the processes of globalisation taking place there” (Goodman 1996: 593, emphasis added).

In joining such processes and organisational rules, Vietnam agreed to be bound by the pre-existing AFTA scheme, meaning that “Vietnam shall prepare a list for tariff reduction and shall begin tariff reduction effective 1 January 1996 and ending at 0-5%
tariff rate on 1 January 2006” (Kiet 1995b). This acceptance into pro-capitalist South East Asian trade networks and geopolitical structures occurred a full 50 years after Ho Chi Minh openly courted US friendship (Currey 1996; Duiker 2001), only to be rebuffed by Washington, which allowed France to reclaim it as a colony (Hess 1972; La Feber 1975; Micaud 1947; Sbrega 1983; Warner 1965). The temporality of regional integration is extremely relevant, as Vietnam took steps toward engaging this important globalisation portal in precisely the period that writers argue the buzzword became a shibboleth (Bauman 1998; Shaw 1999).

Joining ASEAN in a climate of ascendant economic trans-boundaryism meant that Vietnam was wading into globalisation’s turbulent flows (Rosenau 1995) and new structural risks before learning to swim in the shallow end. Rather than big-bang transition associated with former Eastern Europe, Vietnam would, like China, “cross the river by feeling the stones” (Fleisher et al. 1997; Leaf 2002). In the lead-up to this entry, waves of international capital flowing toward (the likes of) Thailand and Indonesia had created a “euphoric” perception that “American-style capitalism” could repeal the bust phase of the business cycle (Stiglitz 2003b). However, engaging in neo-liberal frameworks contains time-space distanced risks in which at-distance speculators influence currency values (Soros 2001), and hence nation states’ terms of trade, GDP, poverty levels, unemployment and purchasing power (Stiglitz and Yusuf 2001). There was virtually no time-lag between Vietnam’s integration with ASEAN and the Asian financial crisis which immediately exposed hazards inherent in linking with inter-dependent financescapes.

4.3.2 Regional economic crisis
Vietnam’s admission came at the zenith of financial confidence when growth levels among “Asian tiger” economies captivated capital, contributing to a perception that Vietnam may emerge as the next runaway success story (DFAT 1997; Paldam 2003; Sand-Zantman et al. 2000; Van Arkadie and Mallon 2003). The star performer in the GMS had been the heroin transit zone, Thailand, where GDP growth was close to 10% per annum from 1988-1996 (Warr 2002). Regionally, the liquidity of financial markets had contributed to a credit boom and unsustainable asset price increases, which in Jakarta, Seoul and Bangkok had resulted in “double digit” rises in property prices. In Thailand’s case, the commercial property bubble was enabled by overseas borrowings, assisted by the baht’s linkage with the USD (Wade 1998; WB 1998: 7). However, by early 1996 — precisely as Vietnam’s integration was imminent — the
baht was already under pressure due in part to non-performing loans by financescapes in which political relations distorted lending and supervision (Isard 2005: 137). On July 2 1997, the Thai government acted in accordance with neo-liberal economic theory by floating the currency (Warr 2002). The reaction was instant and on-going. Traders wiped approximately 21% off the baht on the first day, and by January 29, 1998, the baht had fallen to only 54% of the pre-float value (ANZ 2006). As is well established (Stiglitz 2001), the jolt to capitalist psychology emanating from Bangkok had a domino effect (Kawai 1998), diffusing financial contagion to Indonesia, Japan and South Korea especially (Garg and Kim 1999). The latter two industrial giants had been important sources of FDI into Vietnam. Figure 1 (Chapter One) showed FDI commitments to Vietnam collapsed in 1997 and 1998 at the height of this crisis (Nguyen 2003a).

The crisis was of such international significance that it placed the actual structure of the global financial system under scrutiny (Soros 2001), prompting economists to admit that “these financial flows are more complex to manage than has previously been realised” (McKibbon and Martin 1999: 1). Because they were contractionary, the IMF-imposed solutions are regarded as having caused a further fall in aggregate demand, which contributed to rising unemployment in Thailand and Indonesia (Stiglitz 2001). Per capita GDP fell by about 10% in Thailand between 1997-1998, and unemployment was felt particularly among unskilled workers in the urban construction sector where male urban-to-rural migrants were employed (Bresciani and Feder 2002). From having “substantially lower” income inequalities than other regional countries, after the 1997-1998 socio-economic crisis, Thailand (reportedly) had the most unequal distribution in east Asia (Gragnolati 2001). It is well established that HIV risk environments were influenced by the crisis, as greater numbers of young women (and presumably men) were pushed toward prostitution (W B 1998). The baht’s collapse raised the price of dollar-traded imports to Thailand, and it is established that consumption of the licit drugs, alcohol and tobacco declined (Tangcharoensathien et al. 2000). There is a dearth of research on whether or not the decline in aggregate demand, unemployment and baht devaluation had any direct consequences for the illicit drug markets regionally. Unlike the baht, the Vietnamese currency (the Vietnam dong) remained effectively fixed and was barely affected by the

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102 ANZ was the first western multi-national bank licensed to trade in Vietnam. The dataset of each day’s exchange rates from 01/01/1996 to 31/12/1999 was provided to the author by ANZ head office in Hanoi. 103 Gragnolati’s investigation and study on behalf of the World Bank notes that inequalities poverty incidence in Thailand had declined from 33% to 11% from 1988 to 1996.
contagion. Therefore, the VND was strengthened relative to the baht from mid-1997 to mid-1998 onwards. This means that, relative to the baht, the power of the VND to purchase goods traded in USD improved. Bearing in mind that opiate consumption patterns have historically been susceptible to currency fluctuations (Jennings 1997), the timing of this structural shock to the sub-regional trade environment must be borne in mind when considering timing of Vietnam’s trade growth and opiate modernisation, which will be discussed in the next chapter.

4.4 Finalising the ASEAN bloc

Once an ASEAN member, Vietnam was then able to shape the composition of the group. With the strong support of its “big brother”, Vietnam, Lao was admitted to ASEAN in 1997 as was Myanmar (Buszynski 2003; Narine 1998; Stuart-Fox 1998). Cambodia joined in 1999 in a ceremony especially arranged in Hanoi on the anniversary of the liberation of Saigon on April 30, 1975. The Cambodian foreign minister observed

“in these times of globalisation ... it is quite encouraging that the 10 nations of South East Asia could make the ASEAN founding fathers’ dream finally come true on the eve of the 3rd millennium” (Namhong 1999).

Three decades had passed since experts in Washington took calculated risks by trying, unsuccessfully, to constrain flows across Vietnam’s borders. In the meantime, enormous inequalities had emerged within and between the member nations (see UNDP 2001b; UNDP 2001c). During the isolation, Lao, Cambodia and Vietnam’s transport infrastructure, which had been bomed by the US and starved of international funding, remained in poor condition. A massive and rapid programme was required to integrate transportscapes into regional networks to create the long-imagined fluid economic space (Arnold et al. 2001; ASEAN 1998; ASEAN 2003).

104 For example, a devaluation of the fall during 1942 saw the price of Mongolium opium increase in central China, reportedly causing a switch to cheaper products, heroin and morphine (Jennings, 1997).

105 The Lao-Vietnam relationship is a complex one in which Vietnamese (Kinh) use the term “anh em”, which is salutation between people. In this sense it means ‘brothers’, but “anh” is utilised to denote the Vietnamese as the older brother, while “em” is in reference to the Laotian’s being the younger sibling. Based on conversations with Laotian officials while out of earshot of Vietnamese, it appears to be a term they do not particularly appreciate. Vietnam refers to its political relations with Lao as “quan he dac biet” (special relationship), while with Cambodia it is referred to as “quan he truyen thong” (traditional relationship).
4.5 Integration of transportation infrastructure

As is well established, heroin is trafficked overland on trucks and benefits from transportscape improvements (UNODC 2001c: 90). In late 1995, ASEAN heads reaffirmed the goal of interlinked transportscapes. In 1996, the first meeting of ASEAN transport ministers was held in Bali, where a formal mechanism was established in order to pave the way for “promotion of interconnectivity and interoperability of national networks and access thereto [sic] with other regional and global transport networks” (ASEAN 1997b). By 1997, the ASEAN vision attached less emphasis on agriculture and instead reflected the language of integrated globalisation. By establishing a goal of an ASEAN Economic Community (Soesastro 2003), the new ASEAN language reflected the intention to,

“meet the ever increasing demand for improved infrastructure and communications by developing an integrated and harmonized trans-ASEAN transportation network and harnessing technology advances in telecommunication and information technology, especially in linking the planned information highways/multimedia corridors in ASEAN, promoting open sky policy, developing multi-modal transport, facilitating goods in transit and integrating telecommunications networks through greater interconnectivity” (ASEAN 1997b).

In the words of ASEAN transport ministers, the entire strategy was contingent on “the development of regional production network, interconnectivity and interoperability” requiring “modes and logistics” to be strengthened for “seamless cargo transportation” across borders (ASEAN 2004b). The “Transport Action Plan 2005-2010” pays particular attention to road-port logistical interfaces and port infrastructure to enable “intermodal/door-to-door cargo transportation” (ASEAN 2005). It is clearly an anti-viscosity stance deemed essential for marketisation of the former socialist transition economies, particularly Lao (Fujimura 2004).
Figure 8: Asian Highway Route Map

Mekong highway network
The proposed land transport network will connect Vietnamese ports with heroin-producing Myanmar via the Australian-funded Friendship Bridge (ADB 2003a). As can be seen above (UNESCAP 2003), the land transport network intended to connect Vietnam to Singapore via Lao and Cambodia is only one sub-set of a much broader envisaged transport network. The imagined Asian Highway network will not only upgrade the old "silk road". It will also improve the link from Hanoi to western Yunnan province, via Lao Cai, so that global goods exports from Yunnan province can efficiently pass through Hai Phong port in Vietnam (ADB 2003a; ADB 2004c; VITRANS 2000b).

Of particular relevance is that future transportscapes will increase goods flows between Myanmar, across Lao and into Vietnam through (provinces) Son La, Ha Tinh, Nghe An and Quang Tri (ASEAN 1996; ASEAN 1997b; ASEAN 1999; ASEAN 2004b).

4.5.1 Tariffs and ASEAN trade with Vietnam

Because intensification of flows in licit goods also enables trade in illicit goods, including narcotics (Castells 1998), this sub-section will briefly demonstrate that the value of trade with the original ASEAN members has increased dramatically since Vietnam’s admission. As Figure 9 below shows, Vietnamese exports increased sharply after 1996/1997. This is particularly evident in the increase in the values of exports to Singapore, Philippines and Indonesia which, unlike Thailand, obviously requires shipping flows. Overall, the original members have maintained a trade surplus with Vietnam, from $2270/$997 million export/import ratio in 1995 to $5785/$2626 million ratio in 2003 (GSO 2005b).

As a percentage, Singapore’s share has declined from 65% to 47% of the original ASEAN members’ trade with Vietnam, while the Philippines increased from just two percent to seven percent. Malaysia increased from nine to 16% while Indonesia increased from seven to 12%. Thailand’s percentage of original ASEAN member trade with Vietnam rose only slightly from, 17% to 19%, but the volume provides an insight into the possible risk environment given the role of trucks in heroin trafficking. The value of imports by Vietnam from Thailand increased from $440 million in 1995 to $1282 million in 2003. From 1996 to 2000 there was an increase from $495 million to $881 million (GSO 2005b). Bearing in mind that such trade requires increased containerisation (Arnold et al.

106 In comparison, exports to Vietnam by its former Eastern European partners were less spectacular. For example, exports to Poland declined from $22 million in 1995 to $14.2 in 2002, Bulgaria $4-$2.2 million, Hungary $19.3m-$14m, Bulgaria $4m-$2.3 million, Czech. Republic $4-$8.8m. Only, Russia and the Ukraine obtained substantial growth – Ukraine $5.9 million in 1995 and $239 million in 2002, Russia $144 million to $500 million.
2001; GoV 2002), Vietnam’s exports to the key regional and global trade hub of Singapore increased from $690 to $1024 million. In a statement that reveals how significant the transformation from a fractured region to a network trade group has been, the 2003 Globalisation Index argued that among emerging markets, South East Asia “could again claim the title” of the world’s most integrated region economically (GID 2003).

**Figure 9: Value of exports to Vietnam by original ASEAN members, 1995-2003.**


![Graph showing exports to Vietnam by original ASEAN members, 1995-2003.](image)

The previous chapter argued that spatial variation in poverty levels remains a key debate in globalisation analysis (Milanovic 2003a), giving rise to what Beck (1999) refers to as geographic risk positions between and within nations. The ASEAN grouping represents a cluster of nations at divergent stages of economic development. It is important to note that this regional disparity led to a formalised ASEAN sub-group referred to as CMLV, so named because it comprises Cambodia, Myanmar, Lao and Vietnam. This resulted in the formation of the “Initiative for ASEAN Integration” (IAI) programme, which has been described as the world’s first vision of “fully-integrated investment-supporting environment” (Mirza et al. 2000). Arising from the IAI programme, the Hanoi Declaration claimed “benefits of globalisation are at present unevenly distributed” so specific consideration needed to be given to ensure that regional development was spread equitably (ASEAN 2001). The resultant IAI “roadmap” argued that “as integration with
the world economy increases”, the member nations who were “lagging behind” required “soft infrastructure that would serve as prerequisites for next stage of the actual construction of the physical infrastructure projects” (ASEAN 2004a). Under the IAI framework, an Integration System of Preferences took effect on April 1, 2004. This allowed bilateral agreements between ASEAN’s original and CMLV members so that flexible one-on-one tariff arrangements could be negotiated on specified goods to protect certain industries during the transition toward competitive market economies.

Under Vietnam's tariff reduction schedule, import duties on ceramic goods (including toilet bowls) were scheduled to be gradually lowered, from 50% to 15% in 2004, to 10% in 2005 and 5% in 2006. By comparison, the tariff on bullet proof vests and police shields was already down to three percent by 2004 and would be one percent in 2006. Given that tariffs provide economic incentives to smuggle, it would seem that if consumer demand existed, a consequence of maintaining the 50% tariff on toilet-bowls until 2004 could be cross-border trafficking in such consumer particles. This, in fact, occurred at the Lao-Vietnam border, in Ha Tinh, as will be discussed in Chapter Six.

With Vietnam's exclusion from ASEAN flows, and its entry after neo-liberal reforms were inculcated into member governments having been discussed, the following section drills down to the critically important Greater Mekong Sub-region. This is the collection of riparian territories through which the Mekong River and opiates have long flowed. Mekong sub-regionalisation shapes HIV risk environments because it signals more intense trade flows through the so-called Golden Triangle (Bezzicheri and Bazant 2004; Ghys et al. 2001; UNODC 2004c).

4.6 Riparian imagination: Greater Mekong Sub-region

South East Asia’s hydrological backbone, the Mekong River, rises in Eastern Tibet. With an estimated annual discharge of 465 billion cubic metres and stretching 4800km, it is the world's 12th longest river and the 10th largest in terms of flow (Jacobs 1995; Osborne 2000b; Yu 2003). Mekong waters are a literal lifeblood for millions upon its shores, particularly in Lao, Cambodia and the delta network in Vietnam, where it flows into the South China Sea (Osborne 2000a).

The French designated the Mekong as an artificial boundary between Thailand and much of Lao, and parts of its watershed along the Truong Son range became a culturally false

107 Bullet proof vests and police shields are item 7019.90.10 in the list of Vietnamese tariffs. Toilet bowls come under category 6912.00.00.
edge between Lao and highland Vietnam. Westward flows toward the Mekong became Lao territory, while those east alongside route 7 toward Cua Lo port were deemed Annam (Vietnam). So Xieng Khuan, where the Pentagon risk definers set up an anti-flow transportscape that traded opium (McCoy 1972), became Lao, while Muong Xen in Nghe An became Vietnam. Dictated by physical environmental conditions, the highly seasonal flows into, of and from the Mekong sub-region continue to shape geopolitics and migration of myriad cross-border particles (Krongkaew 2004; Osborne 2000b).

The combined land area of the GMS nations was reported at 2.34 million km² and its population 257.5 million in 2002 (ADB 2004d). As Bakker (1999) has described, the Mekong has long inspired an “imagined” community connected by the prospects for trade and interchange along it and its tributaries. Between the 1st millennium BC and the first half of the first millennium AD, Angkor rulers commissioned canal infrastructure which “most likely functioned as a local communication/transport canal” (Bishop et al. 2003). Using corvee labour, the colonial French commissioned an intricate canal network in its lower reaches to form trade capillaries that are still essential transportation routes. Upstream, the French imagined that the Mekong offered a back-passage into the lucrative Chinese market. In language similar to the current fascination international business has with China’s huge population, Charles Lemire wrote in Le Laos Annamite in 1894,

“One quick glance at the map will show that the Indochinese Union forms a neat package, bordered by natural frontiers which are: the Annamese Sea on the south and east; the great Mekong River on the west and north; the Chinese frontier on the north ... the rights of the protectorate favour our own national products. In this way we assure ourselves a monopoly on trade with 27,000,000 people. The minimal transit tax and a light tariff in transit goods will develop exchange currency with Yunnan, Kwangsi [Guangxi], and Kwangtung, and will give us a clientele of 40,000,000 Chinese at a minimum. The general trade traffic will give us a base of 67,000,000 consumers” (quoted in McCoy 1970: 71).

The Mekong Committee was created in 1957 with original member nations of Cambodia, Laos, Thailand, and South Vietnam (Jacobs 1995). In 1965, before commencing Operation Rolling Thunder, President Johnson imagined a “Mekong Project” where non-communist

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neighbours would harness flows for modernisation and development (Nguyen 1999; Ridgeway 1965). By 1970, there was a vision of

“the Mekong Development Project, a TVA-like [Tennessee Valley Authority] complex of dams planned to bring flood control, irrigation, and hydroelectric power to the region, transcends national boundaries and embraces the entire Mekong basin” (Hawkins 1970: 3).

However, rather than transcend borders, the Mekong itself became an ideological boundary, a cleavage separating US-supported Thailand from Vietnam- and Soviet-backed Lao (Gaitskell 1973). Only with the emergence of a post-USSR “peace dividend” did a genuine Greater Mekong Sub-region (GMS) grouping emerge from decades of conflict (see Bakker 1999; Jacobs 2000; Osborne 2000a). The “project” to exploit latent fluidity was re-energised in 1992 by the ADB as part of a (reportedly) “uniquely Asian invention” described as a growth “Triangle” framed along “complementarity among geographically contiguous countries to help them gain greater competitive advantage in export promotion” (Krongkaew 2004). Without reference to the fact that trans-national anti-socialist ideoscapes had deliberately destroyed sub-regional transportation linkages, the regionalised manifestation of Washington Consensus argues,

“Historically, the sub-region had strong cross-border transport linkages, but most fell into disrepair and disuse as the political map was repeatedly redrawn” (ADB 1998).

Therefore, post-Cold War sub-regionalisation now requires a multi-billion dollar programme of transportation and customs harmonisation to overcome resistance to cross-border trade (ADB 2004b). It goes without saying that the neo-liberal growth triangle intended to promote goods exports overlaps neatly with another regional growth ‘triangle’, the planet’s second-most productive heroin zone (UNDCP 1997; UNODC 2000b).

109 Kept secret from the US public initially, bombing of North Vietnam commenced on March 2 (US time). McNamara (1996: 174) writes: “On that day over 100 aircraft operations launched from carriers in the South China Sea and air bases in South Vietnam struck an ammunition depot in North Vietnam. Operation Rolling Thunder, as the air program came to be known, had begun. It would continue for three years and drop more bombs on Vietnam than had been dropped on all of Europe in World War II. Wars generate their own momentum and follow the law of unanticipated consequences ...” - with the bombing came the need to have troops to guard airbases, and so for the first time, ground troops were authorised and escalation began.

110 The “peace dividend” argument is countered, very eloquently, by Malhotra (1999).
4.6.1 Australia spans the Mekong

Utilising its development financescape, the Australia government quickly exploited the emergent sub-regionalisation agenda by “donating” the Friendship Bridge linking the river banks of Lao and Thailand (Lyttleton and Amarapibal 2002; Taylor 2004). The then Australian Prime Minister, Paul Keating, pointedly encapsulated the vision that would later include Highway 8 through Ha Tinh province Vietnam: “It establishes a land transport corridor from Singapore to Beijing, thus linking the dynamic economies of Southeast Asia and the region” (Presidents and Prime Ministers, 1994). Although bridges are commonly used by development agencies to promote geopolitical cooperation, the span connecting Nongkai in Thailand to Lao was special. The Friendship Bridge was the first across the Mekong south of Yunnan (Osborne 2000a), so, for the first time in history, convoys of trucks could transport particles across the Mekong river.111

Then, in 1995 Thailand, Vietnam, Lao and Cambodia signed the “Agreement On The Cooperation for the Sustainable Development of the Mekong River basin” and established the pro-flow agency, the Mekong River Commission (MRC 1995). Of critical importance for the concept of downstream impact and upstream responsibility, China was not a signatory (Varis and Keskinnen 2003). Because of concerns that Chinese dam construction may restrict flows, the original agreement included a commitment to maintain sufficient volume to guarantee the wet season reverse flow into the lacustrine wetland system, Tonle Sap lake in Cambodia, which is a natural reservoir for the Mekong.112 Rather than the Mekong representing immobility as it once did, it now represents trans-boundary mobility of goods (Jacobs 2002), navigability around physical impediments and literal flows of power across mountains and waterways (MRC 1995; MRC 2001; MRC 2003).113 The power-flows manufactured by exogenous forces are particularly observable in Lao, where electricity is deemed one of its few potential

111 The design features a single post-tensioned concrete box girder structure 1174m long, carrying two lanes of road traffic and providing for a future railway line down the bridge centre. The overall length of the works is 2.4km and includes the embankments, river bank protection and roadworks with a traffic changeover. http://www.skmconsulting.com. Accessed August 12, 2005.
112 Perhaps unique to the world, the Great Lake of Tonle Sap is filled during the wet season when the Mekong flows actually travel backwards into it. In the dry season, the lake’s waters flow into the Mekong. This is an essential component of the river’s health, particularly regarding fish stocks. China’s absence from the MRC is significant since it is the uppermost riparian state in the basin and is constructing a system of hydro dams along the mainstream of the River, which it is feared will threaten the Tonle Sap valve effect (Chenoweth, Malano et al, 2001). This highlights the intense political sensitivity of maintaining sufficient intensity of the Mekong’s flows.
113 Because Yunnan is landlocked, its government – like the French beforehand - foreshadows removing all impediments including “more than 100 shoals, rapids and reefs, among which 11 major rapids and 10 scattered reefs seriously impeded safe navigation of vessels” (Zirun, 2003).
exportable commodities (ADB 2003c; ADB 2004e). This is likely to result in the formation of a drug risk environment around dam construction exemplified by the highly controversial Nam Thuen 2 project (IRN 2004a; IRN 2004b; NTPC 2004a; NTPC 2004b; NTPC 2004c). Given the historic and recent animosity between, for example, Vietnam and Thailand and Vietnam and Yunnan, this shift from constrained to enabled flows represents a radical transformation in the political and physical environments that structure trade, transportation and migration. As such, the neo-liberal Mekong River Commission (MRC) quaintly refers to vital sub-regional liquid infrastructure as the “People’s Highway” (MRC 2004). The GMS has been resurrected as a key multi-scape project for cooperative regionalism and globalisation (Acker 2001).

As a sign of how the sub-region is viewed as a component of the regional and the global, the GMS framework is framed as bringing globalisation “to the doorstep of the Mekong through strong links of the original ASEAN countries with industrialised nations” (ADB 2004b: 10). Therefore, these transitional nation states are in motion, en route from centrally planned socialist-oriented economies to market or market-oriented economies (DFAT 1997; Dixon 2003; Fforde 2001; Gates 1995; Gates 2000; Kolodko 1999; Slangan et al. 2003). The ADB has categorised the GMS program as “a classic case of market integration” which, unlike formal institutional liberalisation, relies on “non-official institutions that provide regional public goods that reduce transaction costs associated with the international movement of goods, services, and other production factors” that will “complement measures being pursued by the ASEAN Free Trade Area (AFTA), which are consistent with the World Trade Organisation” (ADB 2004b).

4.6.2 Mekong goods flows increased

The first GMS Summit, held in November, 2002, in Phnom Penh, concluded with the six leaders pledging to work more closely toward integration. By examining shifts in trade flows among the Mekong sub-regional partners we can discern elements of the HIV risk environment puzzle, including a particularly important piece of the jigsaw. The total value of officially recorded trade between Vietnam and its GMS partners increased from $116 million in 1990 to more than $4.3 billion in 2002. A comparison of the first three years of each decade provides a sense of the transformation: 1990-92 trade was valued at $643 million compared with $1.306 billion during 2000-2002. Whereas in 1992 intra-sub-regional trade flows represented only 4.65% of Vietnam’s total trade, by 2002 that had
grown to almost 14% (ADB 2004d). As can be seen by Figure 10, by far the largest transformation has been with Yunnan province China.

**Figure 10: Official value of GMS trade with Vietnam 1990-2002.** Source: ADB 2004.

Imports from Thailand increased from $14.2m in 1991, to $673.5m in 1998. Notably, coinciding with the opening of the trans-Mekong Friendship Bridge in 1994, the official value of Thai-to-Vietnam trade more than quadrupled from 1993-1995. Between 1992 and 1995, the official value of Lao exports to Vietnam increased 13-fold, from $7m to $87.7m, and then by 44% to $157.7m in 1996 (ADB 2004a).

The Myanmar-Vietnam trade data provided by the Asian Development Bank\(^\text{114}\) tells us that the total value of officially recorded (two-way) Myanmar-Vietnamese trade rose from a mere $600,000 in 1990 to a modest $10.7 million in 2002, of which $3.9 million were imports by Vietnam. From the perspective of the timing of a shift in risk environments, 1995-1996 appears to be a watershed. As the Figure 10 demonstrates, after a pause of four years, officially recorded licit trade flows between Vietnam and Myanmar resumed in 1995 and began to increase after 1996. Imports from Myanmar from 1995-2002 were 0.5, 1.3, 1.3, 1.1, 3.3, 3.6 and 3.9 million dollars respectively (ADB 2004a). This data is

\(^{114}\) Oddly, the Vietnamese Government Statistics Office’s dataset on import and exports provides country level breakdown for all nations in the region, except one – Myanmar. The ADB dataset is derived from the IMF.
important because it signals licit trade connections with heroin-producing zones that supply product for the sub-regional HIV epidemics among injectors.

As argued (Rhodes et al. 2005), exogenous shifts in risk environments are complex interplays of many structural elements. One such interplay worth noting is that the timing of licit Vietnam-Myanmar trade flows overlaps with an important structural shift in the sub-region’s heroin industry, the so-called retirement of the alleged king of Myanmar’s heroin production and distribution empire, Khun Sa (Constantine 1996a). The legendary Khun Sa’s “surrender” took place on January 1, 1996 (Constantine 1996b), meaning that officially, the Shan United Army (SUA), otherwise known as the Mong Tai army, no longer dominated the heroin business. The retirement of Khun Sa was accompanied by a transition to an alternative management structure when the rival United Wa State Army assumed control of the Shan production networks. In business, a change of management often results in a change in organisational policy, including decisions pertaining to logistics and marketing strategies for narcotics (McCusker 2005). In a climate of rapidly changing sub-regional relations and improving transportscapes, it is conceivable that licit Myanmar-Vietnam goods flows could have some bearing upon illicit Myanmar-Vietnam trafficking, particularly given the intrinsic role that ethnic Chinese with strong links to Yunnan have traditionally played in the sub-regional heroin trade (Carnwarth and Smith 2002; Stares 1996). This is an important point given that, in 1994, the Thai government began to tighten security along its border with Myanmar, thereby putting supply routes through Thailand at risk (Lintner 1995; Lintner 1996) at a time that Myanmar-Vietnam trade was on the rise after the baht’s devaluation.

4.7 Poppy nodes and regional transition

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<tr>
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<td>18,520</td>
<td>21,601</td>
<td>26,837</td>
<td>19,052</td>
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<td>478</td>
<td>368</td>
<td>716</td>
<td>899</td>
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<td>Total</td>
<td>200,462</td>
<td>188,105</td>
<td>168,664</td>
<td>186,712</td>
<td>158,295</td>
<td>128,642</td>
<td>123,075</td>
<td>96,150</td>
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That Myanmar opiate nodes represent a strategic cluster in the global heroin trade at all is in part due to consequences of geopolitical struggles that pitched capitalist and socialist ideology into decades of conflict. Myanmar’s Minister for Home Affairs, Tin Hlaing, told the United Nations General Assembly that heroin production “in Myanmar is a legacy of
its colonial past (UN 1998). Brown (1999: 241-242) notes that Britain’s East India Company arrived in 1824 and began cultivation “which created demand among the Burmese with readily available, cheap opium”. Much has been written on Britain’s strategy to target the orient’s large consumer base with opium (Baker 1896; Beeching 1975; Bello 2000; Bello 2003; Bianco 2000; Booth 1998; Brook and W akabayashi 2000; Costin 1968; Editorial 1911a; Editorial 1911b; Greenberg 1951; IOC 1909; Munn 2000). Taxation revenues generated by opium was critical to the development and expansion of European and Asian capitalism, including in Vietnam, Lao, China, Hong Kong and Singapore (Murray 1980). Opium “was no hole-in-the-corner petty smuggling trade, but probably the largest commerce of the time in any single commodity” (Greenberg 1951: 105, emphasis in original). The sap from poppy became

“an essential element, indeed the cash cow, in the finances of every Asian state structure during the nineteenth century and even during the first part of the twentieth century” (Trocki 1999: 9).

In the case of Indochina, poppy was an important source of revenue for the maintenance of French colonial rule (McCoy 1972; Rapin 2003; Stuart-Fox 1997). Between 1861 and 1882 the Cochinchinese opium contributed “about 30 per cent of the colonial revenues” (Trocki 1999: 138). Poppy fulfilled a vital role in globalisation as Wong summarises:

“The (trade) chain worked like this. The United Kingdom paid the United States for cotton, ‘the greatest of our manufacture’, by bills upon England. The Americans took some of those bills to Canton and swapped them for tea. The Chinese exchanged those bills for Indian opium. Some of the bills were remitted to England as profit; others were taken to India to buy additional commodities and to furnish the money remittance of private fortunes in India and the funds for carrying on the Indian Government” (Wong 1998: 127).

Just as current Chinese manufacturing is intended for markets it once imported from, the Chinese established their own opium production industry, eventually reversing the direction of trade flows. Yunnan province became a source of comparatively cheap opium oriented for domestic and then trans-boundary consumption (Bello 2003; Bianco 2000;

Recent analysis of conflict longevity reveals that like coca and diamonds, conflicts funded by opiate revenues tend to be stretched through time and take longer resolve than even anti-colonial wars (Fearon, 2004).
Due to geopolitical constraints on heroin production in Europe, China — Shanghai in particular — became a key heroin production nation until the victory of communist forces in 1949 (Carnwarth and Smith 2002). In a classic balloon effect, remnants of the defeated Chinese nationalist 93rd army fled through Yunnan and set up operations in Shan State where, with US political support, opium became a cash crop to fund anti-communist activities (Brown 1999; McCoy 1972). The Chinese revolution also saw heroin chemists migrate from Shanghai to Hong Kong where production nodes had the logistical advantage of being enmeshed in one of global trade’s key transport and financial hubs (Stares 1996).

Because of the rural-based Thai Communist Party, Bangkok allowed both Shan United Army (SUA) and the remnants of the Kuomintang to base themselves in Thai border zones for insurgency against Burma’s Ne Win government (Battersby 1999). The Kuomintang established logistical connections from farmer to processor with the knowledge of

“the US Central Intelligence Agency, which was only too pleased to see its anti-communists clients stay in business, [which] is believed to have provided at least tacit support and perhaps more” (Stares 2003: 21).

According to McCoy (2000), although the sub-region had supplied opium for heroin laboratories in Hong Kong, heroin processing did not get underway in the Golden Triangle until 1968-69, when Hong Kong syndicates established a cluster of labs along the Thai-Myanmarese border; the intended markets included US military personnel in South Vietnam.

This meant that skills to modernise opium that had been developed in Europe in the late 19th century now diffused in mountainous Thai-Myanmar frontier zones, thereby molecularly altering the pre-existing linkage between the Myanmarese poppy farmer and Berlin. Particularly in relation to the SUA and its leader Khun Sa, Bangkok’s anti-communist and anti-insurgency strategies and actions were inseparable from opium and heroin production; geopolitics was “the handmaiden of opium production” (Crooker 1988). Therefore, Thai boundary relations and heroin trajectories were co-dependent (see Battersby 1999). Armed conflicts that incorporate opium cultivation tend to last longer than most because the trade itself becomes a business to defend (Fearon 2004).
Myanmar’s increased importance as a production region from the mid-1970s onwards was not only “intimately associated with ethnic divisions and ethnic warfare” (Tullis 1995: 80), but also transnational flows of chemicals and supplies smuggled in and skilled foreign chemists (Zealy 1981). This was particularly the case after a 1974 Hong Kong police crackdown on processing laboratories. Remote and impoverished locales became “one of the major opium producing areas in the world. It is infamous for its role as the major source of illicit supply of narcotics to the global drug dependence problem. Much of the opium is exported illicitly, but a small portion is consumed by local addicts” (Suwanwela et al. 1978).

By far the largest production areas remaining in the sub-region are the Shan and Wa regions along the Myanmar-Thailand and Myanmar-China border (Constantine 1996b; Levitsky 1992; UNODC 2003; UNODC 2002b; UNODC 2003b). The first UN poppy survey in Myanmar found that “most of the opium (97%) was sold to village outsiders, with 47% of the transactions reportedly taking place within the village and 50% at the market place. Only three per cent of the opium was reportedly sold to other persons within the village” (UNODC 2002b: 14). It is clearly an export-oriented product that would benefit from any sub-regional improvement in transportscapes and communication flows (Castells 1998; Stares 1996; Williams and Baudin-O’Hayon 2002).

The sub-regional HIV risks associated with Myanmarese production is directly linked to another structural shift in opiate production — the eradication of poppy in Thailand, Vietnam and now Lao. Poppy eradication has contributed to the transition from tradition to modernity, the switch by opium smokers to heroin injection (Celentano 2003; Reid and Costigan 2002). It is this highly uneven tradition-to-modernity transition that is at the centre of much of the sub-region’s spiralling HIV epidemic (Bezzicheri and Bazant 2004; Rapin 2003).

4.7.1 Opium smoking to heroin transition

During Carey’s travels across the Mekong from Yunnan to Myanmar in 1896 he reported that Shan people, formerly opium eaters, had only “lately taken to smoking opium” (Carey 1899: 390). Although injecting opium or morphine has been reported in South East Asia and China from as early 1908 (Dikotter et al. 2002a; Poshyachinda 1993a), generally speaking the traditional consumption method was to swallow, drink or smoke it.

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116 This is compared with neighboring Laos where the equivalent survey found 60 per cent of the surveyed villages reported opium addiction (UNODC/LN CDS, 2002).
through special-purpose pipes (Berridge and Edwards 1987; Strang et al. 1997). The institutionalized practice of smoking, in the case of heroin, is often referred to as “chasing the dragon” (De La Fuente et al. 1998; Smyth et al. 2000) and “is appropriately considered an extension of the conventional smoking of opium” (Lan 1997: 685). Strang (1997) argues that this cultural practice first appeared in narcotics control literature with references to Hong Kong in “the 1950s”, from where it spread globally via South East Asia during the 1960s and 70s and then into Europe during the 1980s and beyond. However, within South East Asia itself, the trend has generally moved in the opposite direction; predominantly smoking sub-cultures have been superseded by injection where modern heroin has displaced traditional opium (Westermeyer 1997: 686). This switch from traditional to modern consumption is an economic phenomenon that can be sparked by macro-level shifts in resources, such as drug supply or income, that have micro-level consequences for individuals.

During the 1960s and 1970s the “deep rooted indigenous practice” of opium smoking underwent transition toward transformation. Heroin consumption was discovered in urban Thailand in September 1960, and “in 1961, 75.1% of the indigenous opium smoker population that entered treatment services reported changing to heroin smoking” (Poshyachinda 1993b: 16). Heroin consumption became noticeable across the border in Myanmar in the early 1970s. With the emergence of Myanmar as a dominant production node (Lintner 1996), the opium-to-heroin transition diffused rapidly (Reid and Crofts 2000: 116; Suwanwela and Poshyachinda 1986). By 1990, 86.5% of the 429 patients admitted to treatment at the Drug Dependency Unit in Yangon were consuming heroin, and in Thailand another study found “the percentage of reported type of principal drug used during the last 30 days before admission, were 86.9% and 8.0% for heroin and opium, respectively” (Poshyachinda 1993b). As with other elements of globalisation, the transformation was not uniform. Communities that had maintained opium production tended to remain opium consumers, which because it is smoked, has no direct HIV risk.

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117 One commercial sex worker I observed had the following procedure: using a razor blade snapped in half, cut compressed heroin into small pieces and crush. Take chewing gum silver foil that is stored in a comic book to keep it flat. Take crisp banknote also kept in comic book (VND200, 6.4mm x 13mm) and roll it diagonally from corner to corner to make a small tube. Take elastic band and wrap it around the tube to hold it tight. Place tube in mouth. Place heroin on foil and put cigarette lighter underneath. Bring foil up toward chin and light flame underneath, thereby ‘cooking’ the heroin. Lean in and place tube over burning heroin then inhale. Procedure carried out in silence, as mother sleeping less than three metres away behind curtain. Equipment placed back in comic book and stored on shelf. Eight years of opium and heroin smoking, was yet to switch to injection.

118 For example, in 1941 and under Japanese occupation a “drop in the value of the fall, the paper currency circulating in central China” caused a “drop in the purchasing power of local [opium] smokers” and the resultant increase in the price of imported Mongolian opium influenced the switch by opium users “to less expensive alternatives such as morphine and heroin” (Jennings, 1997).
A study of 1332 ethnic minority drug consumers in Chiang Mai in northern Thailand in the late 1970s found only nine of the mostly Karen, Lahu and Hmong population consumed heroin. Only one of the heroin consumers injected, and all of the heroin consumers had visited the lowland towns (Suwanwela et al. 1979). However, as local opium was eradicated while heroin flourished, new product and consumption knowledge entered communities well ahead of HIV awareness and availability of needles that would assist to reduce the risk of HIV (Gray 1995; Gray et al. 1997; Liao et al. 1996). Thailand provides strong evidence that altering institutional rules and resources by cutting opium production while alternative heroin sources existed caused “the heroin crisis the country is now experiencing” (Jelsma 2002).

4.7.2 Pro-heroin consequences of poppy eradication

Poppy eradication was conducted as part of an exogenously-driven agenda heavily funded by a highly-mobile transnational expert system (Berg 2002; Buddenberg 2002; Saihoo 1963; UNGASS 1998; UNGASS 2001a; UNODC 1961; UNODC 1968; UNODC 1998). Whereas Thailand was spared strong US pressure to eradicate poppy while it was an important player in the anti-China and anti-Vietnam regional Cold War, after ideological tensions eased and “with assistance from the United States” (Celentano 2003), eradication was stepped up. Even though the Thai transformation of opiate resources and rules had been relatively gradual, an

“unintended consequences of this policy led to the eventual HIV epidemic in Thailand”, because, “the declining supply of Thai opium forced opium smokers (traditionally the ethnic minority population) to begin using heroin, principally by injection. Thus, populations who had never before been parenteral drug users initiated heroin injection to meet their opiate needs” (Celentano 2003: 101).

Here we see the use of the term “unintended” to argue that the HIV epidemic was a consequence of exogenous interference in poppy growing communities. However, it cannot be argued that trans-national expert systems were oblivious to the likelihood that rapid opium eradication may have pro-heroin consequences because Westermeyer’s classic 1976 work showed that the switch could be as rapid as a few months (Westermeyer 1997).
Nevertheless, the discussion highlights a precedent from across the Mekong that serves as an indicator of a latent hazard Vietnam may face should it be included on international trafficking routes. To provide evidence for such a latent hazard, the following section will operationalise Urry's discussion of globalisation flows as blood-like by mapping degrees of complexity that exist within the association between sub-regional heroin flows and HIV.

4.8 Heterogeneity mapped by blood flows


As one of the rare PhDs that investigates the globalisation-HIV nexus demonstrates (Nguyen 2001), molecular virological sub-typing provides data for social science to assist map time-space evolution of biosocial environments that assist viruses (Rhodes et al. 2005). Because the HIV retro-virus mutates rapidly, there is nothing stagnant about its composition, which is now categorised into 10 clades classified as A to H and J and K (Hahn et al. 2000). Molecular virology traces transformations within cells to map individual-level, sub-national, national, regional and global typology of the viruses. This enables the “evolutionary trajectories” of genetic strains and clades to be pinpointed, and to estimate “how these strains are moving” (Garrett 2005). Thus, molecular mapping is an ideal mechanism to discern flows of HIV along ethnoscapes (see Elliott et al. 2003). This is appropriate in the Mekong sub-region, where virology is emerging as a mainstream tool that assists to document associations between heroin flows, transportation, opiate transformation and HIV (Beyrer et al. 2000; Cohen 2003; Kato et al. 2001; Kato et al. 1999).

HIV subtype C is, by far, the predominant subtype within India, including in the northeast toward the Myanmar border, where truck drivers have been found to be a conduit for spatial distribution (Mandal et al. 2000). Type C in India is related to that in South Africa, suggesting it has travelled along historical ethnoscapes linking the two countries (Quinn

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119 Nguyen is a Canadian of Vietnamese ancestry. His study was anthropological, thus highlighting the efficacy of bringing laboratory research into a social mapping exercise that concentrated on transportation and economic transition in a former colonised nation.
The Nepali sub-epidemic and that of Manipur, which borders Myanmar, highlight the geographical risk positions associated with contiguity to Myanmar (Eicher et al. 2000). In Nepal, where the epidemic exploded among IDCs between 1995 and 1997 (Reid and Costigan 2002), phylogenetic analysis revealed subtype C closely related to the virus in India, but a sub-cluster of C related to African origin was also detected (Oelrichs et al. 2000). Even though there is a substantial Indian population in Malaysia, its virology suggests blood-flows from another direction. Analysis of 16 samples from IDCs during 1996 “indicated that the Thai subtype E viruses appear to be A/E recombinants with the gag gene from clade A and the envelope from clade E” (Kasper et al. 1997). It is within Thailand that a number of lessons regarding trans-boundary HIV transformations have been learned.

HIV was first detected in northern Thailand in 1984 among male sex workers and patients with the blood disease thalessemia (Korber et al. 2000). This was the time of a Lao-Thai border flare-up discussed earlier. Contrary to initial thoughts that there was a single epidemic emerging, molecular virological inquiry identified twin Thai epidemics (Amornkul et al. 1999). Early mapping suggested generally boundaried epidemics of sexual transmission where HIV-1 subtype E was predominant among heterosexually transmitted cases (Kunanusont et al. 1995), as confirmed by testing of male army recruits (Mason et al. 1998). The dominant sub-type E in Thailand was found to be a genetically mosaic inter-subtype A-E recombinant of African origin, and is now referred to as HIV-1 CRF01_AE. Simultaneously, the predominance of HIV-1 B among heroin injectors indicated a separate sub-epidemic with little cross-over until the mid-1990s. The Type B was distinct from typical B from North America and Europe, so is referred to as B’, Thai B or Bb (Subbarao et al. 1998: 319).

By 1995, type E was being found among Thai IDCs, particularly in the north and northeast toward China and Lao (Amornkul et al. 1999; Kitayaporn et al. 1998; Limpakarnjanarat et al. 1998). One study found both E and B had almost identical interperson nucleotide divergence in the 1994-1995 period (3.4% and 3.5% respectively), indicating that although strains were introduced into separately networked flows, it occurred at close to the same point in time (Subbarao et al. 1998: 325). In England, analysis of positive samples from people likely to have been infected while in Thailand

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120 The migration HIV link is particularly evident in India through the prevalence of HIV-2 which is associated with Goa’s historical relations with Portugal (Rubsamen-Waigmann, Maniar et al, 1994; Remy, 1998).

121 Interperson nucleotide divergence is the degree of the virus’ mutation within an individual person.
found type B among cases attributed to sexual transmission, demonstrating the convergence of the previously separate type E and type B epidemics in Thailand could have transformative consequences thousands of kilometres away (Belda et al. 1998; Brown et al. 1997). The blood-level boundary crossings in Thailand have been proven by Circulatory Recombinant Forms that reflect iterant E-B' bridging (Allen and Altfeld 2003). CRF15_01B has the external envelope of type B, but the remainder of the genome from CRF01_AE (Tovanabutra et al. 2003). The first trace of type C genome in Thailand was reported as part of the new recombinant form, C/CRF01_AE, revealing time-space distanced relations with India (hence Sth Africa), quite possibly via a third locale such as Myanmar or China (Watanaveeradej et al. 2003). The timing of the Myanmarese and Chinese epidemics provides particularly strong evidence that the virus responds quickly when constraints upon flow are relaxed. The Chinese-Myanmar border tension was eased through bilateral agreement in 1986 and border patrols were lightened in 1988 (Othman 2002). There was a rapid shift in the cross-border flow of heroin, followed remarkably quickly by diffusion of an increasingly complex HIV environment shaped by insurgency, illegality and legitimate commercial intercourse (see Beyrer 1998).

The HIV explosion among Bangkok IDCs occurred around mid-1988 (Pernmark 2002). The first case of HIV in Myanmar was detected in 1989 (Mtomura et al. 2003), shortly after the military annulled the results of the 1988 election and closed universities (Beyrer 1998). Initially, three patterns of HIV spread were found in different geographic regions from 489 samples collected throughout 1995 (Kusagawa et al. 1998). Results published in 1998 found all IDCs tested (n=29) in the capital city, Yangon, were “Thai-B” HIV-1 and showed a time-lag behind Bangkok where Type E had already emerged among IDCs. However, sexually transmitted HIV-1 type E, attributed to “labour-exchanges and migration”, was found in cities close to the border with Thailand, including Tachelalak. Both types were found evenly distributed across risk behaviours in central and northern Myanmar. Interperson nucleotide sequence diversity suggested that the virus was introduced “at about the same time as Thailand” (Kusagawa et al. 1998: 1383) and provided some of the earliest molecular associations between opiate flows and HIV throughout the Mekong sub-region:

122 A Circular Recombinant Form (CRF) refers to a virus comprising at least two previously distinct clades. It is associated with dual infection. CRFs are numbered according to their discovery and base typology, so CRF08_BC refers to the eighth identifiable formation of cells that have attributes of both Type B and Type C. The appearance of CRFs indicate fluid-level merging between individuals and sub-groups.

123 The same analysis found two type B results grouped with subtype B sequences from US and Europe.
“Extremely high HIV prevalence rates among IDUs in northern Myanmar may be related to the HIV spread in southwestern China along trafficking route from the so-called Golden Triangle, a major heroin production, refining, and trading area, where the borders of Thailand, Myanmar and Laos meet” (Kusagawa et al. 1998: 1379).

Notably, sub-type C was not detected in the genotyping, suggesting (but not proving) an absence of blood-links to neighbouring India at the time. Additionally, the three separate virological patterns confirmed that while boundaries existed in some locales, they had already been crossed in others. Evidence for the separation of IDC epidemics in Yangon and northern Mandalay continued to mount when samples representing exposure between 1995-2002 revealed exclusively Type B’ among all 18 IDC samples in Yangon, but in Mandalay subtypes B’ and C, and CRF01_AE, were found among IDCs and individuals at risk of sexual exposure (Kazushia et al. 2003). While only two of five sexual exposure samples in Yangon were CRF01_AE, it was dominant in borders areas such as Tachelaik, which again confirms cross-boundary mobility of the virus.

Quite startling inter-subtype recombinants have been reported in Mandalay in which “unique recombinant forms” (URFs) were generated through complex social networking which is, quite possibly, linked to similar human and virological mobility patterns in Deha Prefecture in Yunnan province near the border with Myanmar (Takebe et al. 2003). Reflecting the global-glocal nature of the virus, the complex Mandalay recombinants suggested “melting pots” in which type C linked to India, Thai B’ and CRF01_AE were mixing to produce glocal recombinants that were not “related to each or any other known recombinants, suggesting they had arisen independently” (Takebe et al. 2003). This sub-regional virological marker reveals that extraordinary degrees of heterogeneity exist within fluidity exchanges. However, alongside the sub-typical complexity of Mandalay, Type B was found in all Yangon IDCs and most sexual transmissions to, again, highlight that resilient pockets of homogeneity can co-exist within complexity (Motomura et al. 2003). While discussion to date demonstrates complexity within these global, sub-regional and individual-level flows, it is toward south-western China that we must look to discern cleavages of sub-regional narco-plague pathways that provide important clues to unravelling the spatio-temporality of the Vietnamese opiate-heroin transformation.
The first known HIV sub-epidemic in China was detected in Yunnan in March 1989 (Grusky et al. 2002: 385) among mostly mountainous ethnic minority communities in southern Yunnan near “one of the world’s foremost opium - and heroin-producing areas” of Lao and Myanmar (Piyasirisilp et al. 2000). When the New York Times covered news of the Chinese detections the following March, Yunnan officials said that seizures of concentrated heroin in 1989 had increased to “almost 600 pounds from about 260 in 1988” while opium detections had declined (WuDunn 1990). All the initial 146 HIV cases in China were attributed to heroin injection and included 40% seroprevalence among IDCs in Longchuan, which is near the Myanmar border (Grusky et al. 2002). Longchuan reported an opiate-plague epidemic in 1870 (Benedict 1992). Just as flows in globalisation are not one-way, the movement of heroin and HIV from Myanmar into China reveals a reversal in the trajectory of an historic opiate-plague flow rooted in colonisation. Whereas in the 19th century the historic plague radiated from Yunnan outwards along opium routes (Benedict 1992; Benedict 1996), in the heroin century, the new plague was flowing upstream.

In 1992, the Wall Street Journal visited nearby Ruili, which had the highest seroprevalence rates among the original 146 positive injectors. There was an obvious opium-to-heroin transition among Dai and other ethnic minorities. The report, which included interviews with truck drivers who injected drugs, also quoted a Yunnan health official as claiming that “there is not a problem with AIDS spreading because these people are peasants and they never go anywhere” (McGregor 1992). It was clearly a false assumption.

Early sub-typing in Yunnan revealed predominantly HIV 1 B “imported from Thailand in the late 80s by drug trafficking” (Graf et al. 1998). Initially, the types were similar to the “prototype” North American/European B strains, but also some Thai B strains (Chen et al. 1999: 81). The presence of prototype B showed that, conceptually, Yunnan-to-San Francisco opiate-plague flows detected in 1900 (Khan 2004; May 1952) had been resurrected, but reversed, in a little more than 90 years. The dominance of prototype B did not last long, however, as over time glocalised Thai B’ became the most widespread Type B throughout China, including Yunnan (Graf et al. 1998; Su et al. 2000).

124 This was first sub-epidemic in China. The first detections were in 1985 when four hemophiliac patients received treatment supplied by the US Armour Pharmaceutical Company (Yu, Xie, 1996).
125 Note that 1989 is precisely one decade since Deng Xiaoping announced China’s economic reform agenda.
Sub-type E was also detected in Yunnan among women who had crossed into Thailand and returned after time as commercial sex workers. Similar to the Indian type, rather than the African, sub-type C was also detected in Yunnan (Cheng et al. 1994). It is felt that type C was most probably introduced to southwest China by Indian IDCs (Luo et al. 1995; Su et al. 2000), which is likely given that we now know Type C was a late arrival in Myanmar. After 1994, Yunnan was given the status of both a heroin transit zone and subtype C reservoir after C was detected in Sichuan in 1995, Xinjiang in 1996 and, later, central Guangxi (Grusky et al. 2002). From Yunnan, and within “a few years, sub-type C viruses spread rapidly in southern, central and even in north-western China by drug trafficking and caused a widespread epidemic in China” (Su et al. 2000: 11367). This confirms heroin and sub-type C flowing within and out of Yunnan well before the Year of the Rat (1996). However, Guangxi province, which neighbours Yunnan, was to provide strong evidence that heroin and blood flows can be pushed by the same underlying principles, yet track separate transportscapes.126

Early subtyping in Guangxi province was of IDCs in Pingxiang City and Baise City, which borders east Yunnan. The proximities are important: Pingxiang City is a short distance from the Vietnamese border (opposite Lang Son), while Baise City is due north to the east of Yunnan. All nine samples from Pingxiang were subtype E while the five from Baise were type C, revealing geographically distinct injecting social networks (Yu et al. 1998: 1250). Testing among “mobile” commercial blood donors sampled during 1996 and 1997 in Guangxi found predominantly subtype B’, prompting speculation that, because sellers were generally not IDCs, they may have become “infected at blood donation centres via the reuse of contaminated blood collection equipment” (Chen et al. 1999: 82). However, that same analysis of 13 IDC results found that all 12 from southern Guangxi near the Vietnamese border were type E, while type C was found in the single sample from Nanning, which is between Pingxiang and Baise but is on separate transport routes.

The Nanning type C was attributed to a linkage with the type C flow detected in Baise which was an extension of Indian-origin type C out of Yunnan (Chen et al. 1999; Luo et al. 1995; Yu et al. 1998). This divergence again confirmed two, quite glocal, sub-cultures that although exhibiting global characteristics, were yet to be hybridized. As Cohen

126 At this point it should be noted that the provincial border between Yunnan and Guangxi ‘touches’ Vietnam’s northern border at the very top of Vietnam. This is in Dong Van district in Ha Giang province, almost directly north of Hanoi. Therefore, border gates such as Thanh Thuy 21km from Thia xa Ha Giang (town) and Lao Cai in Lao Cai province are entrances to Yunnan province, not Guangxi. Both these border gates are key passageways through the mountains, as evidenced by China’s assault upon them in the Sino-Vietnamese border war it initiated.
describes (2004a), the presence of distinctive blood markers within an IDC epidemic in Yunnan, Guangxi and other neighbouring provinces caught the attention of western medico-scientific experts. The realisation that there were neighbouring, but highly glocal, IDC epidemics engendered the conclusion that transportscapes were in fact heroinscapes and, hence, blood flows. This resulted in the “startling discovery” (Cohen 2004a: 1937) during 2000 that the HIV plague was tracking trade routes through the Mekong sub-region (Beyrer et al. 2000). Amid the complexity of trans-national HIV flows was a simplicity that amply illustrates Urry’s use of scapes as transmitting Beck’s hazards. Baise and Piangxiang had glocal manifestations of HIV because of transportscapes:

“One city had a north-south highway running through it, while the other had an east-west highway - and no road directly connected the two locations” (Cohen 2004a: 1937).

After investigating routes out of Yunnan into northwestern China and finding a novel C/(B’) mosaic strain with common C ancestry, Su et al. noted that it appeared as though each drug-consumption route was “associated with a different relatively homogenous HIV-1 recombinant” (Su et al. 2000). It was argued that along these routes, consumers and traders “test heroin purity through self-injection and share needles with traders as part of their drug purchasing behaviour”, but even though the behaviours were similar on each route, the virological consequences remained somewhat homogenised (Piyasirisilp et al. 2000: 11293). Beyrer’s paper, published in January 2000,127 concluded that there were four main heroin routes into, through and beyond China. One was an opiatescape from Myanmar into Yunnan through Kunming City and east to Baise, through Nanning and onto Hong Kong (Beyrer et al. 2000).

This “modern” route re-traces one of the 19th century opiate pathways credited with transporting zoonotic plague to San Francisco via enhanced global shipping (Benedict 1988; Benedict 1992; Benedict 1996), thereby confirming that this element of globalisation is definitely neither novel, nor new. Blood flows were again diffusing plague along historic transportscapes, only in this epoch of globalisation the opiate was molecularly less viscose (see appendix three).

4.8.2 Convergence at Nanning confirms traditional routes
As discussed in Chapter Three, halfway between Baise and Piangxiang is Nanning, where two separate opiate-plague flea-flow routes converged in the mid-1860s. In late 2000, it

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127 The date is mentioned because the paper did not include Kato’s 1999 analysis.
was announced that previously separated heroin-HIV flows had mixed in Nanning, revealing that the modern plague had re-traced pathways rooted in colonial-era narcotics:

“Phylogenetic analysis showed two geographically separated, highly homogenous HIV-1 strains. The BC recombinants were found in Baise in the west of Guangxi. CRF_AE strains were found in Pingxiang near the southern border. Meanwhile, both subtype C and CRF_AE strains were found in Nanning, the capital of Guangxi, located halfway between Baise and Pingxiang” (Piyasirisilp et al. 2000: 11293).

This further suggests that opiate-plague was flowing along transportscapes that the Asiatic Rat migrated along more than 100 years earlier. Now it produced a glocal recombinant form of a global phenomenon. As a tradable commodity and hence a “good”, papaver somniferum and its facilitation of modernised blood-borne “bads” had been stretched through time and space – albeit at a faster pace – along the same trajectories that transported the bubonic plague to San Francisco and Sydney in 1900. Molecular mapping confirms that, like other fluids and particles sloshing across borders into transitional societies, the heroin and virus penetrated China’s enormous market. The trajectories have reflected the 19th century flows, but the consequences were a mutation. As shown by the fact that Yunnan authorities only agreed to harm reduction principles in 2004 (Watts 2004c), the virus disregarded boundaries and travelled along these scapes with far greater alacrity than pragmatic solutions:

“Heroin routes end up being routes for spread and diversification of the virus, which is bad news for the populations along them ... it doesn’t matter what your culture is - whether it’s Uygur, Muslim, Burmese tribal, or Chinese hipster - if you’re on this heroin route, you need to implement prevention. And along these heroin routes, there was a glaring absence of prevention and treatment” (Beyrer interviewed in Cohen 2004a: 1937).

The intense complexity of within speedier transportscapes and opiate-plague flows bordering Vietnam is best illustrated by the Dehong study, which examines sub-types in three Yunnan prefectures (Yang et al. 2002). IDC blood samples were taken from Dehong prefecture in the far west of Yunnan on the Myanmar border, Honghe prefecture in south-eastern Yunnan near Vietnam’s Lao Cai province and Wenshan prefecture in Yunnan’s east toward Guangxi. Wenshan is across the border from Ha Giang. It is a transport route into Vietnam and recorded plague outbreak in the 1850s and 1860s.
Similarly, Benedict recorded an opiate-plague outbreak in Honghe en route to Vietnam in 1877 (Benedict 1992: 84). Recombinants of types B and C (CRF08_BC) were predominant in Honghe and Wenshan, but notably, in Honghe one person had a "secondary recombinant form" that included traces of CRF01_AE (Yang et al. 2002). This may suggest blood contact with the Pingxiang AE clades that are also associated with northern Vietnam (Kato et al. 2001; Kato et al. 1999). To the west in Dehong near Myanmar, a more complex network was revealed in which no CRF08_BC were found. Instead, 10 of the 14 samples were "various types of unique recombinant forms harbouring different recombination breakpoints" (Yang et al. 2002: 1403). As in the Mandalay study (Kusagawa et al. 1998), the URFs in Dehong differed from each other and "did not show any similarity to known CRF or other recombinants" (Yang et al. 2002).

### 4.8.3 Homogeneity and heterogeneity co-exist

In simple terms, the genetic composition of the virus’ cells reveals that they are extremely glocal recombinants of recombinants and as about as far away from homogenisation of global flows as has been recorded. The intense heterogeneity of the cell structures was attributed to multiple exposures reflecting the turbulence of the locale’s sub-cultural mobility, which is one micro-level environment along much more macro transnational social flows. Yet, among the complexity in Dehong the molecular breakdown still found full unbroken HIV-1 Type B; this suggests that there may also be independent transmission networks situated in a swirling glocal environment, or otherwise, “continual inflows” into Dehong “from surrounding regions, most likely from neighbouring Myanmar” (Yang et al. 2002: 1406). Either way, the heterogeneity of the structural properties of the virus in this remote locale demonstrates a characteristic found in globalisation itself; despite having characteristics common to distant locales, the longer the epidemic evolves across global space, the more complex and local its profile becomes.

### 4.9 Sino-Vietnamese transboundary flows

Unlike opiate-plague flea-flows in the 1800s, based on Beyrer’s work it is often argued that the trajectory of the heroin-HIV flows does not pass into Vietnam from Yunnan (see Su et al. 2000: 11373). However, a “Route 3” heroin flow was identified in which Myanmarese heroin reportedly travelled across Lao before entering Vietnam in Son La province. It would then travel towards Hanoi, then north through Lang Son and across the border to Pingxiang in China (Beyrer et al. 2000). Pingxiang is where the 19th
century opiate-plague reportedly re-entered China after it entered Ha Giang and/or Lai Cai from Yunnan. The modern heroin-plague story did not countenance the possibility of heroin having entered from Yunnan. The storyline summarized is:

“Heroin transported by road from Yunnan must pass through the Yunnan-Guangxi border city of Baise and through Nanning City, the capital of Guangxi. Another route of heroin trafficking into Guangxi is from Myanmar and Lao to northern Vietnam and then across the China-Vietnam border” (Piyasirisilp et al. 2000: 11286).

It was argued that “addicts in Guangxi (Route 3) reported essentially the same behaviour - crossing into Vietnam to purchase heroin, self-testing, and sharing drugs and injection equipment with their Vietnamese suppliers” (Beyrer et al. 2000: 81).

From a mapping perspective, the timing and trajectory of the alleged flow is of critical importance: the nomination of a Vietnam-to-China cross-border heroin flow is based on the detection of Piangxiang's first HIV case in “early 1997”. Because the sub-type found in Piangxiang was Type E, which had already been detected in Ho Chi Minh City more than 3000 kilometres away (Lindan et al. 1997), it was therefore assumed that the virus must have travelled from across the border in Vietnam. In other words, it was a south-north flow unrelated to Yunnan or elsewhere (Beyrer et al. 2000: 80). This definition of the trajectory of regional and local flows did not consider the possible resurrection of the 19th century opiate-plague route from Yunnan into Vietnam and back into China near Piangxiang. The assumption of a south-north flow has since become something of a semi-official position in western medico-scientific literature and led to a much-publicised expert-driven research intervention (Cohen 2004b; Garrett 2005; Hammett et al. 2005).

### 4.9.1 From which direction is the boundary being crossed?

Directions and impact of global flows are often more complex than first meets the eye (Bauman 1998). If cross-border flows of blood-borne disease are symbolic of contemporary globalisation (Urry 2003), then from a mapping perspective it is relevant to ponder their trajectories and temporality (Held et al. 1999). Early sub-typing in southern Vietnam, such as in An Giang and Ho Chi Minh City, revealed HIV-1 Type E associated with Thailand and Cambodia (Isami et al. 2002; Menu et al. 1996; Nerurkar et al. 1996). However, subsequent sub-typing confirms the sub-epidemic was introduced in the south before the north. Tests for Human T-cell Leukemia Virus type 2 found 50% of southern samples positive while none were detected in the north, thereby “strongly” supporting
the view that there were, at the time, separated [HIV] epidemics” (Kato et al. 1999: 1162). As discussed in the next chapter, this is consistent with the “tale of two cities” argument (Abdul-Quader et al. 1999; Nguyen and Woffers 1994). The significance of this is that it calls into question the south-north Vietnam-Sino thesis because the Chinese subtypes were not being compared with those from northern Vietnam; instead, the comparison was with those from the south.

Two sub-type studies have sought to examine the trajectory of the China-Vietnam flow, both led by Kato. The first was published in 1999 and was not cited in the work that the south-north thesis is based upon (see Beyrer et al. 2000). However, Kato compared the genetic similarity of subtype E strains already analysed from Guangxi (in Chen et al. 1999) with strains from IDCs in the northern Vietnamese provinces of Ha Tay, Bac Giang, Hai Duong and Nam Dinh. None of these provinces border China. Kato’s analysis showed “HIV-1 subtype E strains found among IDCs in Guangxi Province and northern Vietnam are of closely related origin” (Kato et al. 1999: 1164). In addition, Kato also performed analysis of interperson nucleotide diversity to investigate which side of the border was more likely to have had the sub-type first. There was slightly more diversity among the Vietnamese sample, which may indicate that the virus had been there longer. However, Kato then noted the greater mutation in Vietnamese samples may well have been because they were collected more than two years after the Chinese (Chen et al. 1999). Kato then argues:

“historically speaking, the HIV outbreak among IDUs in Guangxi province was detected in early 1996, but the outbreak among IDUs in Lang Son and Quang Ninh provinces of north Vietnam were first detected in late 1996 and early 1997”, and, “subsequently detected in other northern provinces near Hanoi in late 1997. Although it is still possible that the HIV-1 infections were present in Vietnam much earlier than officially recognised, it is tempting to speculate that the outbreak of HIV-1 subtype E among IDUs in northern Vietnam is caused by a recent introduction of HIV-1 strains from nearby southern China via Lang Son and Quang Ninh provinces, because of those aforementioned historical accounts” (Kato et al. 1999: 1166, emphasis added).

Later analysis (Kato et al. 2001) did include samples from two border provinces, Quang Ninh to the far east and Lang Son which borders Guangxi province and Piangxiang.
city/town. Neither borders Yunnan. The analysis confirmed the strong relationship between CRF01_AE in the locales of Piangxiang, Lang Son and also Quang Ninh. It found interperson nucleotide diversity rates between Quang Ninh and Piangxiang “comparable”, but interestingly, did not publish equivalent data from Lang Son samples. Of note is “a methionine (M) substitution immediately before the V3-loop core GPGQ sequence4 (designated EsmallM”5)” found in 30% of the Lang Son samples. It was not in any samples from Quangxi or Quang Ninh which “may suggest that the HIV outbreak among IDUs in Lang Son was derived from two different sources of CRF01_AE strains, of southern and northern origins”. The article then notes the Route 3 south-north thesis and speculates that it may be correct, but “more sampling and further characterisation of HIV strains will be necessary to confirm this speculation” (Kato et al. 2001: 118).

More recent molecular mapping appears to lend weight to Kato’s 1999 suggestion that we cannot be certain of the south-north trans-boundary flow as a glocal source of the regional phenomena. Laeyendecker et al. (2005) explored not only Piangxiang IDC samples, but also 317 from Binyang which “is near the capital city of Nanning in the centre of the province” (Garten et al. 2004). It is important to note that the Piangxiang population (n=265) was recruited for the study in September 1999, of whom 81% were Zhuang (known as Tay in Vietnam) ethnic minority. In Binyang, CRF08_BC was the predominant clade and when CRF01_AE was detected it was molecularly distinct from that in Piangxiang where, again, CRF01_AE was the dominant type. CRF08_BC was also found in Piangxiang, which suggests mixing networks with Yunnan where Yang et al. (2002) had found both CRF08_BC and CRF01_AE in Honghe. Honghe, which is just north of Lao Cai, is where opiate-plague was recorded in 1877 (Benedict 1992).

4.9.2 Guangxi injection before 1995

However, the most important data from the point of view of this thesis was listed in the Laeyendecker study, but was not discussed: more than 52% of the Piangxiang study population who were HIV-positive had injected for more than four years (Laeyendecker et al. 2005: 362). This means they have injected since at least as early as mid-1995.128 Analysis of Piangxiang IDCs for a separate hepatitis C study noted heroin consumption of greater than five years and, again, injection of greater than four years in the population recruited in 1999 (Garten et al. 2004). Noting that there were “more exchanges within

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128 In a personal communication, Laeyendecker informed this thesis that the dataset they analysed was limited to the ‘greater than four years’ categorisation.
Guangxi cities than were seen before”, Garten et al. (2005) confirm the CRF08_BC and CRF01_AE convergence in Piangxiang, which thereby draws linkages to Wenshan and Honghe and thus suggests a Yunnan-Piangxiang-Nanning flow not dissimilar to Benedict’s findings. Raw data for Garten’s study provided to this thesis by Laeyendecker provides a particularly interesting piece of the jigsaw. Of those who were HIV positive with sub-type CRF01_AE, more than 54.8% had smoked heroin for at least five years while 42% had injected for at least four years. This again confirms the heroin smoking to injection transition had occurred at least as early as 1995.

Having established that heroin injection occurred on the Chinese side of the border on a traditional global opiate route well before the Year of the Rat, it is now essential to factor in the time-lag of smoking-to-injection transition. It is well accepted that in traditionally opium smoking sub-cultures, such as this border region (Rapin 2003), initiation to injection is usually preceded by a period of heroin inhalation (Swift et al. 1999; Tran et al. 2004b). Depending on a range of factors, one of which is individuals’ or sub-groups’ financial situation, this period can be at least more than a year and sometimes several. For example, in Lang Son, a 1998 study of IDCs found that the average time from heroin smoking to injection was 13 months while in Hanoi it was two years (MoH/UNODC 1998). It is not possible to confidently generalise such a transition period between locales in one country, let alone across a border. But it does illustrate the point that if injection diffusion had occurred in Piangxiang at least as early as 1995, then any opium to heroin inhalation transformation would most certainly have occurred earlier. Indeed, in 2004 Cohen (2004c) interviewed Li who crosses from Guangxi to Vietnam to trade goods, and who has been “a user for 10 years”. This timing would obviously be consistent with heroin evidence elsewhere in China, particularly Yunnan province. However, such an opium-to-heroin transition of 1994 would be significantly earlier than Kato’s molecular mapping suggests occurred on the southern side of the Sino-Vietnamese boundary (Kato et al. 1999).

This raises several questions regarding not just the trajectory, scale and spatial diffusion of a drug transition, but also its temporality. At the very minimum, this discussion strongly suggests that there is some risk in accepting a trans-national expert system position that the trans-boundary blood flow definitely moved south to north. This important dimension of globalisation and regionalisation may well be more complex than a uni-directional flow (Urry 2003).
This is particularly worth bearing in mind given one insight provided within an evaluation of the cross-border prevention project, which was established based on the south-north risk definition. When IDCs themselves were questioned about their trans-boundaryism, it was found that: “Self-reported cross-border purchasing of drugs across the border was surprisingly infrequent among IDUs in both countries” (Hammett et al. 2005: 231).

This is a far cry from the socially-constructed assumption that has led to the dominant theory that the source of heroin in southern Guangxi is most definitely trafficking overland from Lao via Hanoi and Lang Son (Garrett 2005). Although the molecular mapping clearly shows a cross-border relationship, at this point in the thesis it is perhaps wise to question the south-north flow assumption. This is because it completely overlooks the possibility that 19th century Yunnan opiate-plague flows to Piangxiang via Vietnam may have been transformed or even resurrected as the Yunnan-Baise-Nanning flows clearly have.

To the best of this thesis’ knowledge, there is yet to be molecular analysis of whether or not opium may have flowed along Benedict’s traditional routes into Vietnam along the Red River into Lai Cai, or the Lo River into Ha Giang. However, there is a recent discovery of a new recombinant form in Hanoi that provides a clue. As discussed above, sub-type C is prevalent in Yunnan province. It was announced during 2004 in a study of Hanoi subtypes that Type C had been detected as a recombinant in one individual (Tran et al. 2004a). From within the cells of one person’s blood, this provides a molecular indication that the 19th century Mekong sub-regional opiate-plague flow linking Yunnan to Vietnam may have been transformed and, if so, modernised.

4.10 Chapter conclusion

Vietnam became formally reintegrated into the South East Asian trading zone during the 1990s, a decade in which heroin began to be widely traded across the boundaries which had divided communist and non-communist countries. This was also the decade in which the values and ideologies associated with economic globalisation were becoming ascendant. The former Cold War ideoscapes had kept the region in geopolitical blocs until global transformations enabled the resurrection of historical trans-Mekong flows. The terms upon which Vietnam integrated regionally were not entirely of its choosing and clearly reflect the neo-liberal economic philosophy, which stresses trans-boundary

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129 Observation and discussion with police in Ha Giang province suggests that it has following the opening of the Thanh Tuy border gate in 1999. Ha Giang was the last province to report a case of HIV.
flows of goods and the general privatisation of capital. However, for Vietnam and Lao to function within this paradigm they both needed to embrace a regional vision of networked transportscapes that were consciously destroyed through time-space distanciation rooted in the rise of contemporary capitalist globalisation processes. The failed attempt by Washington to militarily prevent particle flows did manufacture, over time, a latent demand for Vietnam, Lao and Cambodia to catch up developmentally. Construction of transportscapes is integral to this, thus re-linking Vietnam infrastructurally to one of the world's foremost networks of heroin production nodes.

Evidence from sub-region showed that by 1988/89 the heroin-HIV hazard was a latent hazard awaiting Vietnam should the political factors that excluded Vietnam from regionalisation be removed. The opiate transition that contributed to injecting epidemics, particularly poppy eradication, was documented by and known to expert systems well before Vietnam's regionalisation. Examination of trade data demonstrates a steady rise in goods flows across Vietnam's borders corresponding with integration amidst economic turmoil. In the case of the Mekong sub-region, there was a rise in goods sourced in Thailand which is an historic drug transit nation. There was also increased trade with Myanmar, especially after heroin management and transit environments were transformed in the mid-1990s, and the capacity for Thai consumers to purchase goods traded in US dollars was diminished. Such a reversal, from regional disconnection to connection, is a fundamental transformation of macro-level HIV risk environments because it creates legitimate commercial infrastructure for heroin to enter Vietnam from at least the west.

The chapter adapted Urry's metaphor to explain elements of the nexus between transportation, drug diffusion and HIV. In doing so, it demonstrated that traditional opiate-plague trajectories have been resurrected. This metaphor can be extended to explain a possible (sub-type C) link between Hanoi injectors and Yunnan. It builds a transformationalist position that argues firstly, that globalisation is a mutation of previous phenomena; and secondly, that many of its consequences are repeated through time and therefore should be predictable. However, while consequences may be rooted in global, regional or even national events, the manifestations are glocal to the level of each individual. Heterogeneity exists within seemingly homogenous phenomena.

The chapter concluded by showing that, not long after formal regional economic integration for goods flows, there was an observable integration with the sub-region's
HIV molecular profile that strongly suggests an environmental shift around 1995-1997. If there was a causal relationship between geopolitical and virological integration, then the time-lag was obviously small.

The Chapter also queried the dominant assumption that HIV flows across the Sino-Vietnamese border most definitely travelled along a south-north trajectory. It did this by showing that heroin injection had occurred in Yunnan in the early 1990s and in southern Guangxi at least as early as 1995. Molecular mapping suggests, in fact, that this occurred in northern Vietnam slightly later.

Having examined globalisation, regionalisation and sub-regionalisation, in the next chapter the thesis shifts toward an analysis of national-level changes that can influence risk environments.
CHAPTER FIVE
Transitions and national risk transformations

"Efforts should be made to overcome the degradation of the existing road network; restore, upgrade, and open more main communications lines; combine road transport with river marine transportation; and open more roads leading to inaccessible and remote areas. We will restore and upgrade a number of river and sea ports, and airports, as well as construct deep sea ports. We must continue to develop and modernise the national communications and liaison network and bring telephone lines to most of the villages" - Communist Party of Vietnam, 8th Congress, July 1996.

5.1 Introduction

The thesis has explored connectivity, flows and opiate transitions through the scales of globalisation, regionalisation and sub-regionalisation. This chapter is concerned with a fourth level — factors affecting conditions inside Vietnam’s boundaries which may account for the 1998 explosion in IDC seroprevalence rates and the subsequent escalation of the number of people who became HIV positive. It addresses transition and transformation through the question: what changes in HIV risk environments brought about the sudden and rapid escalation in infection rates, which until 1997 had been declining? To investigate this, the chapter operationalises domains identified in a risk environment approach: migration, transportation, trade and drug diffusion.

The chapter focuses on the national level and has five parts. The first three proceed through overlapping, but distinct, perspectives that address immobilities and mobilities. It extends the conceptualisation of these terms (Urry 2003) to include uneven economic mobilities as local manifestations of global trends. This is because a) economic mobilities (actual and imagined) serve as push and pull factors for internal, regional and international labour migration (Dang et al. 2003), and b) income levels shape individuals’ risk positions during opiate transformation.

Firstly, the chapter backgrounds northern trans-boundary transition by mapping geopolitical timelines that generated approximately 16 years of Sino-Vietnamese border rigidities. This constrained flows and severed Yunnan-Vietnam-Guangxi narcotics routes discussed in chapters 3 and 4. With western frontiers also restricted, Sino-Vietnamese tension excluded Vietnam from heroin-HIV epidemics in southwest China. The 1978 political events that sparked isolation from Yunnan and Guangxi did, however, shape
Vietnam's future potential as a transit space by contributing to the formation of an extensive diaspora.

Secondly, having identified junctures in northern land border permeability, the chapter then explores initiatives intended to decrease viscosity of transportation and trade flows, particularly along major scapes toward and through ports. This reveals that seaborne exports increased steadily through the decade, but spiked noticeably in 1996 on the eve of a slowdown in industrial and overall GDP growth rates. The increased eastward trade into Vietnam and ocean-going outflows represents enhancement of trafficking infrastructure into international waters from either a) west of the Mekong, or b) along the former opiate-scape from Yunnan.

Thirdly, through a discussion of the nation's most important agricultural trade, rice, the chapter then traces critical rural transformations and economic immobilities, including the introduction of monetised rural labour markets. It explores whether the global trend of rising inequalities in the 1990s was averted in Vietnam. By doing this, it refutes Dollar's claims that relative income inequalities have not risen significantly since liberalisation and demonstrates that there are national, regional and local geographic economic risk positions. It discusses the spatial distribution of resilient, mostly rural, poverty and then shows that increased inequality overlapped precisely with post-1995 integration. This rise in inequalities also occurred as internal migration increased, economic growth was halved and serious labour market disjuncture emerged amidst increasing youth unemployment.

Part four of the chapter then investigates the timing of a transition toward transformation of opiate environments, including the linkage of local growing conditions to international control frameworks. In particular, this contextualises the temporality of the shift from opium smoking and injection to predominantly heroin injection. This transformation is conceptualised as a glocal cultural phenomena through which can be traced the modernisation of an important sub-regional trade rooted in papaver somniferum. This transformation, it will be shown, overlaps precisely with increased migration into and within Vietnam, a rise in inequalities, increased export flows, introduction of international drug control bodies, eradication of poppy and introduction of new forms of syringes. The key qualitative shift is that opiate modernisation led to greater fluidity and spatial diffusion of injection.

The fifth section establishes the proposition that the transformation of the HIV risk contexts for drug injectors in Vietnam represents a confluence of flows exogenous to
them. It also offers data that suggests the assumptions of a “concentrated” epidemic may be incorrect and that Vietnam has recently entered a critical development in its opiate modernisation, that of heroin production.

5.2 Sino-Vietnamese war: immobility to mobility

While Bangkok, Washington, Beijing and Moscow were engaged in geopolitical conflict (Thayer 1994; Thayer 1995a; Thayer 1995b), the occupation of Cambodia (1978-1989) and the Third Indo-Chinese War (1979-1987) solidified Vietnam’s land frontiers. The physical constraints on western and northern boundaries restricted diversity of ideoscapes and flows into Vietnam, including economic policy and actual trade. This thesis argues that these two conflicts must be comprehended to appreciate Vietnam’s delayed HIV explosion until after the collapse of the Soviet Union and détente with China. Although officially as “close as lips and teeth”, China and Vietnam can be viewed as “traditional enemies” (Nguyen 1979: 1037) enmeshed in “perpetual resentment” (Buu 1999: 88). Having supported Vietnam during the Second Indochinese War (1954-1975), China supplied vital development assistance until a tumultuous economic and subsequent military shift that closed Vietnam’s northern borders (Marr 1981).

Vietnam’s geopolitical landscape was transformed during 1978 in particular (Alexiou 1982; Niehaus 1979). Hanoi and Washington were close to normalising relations, due in part to US interest in Vietnam’s now lucrative oil fields which American business described in 1978 as “abandoned” (see Fewster 2000). If normalisation had occurred in 1978, Vietnam’s isolation from ASEAN and Mekong sub-regional flows could have ended at approximately the time HIV was entering New York injection networks (Des Jarlais et al. 1992). However, President Carter’s administration was fractured between regionalists, who favoured allowing Vietnam into the sub-regional fold, and anti-Soviets (globalists such as Zbigniew Brzezinski) who wanted to support Moscow’s communist rival, Beijing (Hurst 1997). As will be explained, the regionalists lost.

The community of an estimated one million ethnic Chinese in Saigon had dominated corrupted commerce during the American intervention in Vietnam (Ungar 1988). This included the heroin trade which, as will be explained in the next chapter, emerged in 1970 (Brush 2002; McCoy 1972). After April 1975, the Chinese “compradore bourgoise” class continued trading until a policy shift on March 23, 1978, when the government
clamped down on “bourgeois” trade and seized families’ assets (Osborne 1980). As the pro-socialist programme took effect, the Chinese-Vietnamese community, including those in the north, “appears to have stampeded itself into a nervous breakdown” (Woodside 1979: 404). Mass migration of bi-lingual Vietnamese-Chinese resulted, followed by the larger Vietnamese refugee wave of the late-1970s and early 1980s. In northern Vietnam, the bulk of the Chinese-Vietnamese population were said to have lived in Hanoi, Hai Phong and in Quang Ninh (Woodside 1979). Reports claim that more than 50,000 Chinese-Vietnamese had crossed into China by mid-May and 160,000 by mid-July, 1978 (Amer 1994: 361).

Beijing broadcast criticism of Hanoi’s policies in May (1978) (Hurst 1997), cancelled all aid projects and recalled its experts (Niehaus 1979). Vietnam accepted membership to the Soviet-led economic trade group, CMEA, on June 28 (Nguyen 1979). A critical event occurred shortly afterwards: as the south-north cross-border ethnoscape deepened, Beijing declared that ethnic Chinese needed a visa to enter and Hanoi’s official permission to cross and “on July 12, China sealed its border with Vietnam” (Amer 1994: 361). In mid-July, the 3rd Division of Quan Doi Nhan Dan Viet Nam – the Vietnam People’s Army – was moved to Lang Son in Military Region One where it dug in and prepared for conflict (O'Dowd 2004: 104).

Pol Pot’s Kampuchean government shaped relations between Hanoi, Beijing, the USSR and the US. Particularly after April 1977, Khmer Rouge forces had brutally attacked Vietnamese villagers in provinces such as Tay Ninh (Chanda 1986; Charnbhumidol 1992). Vietnam not only repelled aggression, but reluctantly readied for yet another war by feverishly rebuilding the armed forces, which had been downsized after 1975 (Currey 1996; Pribbenow 2006). In as early as October, Deng Xiao Peng’s Chinese forces began scouting across the Sino-Vietnamese boundary, including in Lang Son (O’Dowd 2004). On November 3, Vietnam signed the pact with Moscow, the Treaty of Friendship and Cooperation, thus signalling a further tilt towards the USSR (Elleman 1996). In the midst of impending regional turmoil, the mass emigration continued.

130 Nhan Dan reportedly referred to this class in the South as “rice kings, sugar and milk kings, canned goods kings, soft drink kings, barbed wire kings, textile kings, fuel kings, western medicine kings” (Nguyen, 1979).
131 It was estimated that the crackdown confiscated more than 30,000 enterprises, most owned by ethnic Chinese (Niehaus, 1979).
132 That Chinese-Vietnamese could be bi-lingual is in part due to their permission to have their own system of schools. These were also closed in the crackdown.
An estimated 265,000 refugees had crossed into China toward the end of 1978, "95 percent of them from Quang Ninh province" (Ungar 1988: 609). In an important piece of the trans-boundary HIV jigsaw, it was argued that almost half the overland refugees were settled in Guangxi province (Lam 2000). This, therefore, places a substantial bi-lingual north eastern Vietnamese diaspora across the Lang Son and Cao Bang borders.

5.2.1   Fixing boundaries on AIDS’ eve

Quan Doi Nhan Dan Viet Nam launched an all-out attack on Pol Pot’s forces on December 25, 1978, quickly over-turning the ‘killing fields’ architects and Beijing’s ally (Marr 1981). The Heng Samrin government was installed and included current president, Hun Sen (Morris 1999). This fence-jumping gave anti-Soviet Brzenzinski sufficient grounds to win the pro-China/anti-Vietnam argument, completely scuttling prospects of US-Vietnam normalisation (Hurst 1997). On January 1, 1979, Deng Xiao Peng proudly announced the US and China had normalised relations (Deng 1994). With tectonic implications for sub-regional bloc formations,

“two strategic alliances had been created in the closing months of 1978, a Soviet-Vietnamese alliance and a Sino-American alliance, and they would prevail for about a decade” (Amer 1994: 363).

Much of the western international community, the World Bank under Robert McNamara, the IMF and the ADB (Jansen 1993) imposed or supported “crippling diplomatic and economic sanctions on Vietnam” (Fewster 2000). Australia’s conservative government imposed its sanctions almost immediately (Ambrose 1979). Khmer Rouge forces retreated toward Thailand where, with US, UN and Chinese support, they began a guerrilla campaign. This led to Thai-Vietnamese conflicts along and across the Cambodian-Thai border (Vongchant 1986: 15). As discussed in the previous chapter, the Thai-Lao boundary was already sealed by ideology and militarism (Oldfield 1998).

In response to the Cambodian situation, Chinese premier Deng Xiao Peng wanted to “teach Vietnam a lesson” for its supposed hegemonic sub-regionalism and prepared for war by assembling troops along the border (Nguyen 1979; Thayer 1994). At 05:00 on February 17, 1979 an estimated 400,000+ Chinese soldiers attacked through mountain passes in Lao Cai, Ha Giang, Cao Bang, Lang Son and Quanh Ninh provinces (O’Dowd 2004). The resulting Sino-Vietnamese war taught the Chinese an important lesson (Donnell 1980), that trans-boundary human wave attacks channelled through narrow
passes could not defeat a Vietnamese force toughened by decades of war. Although China officially withdrew on March 16, it did so only after deliberately flattening Lao Cai and Lang Son and destroying transportscapes including rail (Chanda 1986). However, this did not signal the end of the border war.

As O’Dowd has documented, China continued attacks through the early 1980s and, in 1984, chose the narrow Thanh Thuy border pass in Ha Giang for its fiercest attacks since 1979. The old opiate route along the Lo River became a battleground for the dying days of the Sino-Vietnamese boundary conflict, in 1987. North of the boundary, in Guangxi, was the bi-lingual Vietnamese-Chinese diaspora familiar with petty trading.

5.2.2 Time-space distanciation: Moscow, Washington and Beijing

Mikhail Gorbachev reportedly criticised Vietnam’s misuse of Soviet aid when he represented the Communist Party of the Soviet Union at the CPV’s 5th Party Congress in 1982 (Williams 1991). Once he came to power in 1985, Gorbachev became pivotal to South East Asian détente. He sought to reduce the political and economic burden of the USSR’s international commitments, including those with Vietnam (Alagappa 1990). The last communist leader of the USSR had two goals that transformed Vietnam’s encounter with sub-regionalisation, regionalisation and globalisation processes: Gorbachev’s objective was to ease tensions with China and engage the anti-communist ASEAN bloc, including of course, Thailand (Thayer 1994). However, as a condition of improved Beijing-Moscow relations, China insisted that the Kremlin persuade Vietnam to withdraw from Cambodia (Becker 1988; Thayer 1994). On May 29, 1988, Moscow announced that Vietnam had agreed to troop reductions “as a major constructive contribution to settling the regional conflict” (TASS 1988). Such transformation of the Cold War political environment was a formal turning-point in Vietnam’s engagement with capitalist institutions, hence their policy frameworks. Bearing in mind that parts of the Thai-Lao

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133 The protracted Chinese strategy has been described as a “policy of ‘bleeding Vietnam white’ by keeping the northern border area tense and providing arms and other assistance to anti-Vietnamese resistance, the Khmer Rouge in particular” (Thayer, 1994).

134 I’ve discussed this with a range of people, including military commanders in Ha Giang and xe om drivers who were former soldiers in Ha Giang. They tell horrific stories of uncountable piles of bodies being loaded onto trucks. To emphasise how recent the conflict was and tense impervious the border was, O’Dowd writes: “PLA artillery responded by increasing its shelling of the border region. In 1985 the Chinese had fired more than 800,000 rounds into Vi Xuyen district alone, and on 14 October 1986, in one of the periodic increases in the tempo of shelling, fired 35,000 artillery rounds into the tiny Vietnamese village of Thanh Thuy in a single day. The Chinese still launched occasional large-scale infantry attacks but it was the ferocity and focus of their artillery attacks that had most notably changed. Three months after the Thanh Thuy barrage, on 8 January 1987 the PLA fired 60,000 artillery rounds into Vi Xuyen district.” Ha Giang town was protected by the surrounding mountains.

135 For a detailed account of Soviet aid to Vietnam, see (Theriot and Matheson, 1985).
border were a war-zone at the time, the announcement on Cambodia came precisely as HIV was already exploding among IDCs in Thailand, in 1988 (Perngmark 2002).

### 5.2.3 Neo-liberal and Beijing détente

On September 19, 1988, Bank Letter reported that Vietnam had approached the IMF and World Bank to “help resolve its $91 million foreign debt” so that it could begin to repay a 1979 World Bank loan and then seek its first “structural adjustment facility” (Bank Letter, 1988). On September 21, 1989, more than 25,000 Vietnamese troops departed Thai border zones to return to Vietnam, signalling the impending end of a decade of financially and politically draining occupation (Eng 1989). Amid tight financial constraints, approximately 600,000 defence force personnel were decommissioned (Mio 1992). The IMF and World Bank took the opportunity to return to Vietnam; a decade of exclusion from neo-liberal economic finanescapes was about to end (Chanda 1989). The Vietnamese permitted limited trade across the Chinese border and soon consumer goods began to flow north-south on a small scale (Roper 2000). Reformist general Party secretary Nguyen Van Linh attended a secret meeting with his Chinese counterparts in Chengdu in southern China in September 1990 (Gu and Womack 2000). In December, during the lead-up to the 7th Party Congress, the VCP draft foreign policy called for the return to cooperation and friendship with the Chinese Communist Party (Thayer 1994). It is argued that, in 1991, Vietnam’s Ministry of Foreign Affairs made more diplomatic progress than in the previous 15 years (see Pike 1992). In June, Do Muoi replaced Nguyen Van Linh as General Party Secretary during the 7th Party Congress which formalised the intended détente toward China. Vietnam’s political and financial benefactor, the Soviet Union, collapsed in August and along with it, valuable export markets (Csaba 1991; Fingerland 1991; UN 1991; Vinogradov 1991). This influenced Vietnam’s sovereign agency, as stunned political management was not in a strong

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136 The People’s Army newspaper, Quan Doi Nhan Dan, reported in August 1989 that relatively small-scale cross-border trade had commenced in Lang Son; in a reflection of how much has since changed as China’s economy has become more sophisticated, the main items Vietnamese sought in 1989 were “thermos flasks, flashlights, perfume, watches, chinaware, beer and soft drinks of all brands and garments” (N/a, 1989).

137 This was a radical departure from the restrictions during the years of conflict. Ha Giang province residents report that during the war the Chinese deployed a strategy they term “hang tam ly chien”. This translates literally into “product psychology warfare”. China would float household goods, such as thermos flasks (vital for green tea), blankets, soap and other particles down the Lo River. Despite the dire poverty the Ha Giang residents were experiencing, they were forbidden from even touching any of the ‘advanced’ products.

138 The 1982 Party Congress had declared China a “permanent enemy”.
negotiating position. After three years of intense negotiations involving up to 19 states, the Cambodian peace accords were signed in Paris on October 23 bringing an end to “one of the world’s most tragic regional disputes” (Ratner 1993). Critically, the agreement was welcomed by Beijing (Xinhua 1991), thereby opening up prospects of re-establishing extensive Sino-Vietnamese flows. Do Muoi travelled to Beijing to meet his counterpart, Jiang Ziaomin. On November 10, 1991, the two Party secretaries announced that relations would be normalised (Thayer 1994; Xinhua 1991). It was this 1991 political communiqué that signalled an end to the Indo-Chinese war and threat of skirmishes (O’Dowd 2004). Low-key cross-border smuggling from Guangxi to Lang Son already existed, meaning that licit trans-boundary particles were again on the move in a north-south direction (Goodspeed 1991). As discussed in Chapter One, in January 1991 Hanoi announced Vietnam’s integration into the global HIV epidemic (VoV 1991). The temporal overlap between a geopolitical and virological transformation could hardly have been more precise.

5.2.4 AIDS Day 1995: announcement of land border fluidity

President Clinton lifted the finance embargo on July 2, 1993, which cleared the way for the IMF and World Bank to again offer credit to Vietnam (Congressional Quarterly Weekly Report, 1993). US-Vietnam relations were normalised on July 11, 1995 shortly before entry into ASEAN. The time-space edge on bilateral inter-state relations and globalisation processes was described as thus:

“1995 will be remembered more for two events that were decided outside of Vietnam - its admission into membership of the Association of South-East Asian Nations (ASEAN) and its establishment of diplomatic relations with the United States. These two events were not only important in themselves, but marked the culmination of a protracted attempt by Vietnam to restructure its foreign relations and the beginning of an era in which Vietnam has finally joined the community of actors in South East Asia” (Womack 1996: 73).

However, from the perspective of potentially restoring traditional opiate-plague pathways, another event is also important. Vietnamese Communist Party General

139 The signatories to the settlement were Australia, Brunei, Cambodia, Canada, China, France, India, Indonesia, Japan, Lao, Malaysia, the Philippines, Singapore, the USSR, the United Kingdom, the United States, Vietnam and Yugoslavia.
Secretary, Do Muoi, returned to Beijing to again meet General Secretary Jiang Zemin in late November (Kyodo 1995b; Xinhua 1995a). The two leaders formalised an agreement to end border tensions through peaceful consultation, and specifically announced improvement of transportscapes including the Hanoi-to-Kunming rail line tracking the Red River from central Yunnan (Xinhua 1995a). The announcement of the diplomatic will to upgrade this symbolic transportscape marked the political resurrection and intended modernisation of caravan routes that had delivered opiate-plague into global networks toward the end of the 19th century (Benedict 1992; Benedict 1996). Comrades Muoi and Ziamin’s announcement was made on December 1, World AIDS Day (Xinhua 1995a). Even after this announcement, the border remained tense in certain areas and “several borders crossings remained closed” or restricted, even in 1998 (Ang 1998), including Ha Giang. The eventual Land Border Agreement was not signed until the penultimate day of the millennium, December 30, 1999 (Gu and Womack 2000).

### 5.2.5 Land border entries

**Figure 12: Recorded entries of foreigners by sea, land and air, 1993-2003.**

By compiling data from the Vietnam National Tourism Authority recently made available, it is possible to discern some impacts of shifts in political environments on the extent of people movement across the Sino-Vietnamese border. The more porous the border the
greater the potential for illicit trade flows. Naturally, government data does not capture non-official border crossings, such as the thousands of smuggling porters (VEN 1999a). Nor does it reflect that Chinese-Vietnam border trade had already begun from an extremely low base in the early 1990s (Gu and Womack 2000). Nevertheless, the data (Figure 12) suggests that China-to-Vietnam flows increased substantially after the World AIDS Day communiqué on border relations. In 1993, officially recorded entries to Vietnam by foreigners (Figure 11) across land borders totalled 33,335; of that, 2738 were listed as Chinese nationals. In 1994, total land entrants reportedly increased to 46,552 and Chinese entrants 14,381. In 1995, total land entrants rose to almost 123,000. Chinese entries were 62,640. Then in 1996, recorded land entries were 505,653 and Chinese entries were 377,555. From comprising just five percent of the total two years earlier, in 1996 land-border entrants represented 31.4% of the 1,607,155 entrants. Between 1993 and 1997, land entrants reportedly increased 94% and officially recorded visits by Chinese 99%.

Figure 13: Officially recorded entries to Vietnam by Chinese. Source: VN TA, 2004

This official data suggests an increased in north-south Sino-Vietnamese mobility after the 1995 World AIDS Day communiqué. The timing of the transition toward a more porous northern boundary is significant because Yunnan and Guangxi provinces already had heroin injection by this stage (Garten et al. 2005; Yu and Xie 1996). From 1991-2004, the
The total number of entrants to Vietnam reportedly increased from 181,175 to 2,927,876 (GSO 2005a). Less than 4000 Australians entered Vietnam in 1991, but in 1999 it was more than 63,000 and was 128,661 in 2004 (GSO 2005a). Only 3563 Indonesians entered Vietnam in 1999, but this increased to 18,500 in 2004. Arrivals from Thailand were 16,695 in 1993, 23,117 by 1995 and 53,682 in 2004. The earliest data on Myanmar visitors is for 1999, when 554 entered Vietnam; by 2004 this had almost tripled to 1441. Entry by Laotians reportedly increased from 19,577 in 1999 to 75,396 in 2003.

The VNATA data also includes a category of entrants whose purpose was to visit friends and relatives. This provides an excellent indicator of the return of Vietnamese diaspora, some of whom now form a component of international trafficking networks. In 1993, almost 153,000 entrants said they were visiting friends and by 2002 it was 431,000. The period of greatest intensification of returning Vietnamese was 1995-1997, at 120%. It would obviously reflect the 1995 decisions to normalise US-Vietnamese relations.140

Sino-Vietnamese détente continues to generate the most remarkable transformation in boundary permeability. Based on the VNATA data, Chinese comprised just 1.4% of all officially recorded visitors to Vietnam in 1993, but in 2003 the figure was 28.5%. The sex industry for Vietnamese and other men from the region is now an integrated feature of the tourism system in Vietnam (Nguyen et al. 2001c), especially in and around Ha Long Bay (Quang Ninh) and Hai Phong province (Dao 2004). At the micro-level, Thanh Thuy border gate now has Yunnanese sojourners making trips into Ha Giang township and the Heavens Gate massage/karaoke complex 19km south of the 1979-87 battlegrounds. At the national level, the majority of Chinese sojourners into the north — including those from Yunnan province — are bussed toward Hai Phong and Quang Ninh, where joint-venture casinos have been recently built.141 In the words of Quang Ninh provincial Party official, Nguyen Van Tuan, the casinos are “to give foreign visitors who come to Ha Long Bay more recreation choices than they have now. It will certainly keep tourists in Ha Long Bay, Chinese visitors in particular” (VIR, May 5, 2003). As mentioned in Chapter One, Quang Ninh has the most concentrated HIV epidemic in the country. This means that flows of sojourners from Yunnan and other Chinese provinces are being channelled along ethnoscapes into the hottest of Vietnam’s HIV hotspots. Not only have the

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140 Vietnam Airlines reports that from 1995 to 2004, the air passenger transport market grew 10.6% annually. 141 Vietnamese citizens are officially banned from entering a casino. Only foreigners, and people with management’s special permission, are able to enter. Likewise, China bans its citizens from entering casinos. Therefore, there is a cross-border flow of sojourning gamblers. A small casino has also been built in Lao Cai to attract Chinese.
traditional opiate-routes from Yunnan to Hai Phong been re-established, a circulatory sexual component has been overlaid.

The previous chapter showed that, by mid-decade, trans-boundary flows from west of the Mekong had been enabled. Critically, the subsequent relaxation of northern land borders provides an opportunity for aspiring traffickers to either reach China through Vietnam, or more importantly, to move goods into Vietnam from China. As such, it forms potential physical and human infrastructure to move narcotics from Myanmar across the Sino-Vietnamese boundary in either direction. The next section will examine internal and external flows, including trade, to analyse the potential for domestic and outward movement to further transform HIV risk environments by forming infrastructures for narcotics movements.

5.3 Transportation, export flows

Vietnam’s physical topography, especially the extensive western and northern mountains, has greatly restricted road formation, which in turn geographically shapes income inequalities (Minot et al. 2003). In early 1995, the World Bank’s International Development Agency (IDA) sent a node of experts to survey and design a rural road development plan (VEN 1999d). The 8th Party Congress in 1996 prioritised road and port development as part of the Five Year Plan for 14% annual industrial growth rate (CPV 1996). World Bank economists argue that shortly afterwards, rural roads were “extensively championed as poverty alleviation instruments by the World Bank and donor institutions” (van de Walle and Cratty 2005: 4). W B1 rural transport project coded 2929-VN was signed between the Vietnamese Government and IDA on January 6, 1997.142 The transportscape reconstruction programme was led by external financescapes; of the estimated US$1.5 billion in ODA pledged for transport between 1992-1997, nearly 90% was directed to roads and bridges (VEN 1999c). The Transport Minister claimed that by mid-May 1999 ODA for 50 road projects had reached US$3.3 billion (VEN 1999b).

Time-space compression through road enhancement has ranged from construction of trans-border highways linking Hai Phong port to the heart of Yunnan province, down to concretisation of earthen paths in villages (Larson et al. 2004; SRV 2003; VITRANSS

142 The project aimed at 18 cities and provinces and consisted of Ha Giang, Lao Cai, Lai Chau, Phu Tho, Vinh Phuc, Bac Can, Thai Nguyen, Thanh Hoa, Nghe An, Ha Tinh, Kon Tum, Dak Lak, Binh Thuan, Ben Tre, Soc Trang, Tra Vinh, Bac Lieu and Ca Mau. Total investment was scheduled to US$60.9 million disbursed over five years. IDA loaned of $55 million with grace of 40 years and at zero percent interest. The Vietnamese side pledged $5.9 million in reciprocal capital.
The National Transport Development Strategy till 2020, released in 2004\textsuperscript{143} aims for “modernity” through an extremely ambitious domestic construction programme that clearly dovetails into the regional vision linking Singapore to Kunming and Beijing.

\textbf{Figure 14: Main highways in Vietnam.} Source: Minot et al. (2003). Note: spelling mistake embedded in original.

\textsuperscript{143} Decision number 206/2004/-TTg, December 10.
In 1999, the total network reportedly stretched 77,952km (MoT 2000). Of that, 19.1% were national roads, 16,403km were provincial and 36,905km (47.34%) were district-level roads. Only an estimated 60% of national and 30% of provincial roads were paved, and an estimated 43.2% of Mekong Delta communes lacked road linkages with their provincial centres. Reflecting the importance of physical constraints, up to half the communal roads and “30 percent of the 25,500km of district roads cannot be used by people during the rainy season” (VEN 1999d). On main arteries, including Highway 1, thoroughfare narrowness inflates flow viscosity and increases travel times (Orton 2001). Widening linkages and establishing new pathways, particularly in rural areas, is thus at the forefront of the national poverty alleviation programme (SRV 2003). The Transport Ministry’s rural road development research calculated that 27,500km of new bridges needed to be built, while 21,800km of rural roads need to be built or upgraded (VITRANSS 2000b). The intention was to speed up flows from hinterlands toward export-oriented transport interfaces such as Hai Phong (Arnold et al. 2001). A relevant, and ongoing, example has been the Japanese-funded development of Highway 5 which links Hanoi to Hai Phong via Hai Duong. The formerly bombed route required complete reconstruction in order to facilitate investment and manufacturing flows, a task taken up through Japanese ODA in particular (Mitsui 2004). Since the Highway 5 upgrade, truck commuting times between Hanoi and Hai Phong have been halved and the emergence of four industrial parks en route has seen this dual-carriage finance-, ethno- and transportscape attract an estimated 85% of FDI coming into the north (SRV 2003). Significantly, Highway 5 has also put the sex tourism resort of Do Son, in Hai Phong City boundaries, within a 2.5-hour drive of Hanoi (Dao 2004).

5.3.1 Trans-boundary arteries

Smooth transportation across Vietnam’s 4639km land borders is deemed essential to economic regionalisation and globalisation (Fujimura 2004; VITRANSS 2000b). Neo-liberal expert systems have encouraged policy makers to remove impediments to goods flows from China via Lao Cai along Highway 70 (H70), via Ha Giang (H2), via Lang Son (H4) and Quang Ninh (H1) provinces (ADB 2003a). The development also includes upgrading the Kunming-Hanoi rail line completed by the French in 1910 (Hardy 1998). In the central region alone, the following cross-border highways are intended to be upgraded to link seaports with Thailand, Lao and Cambodia: 45, 46, 48, 7, 8A, 12A, 9, 217, 49, 14D, 14E, 24, 19, 25, 26, 27, 27B, 28 and 40. Source: National Transport Development Strategy till 2010 (2004).

144 Writing in 1897 after a journey through Yunnan toward Simao in Myanmar, Carey predicted: ‘The only practical [train] line (I speak from a financial and commercial – not engineering – point of view) would be

145
targeted by the US and partially destroyed by the Chinese in 1979 (VITRANSS 2000b). A tri-modal Yunnan-Hanoi linkage is intended to include riverine passage down the Red River and then connect to Hai Phong port. Physically re-connecting Hai Phong to Yunnan via Hokou border point opposite Lao Cai reconnects the opiate-plague routes discussed earlier in this thesis (Benedict 1996; Trocki 1999). The Lao Cai-Yunnan border gate is experiencing dramatic year-on-year increases in the official value of trade. The number of licensed cross-border trading enterprises, on the Vietnamese side alone, rose from 172 in 1999 to almost 500 in 2005 (VNA 2006b). The other opiate-route resurrection is the road linking Yunnan to the Red River delta through the Thanh Thuy border gate on the banks of the Lo River in Ha Giang. This route from Yunnan, Highway 2, ends just a few kilometres from main northern airport, Noi Bai, outside Hanoi. In turn, this links to the new Highway 5 upgrade, which therefore forms a modernised trafficking route to either Hai Phong port or domestic and international airways.

5.3.1.1 Lao and Cambodia connections

Arterial road networks have been paved to reduce the viscosity of flows across the Lao border near Dien Bien Phu (H6) and Pa Hang (H6) in Son La, Na Meo in Thanh Hoa, Nam Can gate Nghe An (H7), Cau Treo gate in Ha Tinh (H8) and Lao Bao gate in Quang Tri (H9). From a Mekong sub-regional perspective, the most important Lao-Vietnam scapes are expected to pass through Lao Bao gate before connecting with national Highway 1 in Quang Tri. As shown in Chapter Four, this east-west route will link Highway 1 to the regional centre of heroin production, Myanmar (ADB 2003a). The number of people officially recorded as crossing through Vietnam-Lao border gates increased from 66,823 in 1995 to 118,376 in 1998 (VITRANSS 2000b: II-2-4).

Cambodian-Vietnam cross-border flows were quickened with the opening of the ADB-sponsored, $145m highway linking Phnom Penh to HCMC and oil-rich Vung Tau in April 2003 (VIR 2003c). Riverine traffic between Cambodia and delta provinces of An Giang, Dong Thap and Binh Phuoc is also forecast to increase as inland ports are developed in the extremely extensive network of rivers and canals (built during colonialism) in the Mekong Delta (VITRANSS 2000c).

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one from Lai Cai, on the Red River, to Yunnanfu via Mengste. Such a line is already contemplated, and the route has been surveyed by French engineers. But, except the short one from Lang-thuong to Lang Son, there are as yet no railways in Tonkin itself, and it would be safest, therefore, to leave the hope of ever seeing such a line completed as a legacy to our children's children” (Carey, 1899).
Figure 15: Greater Mekong Sub-region’s foreshadowed east-west economic corridor.
Perhaps the most significant new major road construction is the Ho Chi Minh Highway, which runs parallel to national Highway 1, but at altitude. It winds through the Truong Son mountain range parallel to the Laotian and Cambodian borders. Beginning in Hanoi, and running all the way to Ho Chi Minh City, the 1690km route in part re-traces the logistics route after which it is named and transects Highway 7 in Nghe An. As Johnson describes (2005), “the original Ho Chi Minh Trail helped win the war that unified Vietnam under communism. The Ho Chi Minh Highway may prove to be a unifying force, too, but this time in pursuit of capitalism.” The new HCM route cuts through, literally, the central highlands in sparsely populated locales. The ADB argues that roads bring prosperity to previously isolated minorities through investment and goods flows (Phillips 2004). However, World Bank research claims that there are few studies to measure the impact of roads on poverty (van de Walle and Cratty 2002).

Transportation infrastructure improvements represents vector formation for sexually transmitted HIV (Gysels 2001; Quinn 1994). Construction and reconstruction of road networks creates infrastructure which is readily exploited by “quintessential sovereign free actors”, trans-national narcotics traders (Williams and Florez 1994). To assess the magnitude of mobility enablement on actual human flows, the following section will explore increased vehicle and passenger movements.

5.3.2 Vehicles and internal passenger flows

Bus registrations almost doubled between 1993 and 1996 (VITRANS 2000b). Data on trucks suggest inconsistent reporting, but reflect an expansion in carrying capacity in the first half of the decade. The most significant increase in the number of registered buses appears to have occurred from 1994-1996 when it increased by 56%. Motorcycle registrations increased from an estimated 4.8 million in 1997 to 8.4 million in 2001 (Le et al. 2002), and was almost 11.4 million in 2003 (MoT 2004: 80). The motorcycle has replaced the bicycle as the typical urban family's mode of transport, a rural beast of burden and a critical mover of retail goods throughout cities (Johnson 2002). The motorbike revolution was fuelled in part by emergence of cheap Chinese scooters, which began to flood the market in 2000/2001, putting automobility within

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146 This road project is not endorsed or funded by international development assistance agencies.

147 The data on car registrations in Figure 15 should be treated with caution; the category of car (xe con) may include mini-buses which became an important component of the privatised transport system, particularly in highland regions. The national transport strategy says there were 78,962 buses as 2002, semi-trailers increased from 12,500 in 2000 to 15,185 in 2002, and cars from 285,000 to 346,218 in the same period.
reach of poorer families and individuals. The upsurge in mobility was so dramatic that the Hanoi People's Committee banned registration of new motorcycles in 2003 because of congestion (VIR 2003a).

**Figure 16: Vehicle registrations to 1996.** Source: (VITRANSS 2000c).

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of registered vehicles in Vietnam by type</th>
<th>Annual growth 1989-96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car</td>
<td>45,054</td>
<td>56,128</td>
</tr>
<tr>
<td>Bus</td>
<td>31,239</td>
<td>32,318</td>
</tr>
<tr>
<td>Truck</td>
<td>138,910</td>
<td>163,284</td>
</tr>
<tr>
<td>Total</td>
<td>215,753</td>
<td>251,730</td>
</tr>
</tbody>
</table>

The explosion in motorcycles shapes HIV risk environments in at least the following ways: motorcycles provide the micro-level mobility utilised in cross-border smuggling (VEN 1999a); they enable sex workers to quickly move between clients, thus allowing venue managers to coordinate supply with customers’ demand (Dao 2004; Tran et al. 2004b); motorcycle drivers serve as pimps (Grayman et al. 2005); motorcycles speed up the street-level heroin scene, facilitating trade and allowing consumers to leave their local neighbourhoods to enter areas that provide some anonymity. Furthermore, as Altman has observed, “sex workers roam the streets on motorbikes, looking for customers and at night will perform quick hand-jobs in the park for a few thousand dong” (Altman 2001: 24). Motorcycles allow Ha Giang youths, for example, to quickly exit town into an old Tay [ethnicity] graveyard where, behind the tombstones and bushes, they can inject and/or have sex away from the gaze of police and salient referents (see annex 5).

Private cars remain out of reach of all but the wealthy, so there has been a motorcycle-car ratio of approximately 15:1, which is reportedly unique for the region (Le et al. 2002). High use of private automobiles can reflect individualisation of mobility in advanced economies such as Britain (Urry 2004b). It is evident that Vietnam has yet to make this transition, as buses still underpin medium and long-distance internal mobility, particularly over distances less than 500km and between 1300-1500km. Up to 94% of

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148 In Hanoi, this is particularly the case in Pham Ngú Lào St and in front of the Hilton Opera Hotel and the Opera House. This sub-set of the sex industry tends to be dominated by older women.

149 As of 2002, there were 11 international car manufacturers trading in Vietnam. 2002 saw a 36% increase in car sales, reflecting a recent rapid increase in car usage among households, companies and government departments in particular (VIR, 2003).
inter-provincial travel is conducted on buses, depending on the region (VITRANSS 2000b-5). A survey of 100 bus drivers and their assistants from Hai Phong found 20% regularly travelled the north-south route to HCMC City, thus demonstrating that road improvements and public transport form potential long-distance trafficking infrastructure (Griffiths et al. 2001). The same research confirmed an association between the bus sector and HIV behavioural environments; because so many people travel on a growing supply of buses, restaurant managers compete to wave down bus drivers to stop at their restaurants and unload passengers. One of the incentives used by restaurants is sex, as in Do Son tourist resort (Dao 2004). So, the use of public buses rather than individualised cars for inter-provincial travel therefore contributes to the sex industry (VNA 2004).

Inter-provincial passenger travel more than doubled from 106 million passenger movements in 1992 to 221 million in 1999 (VITRANSS 2000a). Between 1995 and 2003, the number of passengers on “local transport” reportedly increased from 563 million passengers to 873.1 million, or 36% (GSO 2005a). Annual local road passenger transportation grew by 39% from 441.7 million in 1995 to 718.3 million in 2003; rail increased 27% from 8.8 million to 10.8 million a year, while inland waterways increased 39% from 108.9 million annually to 137.7 million. There were regional variations amid this increased mobility. For example, Red River delta movement increased most significantly across the period, while the bulk of local passenger growth was throughout the Mekong Delta where an additional 137 million trips were recorded. In Hanoi, passenger trips increased 59% from 22.6 million to 34.4 million. Flows in Nghe An and Ha Tinh increased 40% and 13%, respectively. In Nghe An, the largest annual increase was 10% in 1997. Ha Giang increased by 40%, including 25% and 20% increases in 2000 and 2001 respectively. Lai Chau increased by 25% in 1996, while Son La increased by 11% in 1996 and 18% in 1997; both these provinces border Lao (GSO 2005a).

5.3.3 Freight transportation

The VITRANSS study (2000c) found that inter-provincial movement of freight volume almost tripled from an estimated 30 million tonnes in 1992 to 86 million tonnes in 1999. Officially recorded domestic freight tonnage increased 81% from 1995-2002 (GSO 2005a). The sharpest increases were in maritime hauling (153%) and inland waterways (84%). Even the rail system, which still requires dramatic logistical overhauls, almost

150 The percentages for each region are: Red River Delta 77.4%, Northeast 80.3, Northwest, 84.2, North Central Coast 75.3, South Central coast 86.6, Central Highlands 94.1, NorthEastern south 89.9, Mekong River Delta 4.7%. The national average was 85.5%.
doubled the volume it carried in the period. Road freight grew 12% and 10% in 1996 and 1997 respectively, and by 77% across the period.

**Figure 17: Volume of freight transported in Vietnam 1995-2002, thousand tonnes.** Source: GSO, 2005.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rail</td>
<td>4,515</td>
<td>4,042</td>
<td>4,752</td>
<td>4,978</td>
<td>5,146</td>
<td>6,258</td>
<td>6,457</td>
<td>7,052</td>
<td>56</td>
</tr>
<tr>
<td>Road</td>
<td>92,256</td>
<td>104,814</td>
<td>116,409</td>
<td>123,911</td>
<td>132,137</td>
<td>141,139</td>
<td>151,483</td>
<td>163,126</td>
<td>77</td>
</tr>
<tr>
<td>Inland water</td>
<td>28,467</td>
<td>32,468</td>
<td>36,361</td>
<td>38,034</td>
<td>39,887</td>
<td>43,015</td>
<td>48,488</td>
<td>52,300</td>
<td>84</td>
</tr>
<tr>
<td>Maritime</td>
<td>7,307</td>
<td>9,784</td>
<td>10,775</td>
<td>11,793</td>
<td>13,006</td>
<td>15,553</td>
<td>16,815</td>
<td>18,492</td>
<td>153</td>
</tr>
<tr>
<td>Total</td>
<td>132,544</td>
<td>151,107</td>
<td>168,297</td>
<td>178,715</td>
<td>190,177</td>
<td>205,965</td>
<td>223,243</td>
<td>240,970</td>
<td>82</td>
</tr>
</tbody>
</table>

Modernisation of Vietnam’s shipping fleet and ports is described as essential for globalisation and World Trade Organisation membership (GoV 2002; Thai and Grewal 2005). The 2000 National Transport Strategy planning document asserts that there were “about 80 seaports of all kinds” in Vietnam (MoT 2000). By 1999, there were 173 Vietnamese international trading ships, 111 of which were multi-purpose, 18 were for crude oil and petroleum while only 12 were container carriers (GoV 2002: 4). The Vice Minister for Trade reported that, as at the end of 2002, almost half the national fleet was less than 1000 dead weight tonnes (DWT) and operated on domestic routes only. Notably, container ships accounted for only 2.2% of the national fleet and accounted for nine percent of tonnage (Tran 2003a). Figure 17 reflects a 128% increase in freight through Vietnam’s main ports between 1995 and 2001.

In 1996 the government eased restrictions on the type, hence number, of companies that could conduct foreign trade (Athukorala 2006). This loosening of constraints on international trade entities meant more actors could participate in global goods flows, which corresponds with a rise in exports with obvious implications for the shipping sector.

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151 The recently released seaport “masterplan” forecast that this may increase to 120 Economist Intelligence Unit (2005).

152 Until 1996, only licensed trading companies were allowed to conduct foreign trade. Companies needed to have an import/export license, a foreign trade contract, a shipping license, ‘skill’ in trade and a minimum working capital of USD$200,000. In 1996, the requirements on contracts and shipment permission were abolished, but even in 1998 only 2400 private sector companies involved in foreign trade compared with more than 6000 SOEs. However, Decree 57/1998/ND-CP of July 1998 allowed all licensed enterprises to conduct foreign trade, and by 2002 more than 3500 private enterprises were registered for international trade.
**Figure 18: Volume of exports and imports through main seaports, thousand tonnes.** Source: GSO 2004.

<table>
<thead>
<tr>
<th>Year</th>
<th>TOTAL</th>
<th>Export cargo</th>
<th>Of which:</th>
<th>Import cargo</th>
<th>Of which:</th>
<th>Domestic cargo</th>
<th>By sea-port</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14,488</td>
<td>3,737</td>
<td>Coal 477 211</td>
<td>7,903</td>
<td>Fertilizers 1,350</td>
<td>2,823</td>
<td>Hai Phong</td>
</tr>
<tr>
<td>1995</td>
<td>15,435</td>
<td>4,379</td>
<td>Rice 1,565 2,004</td>
<td>7,532</td>
<td>Machinery, equipment 1,297</td>
<td>3,525</td>
<td>Export 493 665 803 850 939 7,645 8,576</td>
</tr>
<tr>
<td>1996</td>
<td>15,032</td>
<td>4,648</td>
<td></td>
<td>6,678</td>
<td></td>
<td>3,525</td>
<td>Sai Gon</td>
</tr>
<tr>
<td>1997</td>
<td>17,141</td>
<td>4,788</td>
<td></td>
<td>7,489</td>
<td></td>
<td>3,707</td>
<td>Export 2,308 2,692 2,766 2,866 3,271 3,088 2,977</td>
</tr>
<tr>
<td>1998</td>
<td>17,425</td>
<td>5,262</td>
<td></td>
<td>6,627</td>
<td></td>
<td>4,864</td>
<td>Quang Ninh</td>
</tr>
<tr>
<td>1999</td>
<td>21,903</td>
<td>5,461</td>
<td></td>
<td>9,293</td>
<td></td>
<td>5,536</td>
<td>Export 477 491 322 231 197 288 297</td>
</tr>
<tr>
<td>2000</td>
<td>30,568</td>
<td>8,531</td>
<td></td>
<td>13,447</td>
<td></td>
<td>7,124</td>
<td>Nghe An</td>
</tr>
<tr>
<td>2001</td>
<td>2,823</td>
<td>3,525</td>
<td></td>
<td>15,903</td>
<td></td>
<td>8,590</td>
<td>Export 56 34 53 46 17 95 150</td>
</tr>
</tbody>
</table>

**Hai Phong**
- Export: 4,515 4,809 4,588 5,446 6,509 7,645 8,576
- Export: 493 665 803 850 939 1,234 1,336

**Sai Gon**
- Export: 7,212 7,340 6,820 7,601 6,971 9,701 10,275
- Export: 2,308 2,692 2,766 2,866 3,271 3,088 2,977

**Quang Ninh**
- Export: 704 813 798 1,011 676 1,533 1,525
- Export: 477 491 322 231 197 288 297

**Nghe An**
- Export: 310 462 480 480 474 648 740
- Export: 56 34 53 46 17 95 150

**Da Nang**
- Export: 830 848 882 830 1,023 1,411 1,987
- Export: 149 198 280 314 371 422 429

**Quy Nhon**
- Export: 447 555 838 955 975 1,462 1,306
- Export: 171 188 276 256 266 495 363

**Nha Trang**
- Export: 343 426 424 500 486 549 553
- Export: 17 47 35 18 17 38 93

**Can Tho**
- Export: 126 183 202 332 310 364 295
- Export: 66 73 113 208 211 223 189
National rice exports rose 51% in the Year of the Rat, 1996 (IRRI 2005a). Rice exports through main ports jumped 44% the same year. In the case of Hai Phong, overall export volume increased 171% from 493,000 tonnes in 1995, to approximately 1.34 million tonnes in 2001. There were 35% and 21% increases in 1996 and 1997 respectively.

All the other main ports reported substantial export volume escalations from 1995-2001: Saigon 29%, Da Nang 187%, Quy Nhon 112%, Nha Trang 460%, Can Tho 186% and Nghe An (Cua Lo) 168%. Da Nang is linked to Highway 9 through Quang Tri, across to Lao and connects to Thailand across the Friendship Bridge. Exports through Da Nang increased 183% in 1996. Cua Lo, which receives goods through Lao down highways 7 and 8, experienced a 450% increase in 2000 alone.

5.3.4 Sea entrants

Intensification of port throughput is reflected in the increased number of sea-going entrants to Vietnam. In 1995, there were 21,745 officially recorded foreigners as entering Vietnam by sea. In 1996, this jumped to almost 162,000 and rose steadily to more than 256,000 in 2000 (see Figure 11). Evidently, the seaboard became more porous as shipping catered for licit trade. Hai Phong City's first HIV detections were in 1994 and both were sailors, one from Indonesia and the other from Thailand. The following year a Russian and Thai tested positive (Griffiths et al. 2001). In the first six months of 1999 1959 sailors were registered as having entered Hai Phong Port. Their nationalities were: Vietnamese 420, Thai 102, Chinese 370, Filipino 140, Korean 165, Russian 110, Indonesian 90, Myanmarese 90, Japanese 82, Singaporean 160, Chinese Hong Kong 120 and Taiwanese 110 (Sucecon 2000).

Importantly, the increase in port throughput and sea-borne arrivals after 1995 overlaps with the spectacular jump in land-border crossings shortly after Myanmarese trade flows began to rise. Therefore, whether by land, air or sea, the human infrastructure required to form a viable smuggling vector would seem to have improved around 1996 in particular.

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153 Vietnam only began to receive international tourist ships in recent years. Therefore the 1996 sea-entrant data almost certainly represent sailors on commercial shipping, most probably transportation or fishing.
5.3.5 Yunnan and Lao transit

As recognised in the Almaty Programme of Action (UN 2003a),154,155 landlocked countries and regions such as Lao and Yunnan depend on other nations for shipping lanes. Both these heroin transit zones export via Vietnam. A Vietnamese maritime official noted: “a huge volume of goods is transported through Viet Nam from Laos and Yunnan in China because this is the shortest and most economical way” (Comment 2003). Although most Yunnanese exports via Vietnam pass through Hai Phong, Cai Lan Port Authority in Quang Ninh is also trying to attract containers onto old opiate flows by rebuilding destroyed rail infrastructure to Lang Son (Sen 2004). In the first six months of 2004, cross-border trade between China and Vietnam was officially valued at US$3035 million, an increase over the previous six months of 41.7% (Xinhua 2004). Flows across the Vietnam-Yunnan borders have skyrocketed, with provincial customs reporting international trade valued at $2.5 billion for the first six months of 2004, an increase of 25.4% over the same period in 2003 (Xinhua 2004).

Nghê An, Hà Tĩnh and Đà Nẵng ports have competed to gain a greater share of Lao exports and imports (VITRANSS 2000c). The value of Lao exports increased from $79m in 1990 to $320m in 2000, while imports increased from $185m to $535m (ADB 2004a).

5.3.6 Physical environmental constraint

There is a physical environmental constraint on shipping that, as Rhodes suggests, can influence the HIV risk environment because it assists trafficking by increasing maritime flows. Vietnam lacks a deep sea port (Tran 2003a). Shallowness limits the size of ships that can enter the ports, including in Hải Phòng (depth 8.5 metres) where the 480m Chua Ve terminal accounts for approximately 50% of Vietnam’s container-handling capacity (Bangsberg 2004: 42). According to the Vietnam National Maritime Bureau, only the proposed Vân Phong Port in south-central Khánh Hòa Province is seen as a potential deep-sea port, with depths ranging from 22-32 metres. Vân Phong is earmarked to be a “convenient transhipment point on the key Asia-Europe trade lane” and a “direct transcontinental outlet from the Greater Mekong Subregion (GMS)” (Urquhart 2004). The inability of large container carriers to dock along the coast means that most of the

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154 In part it reads: “Landlocked and transit developing countries should seek cooperative arrangements to improve port facilities and services for transit goods, including the modernisation of existing terminals, the establishment of new ones and the simplification of procedures where appropriate”.
155 For a discussion on the trade and development disadvantages faced by landlocked lesser developed countries, see UNCTAD (2004).
maritime imports and exports have to be transhipped through international shipping hubs, particularly Hong Kong or Singapore (Tran 2003a).

Therefore, the larger foreign flagged ships “have to anchor in huge ports in Taiwan and Singapore while waiting for smaller vessels from Vietnam’s ports” to deliver and receive goods (Comment 2003). This, therefore, inflates the number of journeys that Vietnam’s medium-sized ships have to make. In turn, the increased frequency generates risk-reducing intensity of inward and outwards flows into the shipping networks, which is mathematically conducive to smuggling.  

In summary, it can be seen that internal and external trans-boundary migration increased significantly during the mid-1990s and beyond. The discussion of trade and transportation demonstrated that cross-border linkages have, and continue to be, facilitated. This includes re-connecting Yunnan to Hai Phong via provinces such as Lao Cai and Ha Giang. Exports rose, which in turn generated increases in shipping and humans who work on vessels. Infrastructure required to transit illicit goods was formed. The next section examines economic mobility to challenge assertions that income inequality did not increase during Vietnam’s economic transition.

5.4 Economic mobilities and immobilities

The movement of individuals, households, communities and nations out of poverty is “one of the most powerful predictors of poor health for individuals or nations” (Labonte et al. 2005: 21). The ramifications for risk environments stemming from inequalities are as relevant within countries as they are between nations or regions (Beck 1999). It is argued that much work needs to be done to quantify direct associations, but there are accepted links between income and education (hence knowledge/awareness), health seeking behaviours and, via the concept of structural pathways, spatial clusters of people according to class and/or race (Subramanian and Kawachi 2004). Disparities and economic immobility are recognised as push factors in trans-boundary migration flows, ranging from trans-continental, regional, within nation states and through smaller spaces such as provinces and districts (Bruenjes 1997; Colvin et al. 1995; Dang et al. 1997). Alongside a transformation in rules and resources (Drakakis-Smith and Dixon 1997;

156 It is argued that “one of the approaches that smugglers usually use is to anchor ships 100 kilometres off shore - which is beyond the reach of customs ships. They then use small boats to transport goods inland. Therefore, the average value of goods seized in each boat is very small, say VND 100 million to VND 200 million ($6872-$13,794)” (VIR, 2001).
Aside from influencing migration, which is recognised as a potential risk factor for HIV (Colvin et al. 1995; IOM 1998), economic inequalities directly shape risk environments including drug injection (Barnett and Whiteside 2002; Craib et al. 2003; Lane et al. 2004; Rhodes et al. 2005). For example, poverty propels workers toward sex industries and drastically reduces women’s financial power in condom negotiations (Rao et al. 2003). Poverty is a major push factor for women’s entry into sex work in Vietnam, providing a critical pathway to drug initiation (Tran et al. 2004b; Tran et al. 2005).

Income inequality is especially pertinent to the extensity of drug consumption, not least because economic dislocation has been associated with escalations in heroin marketing, including in transition economies (Carnwarth and Smith 2002; Rhodes and Simic 2005; Stimson 1995). In settings where inhalation or smoking precedes injection, the transition from safety to risk is often a rational economic behaviour. This is not new; the Royal Commission on Opium 1894-95 noted that, in China, opiate smokers rapidly switched to injection of morphine after it appeared on the market because it was vastly more economical (Dikotter et al. 2002b: 327). In Vietnam, it is established that switching to injection reduces the cost for an equivalent or greater neurological consequence. Poorer consumers often commence injection earlier than those with sufficient funds to purchase greater quantities needed after bodies build tolerance (MoH/UNODC 1998). Clearly then, geographical dispersal of poverty is relevant to overall risk environments at the macro-level, and of individuals who have initiated opiate consumption.

5.4.1 Agriculture and transition

Economists argue that Vietnam provides an “excellent case” for studying mobility and inequalities because of its journey from one of the world’s poorest countries in the 1980s to be an exemplar of growth-driven poverty reduction (Glewwe and Nguyen 2002; Glewwe and Nguyen 2004: 556). Analysis of ADB data indicates that average annual GDP growth in Vietnam from 1986 to 2003 was 7.5%, and for the decade 1991-2001 was 9% (see ADB 2004f). The strong average growth rates are credited with reducing national poverty rates from an estimated 70% of the population in 1992 to 37% in 1998 (Dollar and Kraay 2002; SRV 2003). However, overall GDP growth rates and national-level
poverty rates do not necessarily provide a comprehensive picture of in-country disparities (Milanovic 2003a).

In the case of Vietnam, understanding transformations that shape economic mobilities, hence physical migration, requires appreciation of the agricultural sector and food vulnerability (FAO 2004; Fforde 1989). This necessitates familiarity with the storyline of policy changes that have shaped paddy-level relations because the significance of rice in Vietnam “cannot be overstated” (Yoko et al. 2004: 171). As Figure 18 below shows, the agriculture sector was by far the largest employer in the period immediately before the collapse of Vietnam’s economic linkages with Eastern Europe. The downsizing of the military after the withdrawal from Cambodia put additional pressure on the agricultural sector to generate jobs (Dollar 1994: 15). If we accept that there are relationships between unemployment and the potential formation of HIV risk environments (Stares 1996; Stimson 1995), then the performance of the rural sector during economic transition is especially important to this thesis.

**Figure 19: Employment distribution preceding 1990s**

<table>
<thead>
<tr>
<th>1989 percentage distribution of employed aged 15 and above</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agriculture</strong></td>
<td>71.9</td>
</tr>
<tr>
<td>Economics, finance, planning statistics</td>
<td>2.1</td>
</tr>
<tr>
<td>Paper, printing, publishing</td>
<td>0.1</td>
</tr>
<tr>
<td>Food processing</td>
<td>1.2</td>
</tr>
<tr>
<td>Transportation</td>
<td>1.8</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Science, education, medicine</strong></td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Mining, metallurgy, mechanics, chemical industry</strong></td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Weaving, garment, leather, wood</strong></td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Building, glass</strong></td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Public service</strong></td>
<td>1.1</td>
</tr>
</tbody>
</table>

***Source:** Kinh Ton Si and Pham Uyen Nguyen, Institute of Economic Research, Ho Chi Minh City (1992). Reprinted in Dutta, 1995

According to recent government estimates, 90% of households classified as ngheo (poor) live outside cities and towns and 70% of households depend upon farming (SRV 2003: 87). By 2000, farming, fisheries and forestry still accounted for 68.2% of total employment (IMF 2003). Analysis of the 1998 Vietnam Living Standards Survey (VLSS) found that agriculture comprised 87% of northern upland households’ income and 70% of all farm
income was cropped (Deininger and Jin 2003). Rural product diversification has certainly occurred, as Figure 19 reflects.

**Figure 20: Agricultural production in Vietnam, 1986-2003**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice paddy</td>
<td>16,003</td>
<td>19,225</td>
<td>24,964</td>
<td>32,530</td>
<td>34,568</td>
</tr>
<tr>
<td>Sugarcane</td>
<td>5398</td>
<td>7550</td>
<td>17,760</td>
<td>15,044</td>
<td>16,854</td>
</tr>
<tr>
<td>Cassava</td>
<td>2276</td>
<td>2358</td>
<td>1801</td>
<td>1986</td>
<td>5308</td>
</tr>
<tr>
<td>Maize</td>
<td>671</td>
<td>1144</td>
<td>1753</td>
<td>2006</td>
<td>3136</td>
</tr>
<tr>
<td>Sweet potatoes</td>
<td>1929</td>
<td>1906</td>
<td>1745</td>
<td>1611</td>
<td>1576</td>
</tr>
<tr>
<td>Coconut</td>
<td>894</td>
<td>1078</td>
<td>1104</td>
<td>885</td>
<td>893</td>
</tr>
<tr>
<td>Coffee</td>
<td>92</td>
<td>180</td>
<td>553</td>
<td>803</td>
<td>755</td>
</tr>
<tr>
<td>Peanuts</td>
<td>213</td>
<td>294</td>
<td>318</td>
<td>355</td>
<td>406</td>
</tr>
<tr>
<td>Rubber</td>
<td>58</td>
<td>129</td>
<td>249</td>
<td>291</td>
<td>363</td>
</tr>
<tr>
<td>Soyabeans</td>
<td>87</td>
<td>125</td>
<td>147</td>
<td>149</td>
<td>219</td>
</tr>
</tbody>
</table>

Sugarcane production increased as the food and beverages sectors expanded and is now a significant employer in rural Nghe An, for example. Robusta coffee production grew sharply in the mid-1990s, particularly in the central highlands, where the riskiness and volatility of the global market was felt locally when world prices slumped by almost half in 1996 just as Vietnam’s hectareage was controverisally expanded (IMF 2003; Talbot 2002; Varangis et al. 2004). Coffee cultivation rose sharply, by about 23.9%/year, and production jumped 20%/year (in 1994, 1995, and 1996, production grew at the even higher rates of 48.5%, 45.8% and 33% respectively). World prices collapsed in 1996. See (ICARD/Oxfam, 2002).

157 The northern uplands are mostly populated by ethnic minority communities, including Dao, Hmong, Thai and Tay. Minorities are the most economically disadvantaged in the country (Baulch, Truong et al, 2002). In other regions, agriculture as a percentage of household income was: Red River Delta and North Central 75%, while Central Coast and South East/Mekong Delta was 77%.

158 Commercial fisheries’ export output rose from $782 million 1997 to $2023 million in 2002 and the national poultry flock, which is contributing to the
zoonotic bird flu H5N1, increased from 160.6 million in 1997 to 233.3 million in 2002 (IMF 2003).159

Rice remained the primary cultivated commodity as the agricultural sector was transforming. Ma (seedling rice) was planted on an estimated 84% of farmed land, accounting for approximately 85% of grain output and 85% of daily calorie intake (Hong and Coelli 2002: 76). Rice is therefore “the most important source of income for the majority of Vietnamese as well the main staple in their diet” (Seshan 2005: 3).


Rice trade is, therefore, an ideal barometer of Vietnam’s post-1975 transition toward greater collectivisation, and then away central planning toward market principles and monetisation (Andreff 1993; Beresford 1985; Beresford 1990; Dinh 1993).160 Although Vietnam has had contact with external markets for centuries (Coclanis 1993), rice production risks have altered as exogenous structures — particularly colonisation — supplanted tradition (Chovanes 1986; Dao 1993). Under traditional lowland Kinh village

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159 According to FAO analysis of the 1998 VLSS, average flock size was 15.6 for ducks or geese, while for chickens it is 16.8 (Maltsoglou and Rapsomanikis, 2005).

160 During the American War, rice itself reflected Cold War contours; South Vietnam received US imports which were in fact not “aid”, but rather US war funding motivated by domestic imperatives to clear over-production (Diven, 2001); the Democratic Republic of Vietnam received rice from China until the 1978 border closure (Pingali, Khiem et al, 1997).
systems, influenced heavily by Confucianism, Councils of Notables set taxes, oversaw distribution of land and arranged labour for communal risk-reduction tasks such as dike construction. Concentrated land ownership was not the norm and in such highly cooperative rural social structures “farmers lives were dominated by risk of catastrophic river flood and by rain” (Fforde and Paine 1987: 16). Colonial disruption of rural relations undermined the influence that commune and common lands had upon risk (Dao 1993). Taxation and private land accumulation countered the traditional corporate nature of villages as communal functions – “especially in such areas of risk insurance” – declined (Fforde and Paine 1987). Although French Indochina became a prominent rice exporting region (Latham 1998; Pingali et al. 1997), the exploitive process exposed “the peasant to the insecurities of the world market” (Chovanes 1986) and, worsened through famine under Japanese occupation in World War II, generated revolutionary conditions.161

Monetisation of traditional agricultural societies represents a shift in risk, because people must trust the value of currencies (Giddens 1990a). Vietnam’s economic reforms constitute a re-entry to a heavily monetised economy. Commencing with the controversial northern land-reform programme of the mid-1950s, cooperatisation of agriculture was the cornerstone of socialist transformation (Beresford 1985; Beresford 1990; Dinh 1993; Que 1998). In a reconnection with tradition, a fundamental premise of the cooperative system, particularly in agriculture, was the communal diversification of risks (Fforde 1989). Based on concepts of mutual aid, farmers laboured in cooperative and collective teams. Rather than money, payment was in the form of work-points which could be redeemed for goods (see Pingali and Xuan 1992). Attempted large scale collectivisation in the south commenced as late as 1976, and directly contributed to the mass exodus of refugees already discussed. As Figure 20 above reflects, the post-1976 reforms and post-1978 mass migrations coincide with declines in production. Debates rage regarding the degree to which cooperatisation and collectivisation caused economic stagnation and emergence of a black economy (Andreff 1993; Beresford 1985; Buu 1999; Ross 1984). Raymond (2003) argued that cooperatisation “did not improve rural living conditions” and instead came to represent institutionalised hunger. From an estimated 11,827,000 tonnes in 1976, rice production was only 9,790,000 tonnes in 1978 (IRRI 2005b).

161 During World War II, occupying Japan commandeered rice harvests already reduced by floods (Bose, 1990). This resulted in widespread famine between 1942-1945 in which possibly two million people starved (Bui, 1995). Revolution took hold amid this starvation and led eventually to the creation of the Democratic Republic of Vietnam in 1954 (Tonnesson, 1985).
By 1979 there was food deprivation, triple digit inflation, import dependency and economic crisis exacerbated by war in Cambodia and against China (Charnbhumidol 1992; Jansen 1993; Marr 1981; Nguyen 1979). Per capita rice production was estimated to have been 220kg in 1980 compared with 280kg two decades earlier (Pingali and Xuan 1992). Rice imports were required to avert starvation (Ghosh and Whalley 2004; Hong and Coelli 2002). Institutionalised rice scarcities led to peasant pressure from the countryside for liberalisation toward a monetised economy.

5.4.2 Liberalisation and monetisation

Giddens’ depiction of institutional dimensions of modernity assists to discern a fundamental watershed in Vietnam’s post-wars economic transformation. The first three dimensions, including industrialisation (to a lesser degree), were all features of the centrally-planned modernisation programme initiated in conditions of socialism. However, dimension four — a market trade in labour — most certainly represents a radical transformation of the means of labour exchange when compared with the epoch of collectivisation. Central to this is the agricultural sector as a push factor into labour markets (GSO/UNFPA 2005).

Although liberalisation is routinely described as starting with the formal 1986 Doi Moi announcement (Andreff 1993; Pingali et al. 1997), it began at least five years earlier. Reacting to declining output and farmers’ resistance (Fforde 1989), a household contract
system was introduced in April 1981 under Party Directive 100 (Pingali and Xuan 1992; Que 1998; Raymond 2003). This permitted families to enter into production contracts with cooperatives, under which surplus production could be sold either to the state at higher prices, or, into emergent local markets (Beresford 1985; Beresford 1990). Vietnam accounted for just one percent of the volume of world rice exports when Doi Moi was formalised (Nielsen 2003: 3). In 1988, the Land Law was enacted, with a clause known as Resolution 10. It was an important transformation in the rules and resources governing Vietnam's most important agricultural resources (Minot and Goletti 1998). Resolution 10 represented an ideological shift from the socialist agenda; it did not permit full land tradability (Do and Lakshmi 2003), but the lease rights it enabled are now recognised as the beginning of land privatisation (Ravallion and van de Walle 2001). Whereas labour was previously exchanged for redeemable work-points, Resolution 10 of 1988 allowed farmer-cooperative relations to be monetised and “relations between the state and peasants become [sic] based on market principles” (Que 1998: 36). At the micro-level, Resolution 10 permitted farmers to hire seasonal workers so a rural labour market began to emerge (Beresford 1990: 476). Reflecting the latency of impending transformation, by 1989 Vietnam was again exporting rice (Pingali et al. 1997; Pingali and Xuan 1992). This signalled a new epoch in time-space distanciation, in which farmers' welfare was linked to electronically networked futures markets speculation based on expert risk analysis in distant trading centres such as Chicago (Bautista 1999; CBOT 2005; Latham 1998).

A critical rule transformation occurred in 1993 when, under Resolution 5, the Party permitted private land accumulation. Households were allowed to lease, inherit, mortgage and sell land use rights (Benjamin and Brandt 2002; Que 1998). As Figure 20 reflects, rice production grew at an annual rate of almost six percent between 1988 and 1995 “transforming Vietnam from a rice importing to a leading rice exporting country” (Ghosh and Whalley 2004: 218). Macro-economic policy was changed in 1995 when export quotas on rice exports were relaxed, contributing to a 51% increase in rice exports in the Year of the Rat (see IRRI 2005a; Ryan 2002: 7). By 1996, Vietnam provided 17% of global traded volume in rice (Nielsen 2003: 3). There was an important rule-change in March 1997; Decree No. 140/TTg was introduced to end restrictions on trading rice between north and south Vietnam (Benjamin and Brandt 2002).

162 For a discussion of the difference between the 1988 and 1993 land reforms, and consequences of the latter, see Do and Lakshmi (2003).
5.4.3 Rural economy and inequality

With the exception of the volatile commodity of coffee (ICARD/Oxfam 2002), the value of gross agricultural output has generally increased annually. Annual average agricultural growth rates, however, reveal that the rural economy has lagged behind national GDP and industrial growth since Doi Moi was announced. While industrial output growth averaged 10.5% from 1996 to 2003, agricultural output averaged a more modest 4.2% annual growth (ADB 2004f). An examination of macro-sectoral performances are examined from 1986 to 2003 reveals periods of turbulence (ADB 2004a). Figure 22 shows that agricultural output growth has been unstable since Doi Moi. There was a 1.1% contraction in 1987 and in the years covering the collapse of CMEA and Eastern European communism (1989-1991), the growth rates are 7%, 1% and 2.2% respectively. This economic contraction overlaps with the return to Vietnam of soldiers from Cambodia, the repatriation of almost 280,000 workers’ from Eastern Europe and the onset of HIV.

Agricultural sector output growth was much slower than the industrial sector which recorded a sharp downturn after 1997 following the regional economic crisis and the collapse in FDI. The moderate agricultural growth rates compared with industrial would suggest potential inequalities between agricultural and non-farm households. This will now be explored to challenge the position that inequality has not risen significantly in Vietnam since it re-engaged neo-liberal policy frameworks.

5.4.3.1 Income inequalities

This section refutes Dollar’s claim (2002) that there has been “no significant change in inequality” as Vietnam moved toward a market economy. The first Vietnam Living Standards Survey was released in 1993 and the second in 1998 (Benjamin and Brandt 2002). This vast baseline dataset encompasses the time-span when Vietnam formally re-joined regional networks and opened its borders. It is also the period immediately prior to a sharp increase in HIV detections. Glewwe’s examinations of the surveys (2000; 2002; 2002) suggest it is fallacious to assert that income inequality has not increased. He argued that concerns “about increasing inequality cannot be dismissed” by pointing to overall high economic mobility (Glewwe and Nguyen 2002). For a start, there was a rural-urban divide; poverty incidence dropped from 25.1% to 9.2% in urban areas, and from 66.4% to 45.3% in urban areas to show that the “gap between rural and urban areas is increasing” (Glewwe et al. 2000). In a local exemplar of Milanovic’s finding that location was a significant dimension of poverty contours, Glewwe found that geographical location “significantly affected” a household’s probability of escaping poverty (Glewwe and Nguyen 2004). The central coast and Mekong delta had only moderate poverty declines; households headed by a white-collar worker fared best (10.1% incidence); and most significantly, it became apparent that “the needs of minorities are a particularly urgent problem” because 75% of non-Kinh households were below the poverty line (Glewwe et al. 2000: 37). Chinese-Vietnamese and Khmer had fared almost as well as (overall) Kinh households in general. But northern and central highland minority communities were far worse off, in part due to being spatially, educationally and linguistically “disconnected from the rest of the economy” (Baulch et al. 2002).

Other VLSS analysis also found that land privatisation under marketisation saw agricultural “rental market participation more than quadruple from 3.8% in 1993 to 15.8%

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163 The poverty line corresponds with expenditure required to 2100 kcal per person per day using a basket of household foodstuffs plus a basket of non-food items based on what people in the third quintile consume. For the 1997-1998 survey it was set at VND 1,789,871 per person per year. This was equivalent to approximately US$150 at the time. See Minot and Baulch (2003).
in 1998" (Deininger and Jin 2003). VLSS labour market analysis found farming households had the lowest average per capita expenditure, “only 60% of the income of predominantly wage employment households” (Gallop 2002: 15). Urban households had 29% greater consumption than rural households in 1993, stretching to 37% by 1998. In summary, “nearly half the rural population, who constitute 80% of the population were still poor in 1997-98” (Glewwe et al. 2000: 775). It seems quite clear then, that if we visit economic data as suggested (Labonte and Togerson 2005), inequality did increase during the socio-economic transformation (Litchfield and Justino 2004).164

The spatial distribution of poverty and inequality has now been analysed and mapped down to district and commune levels. It displays a strong association between topography and poverty to confirm, as argued (Beck 1999), the existence of glocal geographic risk positions not only between nations but within nations (Minot et al. 2003). It found that living in a mountainous region and the angle of the hill slope was associated with poverty, as were proximity to roads and markets, rainfall and soil typologies. Not surprisingly then, Lai Chau, Ha Giang and Son La provinces all reported poverty rates of at least 70-80%. Although Nghe An reported an overall household poverty rate between 40-50%, the rate in Ky Son district was more than 80%. These locales are all home to ethnic minorities and, notably, are former opium production locales (Rapin 2003).

As is observable in Figure 23, the spatial poverty analysis found that proximity to land boundaries was a discernable economic contour:

“Results confirm that poverty is most widespread in the northwest and northeast, particularly in the provinces along the northern border with China and the northwestern border with Lao PDR” (Minot et al. 2003: 22).

Poverty mapping reveals further complexity when analysed from the distribution of absolute numbers. Although the ratios were highest in the mountainous regions especially, raw poverty incidence was concentrated in the lowlands such as the densely populated Red River delta. This establishes that there are vast pools of youths living below or close to the poverty in an era of increased cross-border flows and internal

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164 Glewwe and Nguyen (2004) have gone so far to argue the following when margin for bias in data has been factored out: “... it shows that almost one-half, and perhaps even more, of economic mobility is an artefact of measurement error and is thus illusory. This implies that Vietnam’s worries about increasing inequality cannot be dismissed by pointing to high economic mobility because such mobility is much lower than simple calculations suggest.”
transportation networking, both of which are factors associated with macro-level HIV risk environments.

Figure 24: Ratio of households classified as being in poverty

As Fritzen (2002) discussed while confirming increased inequality, Vietnam's first Human Development Report (VHDR) was produced in 2001 and also recorded “rapidly accelerating socioeconomic and regional disparities” (NCSSH/UNDP 2001). While
poverty definitely also existed in urban areas, it was concentrated among agricultural households, and upland minority households especially. The study asserts that between 1995-1999 inequality rose "significantly" in nearly all provinces, and by as much as 10 percentage points in 31 of the 61 provinces. Rural and ethnic inequality was reflected in serious and uneven malnutrition among children (Thang and Popkin 2003), and the re-emergence of a gender gap in children’s education (FAO/UNDP 2002). In particular, the Year of the Rat was officially nominated as a turning point:

“There appears to have been a significant increase in inequality in recent years, especially from 1996 to 1999 ... while it appears to have risen to the same level as China, Vietnam appears to have reached such a level of inequality much faster and at a much lower level of per capita income” (NCSSH/UNDP 2001: 46, emphasis added).

This establishes that the period of increased inequality overlapped with the increased land and marine border crossings and the greater pressure upon Myanmar-Thai heroin routes that the Thai government imposed from 1994 onwards. The government-conducted VHDR study also established that overall poverty reduction was accompanied by increased relative inequality among households, some regions and most certainly between the rural and urban areas. A consequence of the simultaneous formation of rural land and labour markets has been rural stratification and an increase in landless peasants (Kolko 1995; Kolko 1997). Landlessness has been estimated to have risen from 9.2% in 1993 to more than 18% in 2002 (Akram-Lodhi 2005), while research has found it close to 40% in some villages in the upper Mekong delta (Hy 2003). It has even been argued that the rate of increase in the difference between rich and poor may be among the fastest in the world (Fritzen 2002). Significant sections of the population, particularly minorities and landless rural poor, face continued food security deficits and are thus extremely vulnerable (FAO 2004). It should be noted that food deprivation shortens the life of people with HIV (De Waal and Tumusabe 2003).

Clearly then, the global and regional trend toward increased relative inequality during the 1990s was reflected nationally and glocally in Vietnam, especially mid-decade and beyond. As was the case internationally, macro-level economic growth in Vietnam during the rise

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565 The national hunger and eradication programme has proven successful, but food shortages remain a chronic problem in certain regions, such as in upland districts of provinces such as Ha Giang. It has been calculated that the national prevalence of stunting of the under-5s decreased from 59% in 1985 to 37.3% in 2000 (Hop and Khan, 2002). Child obesity has become visible in Ho Chi Minh City and Hanoi in recent years.
and spatial expansion of contemporary globalisation was accompanied by the formation of populations who became worse off relatively; they were economically immobile in a new epoch of development in which aspirations are rising. It would appear that rising inequality was especially discernible after the land, sea and air borders became particularly more porous following 1995-1996.

Having established that economic mobility and immobilities were uneven during transition, internal migration can now be discussed.

### 5.4.4 Internal migration

Vietnam is regarded as one of South East Asia's least urbanised nations. The 1989 census found that only 19.8% of the population was classified as urban and only Hanoi, HCMC, Hai Phong, Da Nang and Bien Hoa had official populations of 300,000 or more (Drakakis-Smith and Dixon 1997). The government's Ho khau household registration system heavily regulated migration. Ho khau governed access to education, housing, electricity, health services and most importantly, employment (Dang et al. 1997). Bearing in mind that access to necessities was via a voucher system and agricultural labour exchanges had been through redeemable work-points, Ho khau made it difficult for country folk to get permission to live in cities, but city people easily moved to the countryside (Hardy 2000). Additionally, during food scarcity and limited monetisation, “living standards in the rural areas remained in many ways better than those in the city” (Fforde and Paine 1987: 108). Monetisation and uneven economic development has reversed this: by 1997 it was “better to be poor in the city than rich in the countryside” (Dang 1998). Population pressures constrain paddy production, particularly where traditional patrilineal allocation of plots reduces allotment size (Le et al. 1998; Pingali et al. 1997). An analysis of changing rural economic and social structures found increased wealth disparity had altered villagers’ views about the future value of rural lifestyles; a majority of parents surveyed wanted their sons and daughters to leave agriculture or the countryside in favour of other employment (Hop 1995).

As opposed to traditional agrarian relations, formation of monetised labour markets based on capitalistic relations are key indications that a society faces new risks through encounters with modernity (Giddens 1990a). A feature of Vietnam’s command economy

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166 It was argued that compared with prominent regional urban centres, Hanoi and Ho Chi Minh City would be “left behind” because of the government’s policies to “hold the size of the cities in the south constant, and to control the growth of Hanoi (Jones, 1988). It should also be noted that northern de-urbanisation was a military-industrial strategy to avoid the post-1965 bombing (Thrift and Forbes, 1986).
was Bien che, in which low-wage lifetime employment was considered commonplace. Employment mobility between enterprises was not the social or economic norm. As Nguyen noted when highlighting youths’ changing perceptions toward employment in the low-salary state sector, only after Doi Moi did labour “become a commodity to be transacted” (Nguyen 2002: 227). The transition toward labour markets from farming was described as “a break with the past” (Dang et al. 2003: 3). The confluence was summarised as “the overall freeing up of state controls over labour and the distribution of housing and rice” (Forbes 1995).

This represents a structural transformation of rules and resources (Hardy 2001); labour which had been encouraged to be immobile - particularly youths and young adults - could migrate toward employment (Dang et al. 1997; Dang 1998; Dang et al. 2003; UNDP 1998; Zhang et al. 2001). Brassard’s (2004) findings that northern daily rates of pay for rice planters were less than 15,000VND highlights the potential for a large pool of working poor earning less than a dollar a day. Le (2002) showed that, as at 2001, only 2.78% of FDI was toward agriculture or forestry. VLSS analysis has significant implications for appreciating why there is a steady supply of rural women onto the off-farm labour market, including the sex industry:

“Agricultural employment shrank for everyone between 1993 and 1998. It fell twice as much in urban areas as rural areas, and twice as much for men as for women ... for women in rural areas, the movement of women out of agricultural was entirely absorbed by non-agricultural self-employment, while in urban areas, the reduction of women in agriculture went entirely into wage employment” (Gallop 2002: 4, emphasis added).

Not surprisingly, relaxation of restrictions, income inequality and labour market formation fuels migration. Between 1994-1999, 6.5% of the population was (officially) estimated to have moved (Dang et al. 2003). According to census analysis, 20-24 year-olds had migration rates twice as high as other cohorts and rates were higher among females:

“Approximately 11.4 per cent of males and 17 per cent of females at these ages changed their place of residence in the five year period” (NCSSH/UNDP 2001: 35).
Sixty percent of male migrants and 66% female migrants in the comprehensive 2003 national study were young, aged 15-29 (GSO/UNFPA 2005). Yet the census “excluded temporary migration and seasonal moves” (Dang et al. 2003) and is therefore an underestimate. Gallop’s comparative analysis (2002) captures a surge in temporary migration; in 1993 and 1998, 11% and 15% of household heads had “migration experience” respectively. Families with any migration experience increased from 29% to 64%, and families with off-farm job experience rose from 30% to 55%. Furthermore, seasonal migration analysis found “participation was quite low in 1992, but at the household level it had increased 600% by 1997” (De Brauw and Harigaya 2004: 18). It has now been confirmed that internal migrants — especially young unmarried women — are attracted toward the few provinces that captured the lion’s share of FDI, particularly Hanoi, Hai Phong, Dong Nai and HCMC (Dang et al. 2004; Dang 1998; Dang et al. 2003). This is not surprising given that workers in Hanoi and HCMC receive wages at least more than 50% higher than any of the other regions (Gallop 2002). Vietnam remains a vastly rural-based population, but the unfolding transition toward urbanisation is reflected in Figure 24.

**Figure 25: Urbanisation in Vietnam 1985-2002**

<table>
<thead>
<tr>
<th>Urbanisation trends in Vietnam 1985-2002</th>
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<tr>
<td></td>
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<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Total population</td>
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<tr>
<td>58.9</td>
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<tr>
<td>Rural population (mill.)</td>
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<tr>
<td>47.4</td>
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<tr>
<td>Rural pop %age of total</td>
</tr>
<tr>
<td>80.4</td>
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<tr>
<td>Annual % rural pop growth</td>
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<tr>
<td>2.0</td>
</tr>
<tr>
<td>Urban population (mill.)</td>
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<tr>
<td>11.5</td>
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<tr>
<td>Urban population %age of total</td>
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<tr>
<td>19.6</td>
</tr>
<tr>
<td>Annual %age urban pop growth</td>
</tr>
<tr>
<td>2.3</td>
</tr>
</tbody>
</table>

**Source:** World Development Indicators. Reprinted in Oxford Policy Management series. DFID Rural and urban development case study, Vietnam. June 2004
5.4.5 Labour market disjunctures

It is generally estimated there was total employment growth of about one million jobs per year during the late 1990s, but that (conservatively) 1.4 million youths enter the labour market annually (NCSSH/UNDP 2001). Given the inability of agriculture to provide sufficient jobs, the youthful demographic presents an employment challenge, to the industrial sector in particular. This is especially relevant given that policy makers are under donor and lender pressure to implement wide-scale privatisation (see CPFC/PRB 2003; SRV 2003).

However, as with the agricultural sector, the industrial sector has been unstable. While Vietnam was negotiating its re-engagement with neo-liberalism, industrial growth rates plummeted for 1989 and 1990, a -2.6% contraction and 2.3% growth respectively (see Figure 22). Under economic constraints related to European political reconfigurations, “the government workforce was reduced by 15 percent” as approximately 500,000 soldiers were demobilized (Do and Lakshmi 2003; Dollar 1994). State-sector downsizing was feminised; about 70% of the job losses were those of women (Beresford 1994). In 1990-1991, approximately 553,000 women – almost 20% of all female waged employment – were reportedly laid off (Rama 2002). This downsizing overlapped with the virtually forced repatriation of more than 280,000 workers from Eastern Europe (Dang et al. 2003). Ngu (2003: 170) found that total state-sector industrial output more than tripled from 1986-1998, but there were fewer jobs in 1998 than in 1988. Manufacturing employment declined from 3.1 million workers in 1988 to 2.3 million in 1990 and did not surpass pre-reform levels until 2000 (see ADB 2004f).

On the whole, and from a low base (Dollar 2002b), after the initial shock of CMEA disintegration industrial growth rates rose preceding regionalisation and sub-regionalisation. Industrial growth rates peaked at 14.5% in the Year of the Rat. The Party’s 8th Congress forecast industrial growth would need to (and would) remain at 14-

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167 Examination of the raw 1999 census data suggests the 1.4 million new labour market entrants is an underestimate. For example, each of the ages from 17-22 had between 1.3-1.5 million, but from 16-year-olds back to four, each year’s population is between 1.6-1.9 million. This shows that demands for employment generation in coming years will be even higher.

168 The 600,000 estimated reported earlier included approximately 100,000 officers.

169 It is calculated that from 1989 to 1992 the number of men in the state sector was reduced from 2,210,000 to 1,712,000, while the number of women was reduced from 2,127,700 to 1,533,400. Tran Thi Que, “Economic Reforms and Gender Issues” in Economic Reforms and Development in Viet Nam, edited by Vu Tuan Anh 1995.
15% in order to meet the Five Year Plan for social objectives (CPV 1996). Although the lead-up to regional integration was an era of Asian miracles, regional contagion cut short Vietnam’s participation in the boom almost as soon as it started (Hy 2003). As shown in Chapter One, 1996 was the pinnacle of FDI commitments, which collapsed sharply after the 1997 Asian crisis (Freeman 2002).

As reflected in Figure 25, the temporality and impact of the regional crisis can be seen in the GDP growth rate, which fell from 9.3% in 1996 to 3.5% in 1998. Per capita GDP even slipped backwards in 1998.

**Figure 26: GDP growth rates and income per capita**

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</tr>
</thead>
<tbody>
<tr>
<td>GDP % growth</td>
<td>8.6</td>
<td>8.8</td>
<td>8.8</td>
<td>9.5</td>
<td>9.3</td>
<td>8.2</td>
<td>3.5</td>
<td>4.2</td>
<td>6.8</td>
<td>6.9</td>
<td>7.1</td>
<td>7.3</td>
<td>7.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| $ per capita | 114 | 117 | 143 | 190 | 237 | 291 | 337 | 361 | 359 | 372 | 401 | 413 | 440 | 489 | 551*


Analysis of Labour Ministry employment data reveals the timing of an important negative development in which the downstream impact of the regional slowdown was felt among youths. The total (recorded) number of economically active people grew marginally during 1998. However, for the 15-24 age cohort, there were 306,000 fewer than in 1997 — a fall of 3.4% (GSO 2004b). This was in a year in which 1.57 million youths turned 18 (GSO 2004a). Ronnas’ analysis of employment growth in private manufacturing captured the gap between policy-level aspirations concerning transition and reality as,

“In the early 1990s there were expectations that the non-state manufacturing sector would play a main role in employment generation in the years to come. By and large, these expectations have not been fulfilled” (Ronnas 1998: 4).

Analysis found that employment growth in Vietnam had been lower than in previous Asian ‘tiger’ economies, where job growth was normally about 60% of the rate of industrial growth rates. Instead, industrial job growth in Vietnam was half the typical rate, and with the construction sector factored out, overall industrial job growth was only about 2.6% per year during the decade (Belser 2000). This identifies a great ‘paradox of
Vietnam’s economic performance in the 1990s”, the disappointing rate of employment expansion despite economic reforms and growth (Jenkins 2004b). An analysis of manufacturing employment found that the net impact of official external trade on jobs was about 100,000 new positions per year, suggesting that for the industrial sector to date “the employment impact of globalisation remains quite limited” (Jenkins 2004a: 25).

Job creation in the foreign-invested sector has fallen short of expectations (Le 2002). Although foreign invested companies accounted for around 27% of non-oil exports, they directly employed less than one percent of the total workforce (Freeman 2004).170 State sector downsizing cost at least another 700,000 positions in the late 1990s (Nguyen 2002: 245). Industrial modernisation itself constrained job growth because of increased labour productivity per person (Thoburn 2004). Based on Ministry of Labour data, the Vietnam Human Development Report has estimated rural unemployment in 1998 as high as 19% and under-employment a staggering 29% (NCSSH/UNDP 2001: 60).171 Later data, also provided by the Ministry of Labour, found overall un- and underemployment as high as 31% of the total workforce, almost 14% urban unemployment overall and 18.5% female (15-19 year olds) urban unemployment:

“Despite economic growth, the pace of job creation has not been adequate to provide employment opportunities for the labour force. On the contrary, the unemployment rate in Vietnam rose between 1996 and 1999 with the group of youth aged 15-24 experiencing higher unemployment rates than older age cohorts” (UN 2003b: 7, emphasis added).

Again, this period after 1996 has emerged as one in which a problematic aspect of socio-economic transition became apparent. International Labour Organisation analysis encapsulates the paradox as,

“despite Doi Moi’s achievements, Vietnam’s growth rates over the past eighteen years have not yielded the expected quantity of new jobs and stable unemployment” (Dang et al. 2005).

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170 CIEM’s estimates put it at 1.3% (CIEM, 2004).
171 Underemployment was reported as astonishingly high in some provinces in particular; Quang Tri 57.5%, Hung Yen 59.3%, Hai Duong 67.4% and Ha Tinh 72%.
The ratio of youth unemployment to adult unemployment has risen from 1.3% in 1993 to 7.1% in 2002; the reform decade left many youths behind in terms of workforce participation rates.172

5.4.5.1 Demand and supply side imbalance
Insufficient co-ordination between the industrial and education sectors has “exacerbated the employment problem” (UN ESCAP 2000: 74). Perhaps reflecting the strong Confucian value system in which higher education is prioritised over vocational trades, university enrolment was apparently emphasised over the technical sector. As a result, a large number of graduates was unable to find employment, while unfulfilled industry demand existed for young workers with technical backgrounds: “The Ministry of Education and Training reported that of 20,000 university graduates throughout the country in 1999, only half were employed” (UN ESCAP 2000: 74). Analysis by the Central Institute for Economic Management essentially argues a “paradox”; an oversupply of unskilled labour, and an undersupply of skilled labour which is especially acute in high valued added business associated with “industrialisation and modernisation” (CIEM 2004). The supply side of the labour market and technical training sectors are still in transition, while demand side has already reached the transformation phase.

This has been confirmed in the largest ever survey of Vietnamese youth, which was recently released.173 The Survey Assessment of Vietnamese Youth (SAVY) found that although the rural employment problem tended to be high under-employment, in cities it was the lack of jobs for graduates (MoH/GSO 2005). Subsequent analysis of SAVY data found that

“the higher the education, the less likely it is that the young people are working... this group of university graduates significantly represents today’s unemployment problem” (Dang et al. 2005: 20).

Chapter Three discussed Lerner’s ‘Want/Get Ratio’ and disjunctures when aspirations, which are raised through access to new information, are not met by economic realities. The SAVY research found this to be the case, especially among young men whose expectations about post-education work were unmatched due to insufficient work

172 The government’s Central Institute for Economic Management (CIEM, 2003), which is a research and policy institute, argued the following: “labour force working in industry and services was not commensurate with strong growth rates attained in these sectors. As a result, a large majority of new entrants to the labor market had no choice but to look for a job in the agricultural sector that had already suffered through labour redundancies.”

173 It obtained responses from 7584 people aged 14-25.
opportunities. Specifically, SAVY found that strong desire among youths to “achieve upward mobility” had attracted them toward non-technical universities, which had ironically, increased the likelihood they would be unemployed in the transition economy (Dang et al. 2005: 30). Those born in the post-war baby boom with their rising aspirations, continue to reach working age in an epoch in which industry demand for skilled labour exceeds supply. However, as this chapter has demonstrated, in rural areas where populations are and new-epoch jobs are not, the demand for jobs has not been matched by supply. Vast pools of youths can imagine alternative lives, but are unable to attain them. This is a recipe for a paradoxical phenomenon of “rising frustrations” (Lerner 1976a: 52).

5.5 Overlapping factors

So far, this chapter has revealed that a range of geopolitical, trade and transportation flows underwent transformation and escalation. In particular, a series of critical environmental factors underwent change from mid-decade onwards. Migration and trade across the Sino-Vietnamese boundary rose markedly and coincided with increased internal migration and exports. This opened the way for the Mekong sub-regional linkages to inland and coastal China via Vietnam from both the east and the north. The exogenously sponsored economic transition extended the government’s transformation of the means of exchange and production, but despite strong growth, it has not provided sufficient opportunities for the large youth market experiencing fundamental social change. In particular, shortly after opening boundaries for integration, the Asian financial crisis struck, FDI slumped and economic growth slowed sharply in 1997/98. Young adults’ employment growth rates suffered from 1998, and wealth distribution studies point to 1996-1999 as signalling a marked onset of increased inequalities.

From the perspective of potential influences on the HIV risk environment, we need only recall experiences from across the Sino-Vietnamese border in Yunnan to know that disjunctures between new urban economies and traditional paddy relations was accompanied by successful marketing of heroin shortly after Sino-Myanmarese borders were relaxed (WuDunn 1990). As is now established, rapid escalation of HIV in post-Soviet Russia and Ukraine provides additional evidence that structural income inequalities preceded, or overlapped with, rapid opium-to-heroin transitions, which commenced with males and then diffused across gender boundaries.
This then brings the thesis to the next stage of risk environment analysis — that of drug diffusion. The purpose is to map the temporality of opiate modernisation to measure a) how long it took for east-north openness to be exploited by trafficking networks, b) the role of opium reduction in assisting heroin flourish, and c) how quickly the HIV virus spread in the transformed opiate conditions. In doing so, it should be borne in mind that the policy environment was only transformed (at central level) in favour of harm reduction approaches in 2004. Measuring the timing of opiate modernisation therefore quantifies the time-lag between hazard, risk and (at least some) elements of necessary policy transformations.

5.6 Drug diffusion

Modernisation of the opiate sector is but one facet of a greater transformation of the local drug industries’ degree of integration with global economies.174 It will be shown in Chapter Six that introduction of heroin into Saigon was, in part, a ‘spill-over’ consequence of military conflict on Highway 7 in Vietnam and Lao. Although injection was reported among US personnel from 1970, most who consumed it had smoked (Brush 2002).175 Nixon exploited US soldiers’ heroin initiation for domestic political purposes, establishing the institutionalised “war on drugs” framework (Weimer 2003), which still shapes global policy (Fishburne 1993).

The timing and consequence of heroin initiation and injection into southern Vietnam — which coincides with urban opiate transition in Thailand (Poshyachinda 1993b) — is confirmed in a recollection of 38-year-old ID C, Ly, from HCMC. His father was killed in the Second Indochinese War (1954-1975) and in 1970 Ly was introduced to heroin, progressing from “smoking to injecting heroin until 1975, when it had ceased to be available” (Power 1993). Like war, peace altered the rules and resources of the opiate environment. Whereas the Golden Triangle heroin supply was maintained for Australia,

174 Transition from economic scarcity has seen beer and spirits consumption (and road accidents) increase dramatically and further integrated with the sex industry. Beer production rose from an estimated 132 million litres in 1991, to 817 million litres a decade later. The production increases from 1993-1996 were 36%, 59%, 27% and 15%, reflecting a mid-decade take-off phase of expanded consumption. Domestic commercial production of wine/spirits increased 144% between 1990 and 2000. As with beer, the increased volume was greatest mid-decade: from 1995-1997 the annual increase in domestic production of wine/spirits were 12%, 31% and 39% respectively (ADB, 2004).

175 Use of high-quality heroin by American armed forces in South Vietnam rose sharply as supply increased suddenly in early 1970 (Price, Risk et al, 2001). It could be downed in a shot-glass with vodka upon return from the bush, but generally, a vial containing 250 milligrams of 94% to 96% pure heroin poured into the cigarette, which had some tobacco removed and then smoked (Brush, 2002). It has been estimated that heroin was consumed by as many as 35% of US enlisted men who arrived in Vietnam in 1970 and returned to the US in September 1971. In the large study conducted on returned soldiers at the time, nine per cent reported injection which was associated with usage for longer than nine months (Robins and Slobodyan, 2003).
Vietnam’s post-1975 flows were cut politically, and hence physically. In what can be considered ‘structural violence’, after April 1975 hundreds of thousands of ARVN soldiers were incarcerated in re-education camps (Buu 1999). They had limited access to employment upon their release (Stier 1995), creating a pool of structurally unemployed and marginalised veterans from the American/heroin epoch. Post-liberation, the Saigon health department reported that in 1975 the city had an estimated 130,000 addicts and between 100,000-300,000 FCSW (Burchett 1978: 171). Domestic northern poppy production ensured opium remained a resource for eventual glocal adaptation to opiate injection, via a process that shares practices similar to ‘hanka’ production in Russia.

Under French rule and its opium regie (attempted monopoly), Vietnamese highlanders were encouraged to grow poppy to sustain the colonial regime’s financescapes (Feingold 1970; Nguyen 1994; Trocki 1999). As a lightweight crop, an annual harvest of slow-perishing opium could be easily carried which, therefore, meant that little transportation infrastructure was required to get it to market. During the US-led economic embargo imposed by the World Bank and IMF, poppy became a state-sanctioned crop exported for foreign exchange and was “planted in 12 mountainous provinces in the north covering 63 districts and 643 communes” (MPS 2003 : 20). Cultivation was promoted in the national interest and overseen by the Ministry of Health’s “Cong Ty Dac Biet” (Special Company). Nghe An and Ha Giang provinces were leading producers for the Eastern European pharmaceutical market (Rapin 2003). A grandson of Ha Giang’s last supposed Hmong “king” explained that in the upland districts of the “roof of Vietnam”, Dong Van,

“Hoa thuoc phien (opium flower) was like che (tea) is now. When a guest comes to your house now, the phong tuc (custom) is that you make a new pot of green tea and drink together. Ngay sua (in the past days, yesteryear) there were poppies everywhere, so common in Dong Van. When a guest

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176 A former elite South Vietnamese paratrooper I know explained that the only full-time job he had been able to get was working overnight in a morgue. Discussion of this can be found in Buu’s 1999 PhD thesis on Doi Moi. He was a former South Vietnamese soldier and discusses elements of the government’s post-1975 re-education programme.

177 Opium was not the only drug the French promoted; villages were required to meet quotas of alcohol consumption also. The idea was to generate tax revenue, but also perhaps a docile community? For a discussion of this, see Peters (2004).

178 In 1983 China charged that a Hmong “refugee” who had crossed from the roof of Vietnam, Dong Van district in Ha Giang, provided an officially stamped document from the Dong Van People’s Committee chairman urging farmers to “grow poppies, produce opium and sell it to the state to get foreign exchange and help solve economic difficulties” (Wren, 1983). Beijing claimed the Party-sanctioned and organised cultivation was ramped up in around 1981 to gain foreign exchange, which would have been required as rice was being imported, and war was being waged in the north during occupation of Cambodia (Xinhua, 1983).
came, you would offer opium and hut (inhale, smoke) together. It was binh thuong (normal),” (Vuong 2003, personal communication).

In 1991, as the government was re-engaging Washington Consensus and HIV was first announced, highland farmers reportedly still cultivated more than 17,000 hectares of papaver somniferum (UNODC 2004a). Apart from being an export product to Eastern Europe, local poppy supplied a domestic opiate injection market.

5.6.1 Glocal opium injection

One of the first international studies into the sub-cultural institutions of injection in HCMC and Hanoi found virtually no trace of heroin (Power 1993). Instead, black liquid opium remained the injected product. Similar to the process in Russia and the Ukraine (Heimer et al. 2004; Rhodes et al. 2003b), den (black) was produced by cooking northern opium resin, or, from left-overs from opium which had already been smoked. Preparation involved several stages, required access to equipment and was time consuming (Power 1993). Nevertheless, Vietnam’s liquid opium injection was a highly glocal cultural practice, for in South East Asia, injection normally occurred “after the heroin epidemic” (Poshyachinda 1993b: 15). The presence of an injecting sub-culture before a heroin transition was an iterant downstream consequence of the 1970-1975 transport linkages with Thailand’s frontier regions abutting Myanmar. It may well also have been a technological transfer from behind the Iron Curtain where hundreds of thousands of Vietnamese had worked as part of the government’s strategy to repay military support.

However, in terms of its molecular configuration and consequential neurological efficiency, the distilled liquid opium was inferior to heroin (Carnwarth and Smith 2002). As such, unlike powdered South East Asian No. 4 heroin, it represented 19th century technology. In other words, like much of the economic structure at the time, the Vietnamese opiate injection environment was relatively unmodernised at the turn of the UN decade against drug abuse. Therefore, larger quantities of the drug were required for individual effect, which reportedly influenced the dimensions of syringes utilised in HCMC (Kahane 1993). Bearing in mind that, at the time, more than 80% of the population was in rural areas, it is claimed that opium was traditionally “smoked in the country[side].”

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179 Posyachinda reports that HCMC’s statistics from 1990 found that about two-thirds of registered injectors were addicted before 1975. The 1975 injecting influence is confirmed in Tran and Williams et al (1998).
Injection had communal characteristics. Preparation of opiate liquid was often a commercialised practice and conducted in what are usually described in English as “shooting galleries” (Reid and Costigan 2002). In the low-mobility era of cycling and walking, consumers tended not to carry their own syringes and would instead pay someone else to inject them with this fluid prepared from opium resin (Power 1993). Using the same glass syringe – which was therefore breakable and less portable – the injector drew liquid opium from a common jar and administered to successive customers (Kahane 1993; Nguyen et al. 2001b; Nguyen et al. 2000; Power 1993). This practice was by no means rare, as 77% of Hanoi and 58% of HCMC IDCs studied reported having someone else inject them (Abdul-Quader et al. 1999).

It was into this collectivised sub-culture of domestic opium injection at the start of the decade that, simultaneously, half a million soldiers were decommissioned, almost 280,000 export labourers returned from Eastern Europe and feminised state-sector job-shedding occurred during a severe economic crisis.

5.6.2 Rinsing between opium injectors

Without exception, the studies into opium injection recorded that professional injectors in galleries usually rinsed needles in a common water source before using the same needles on other customers. This practice was understood to be a high risk factor (Abdul-Quader et al. 1999; Kahane 1993; Nguyen et al. 2001b; Nguyen et al. 2000; Power 1993). This reflects the scientific assumption — at the time — that without thorough cleaning using bleach, such indirect sharing was conducive to transmission. However, as discussed in Chapter One, national IDC seroprevalence rates actually fell from 21% in 1994 to a more moderate 9.23% in 1997 (Nguyen et al. 2004b), and the decrease was especially evident in HCMC. In other words, in the latter stages of the opium epoch, the rate of HIV transmission amongst injectors was not intensifying. A question that has not been addressed is, “why were rates going down?”

180 This study pointed out that if heroin was consumed it was smoked or inhaled.
181 The Kahane articles relates to perhaps the first needle exchange programme proposed in Vietnam, by a former US veteran experienced in NSP in the US. It describes how literature was being developed in which it advised needles should be soaked in bleach.
When the same studies are re-examined in light of the emergent “water works” argument (Bourgois 2004), they reveal that collectivised opium injection institutions had features that — exogenous to individuals — may have actually reduced chances of transmission. To recap, Chapter One reviewed the recent argument that the higher viscosity of black tar heroin in the west of the US necessitated syringe rinsing which, in turn, lowered viral load (Ciccarone 2004; Rhodes et al. 2005). Replication of ‘hanka’ production in Russia suggests the process was not conducive to HIV (Heimer et al. 2004). Rinsing with water, even just one time, is now thought to reduce chances of transmission (Abdala et al. 2001).

In HCMC in 1993, professional injectors would “flush the syringe plunger two or three times in the same water” between customers. Such sluicing was reported by 53% of IDCs and almost 30% reported cleaning with unboiled water (Power 1993). This is similar to the findings of the “two cities” study initiated in 1995; overall, 53% of IDCs reported the injector cleaned the syringe with hot or boiled water (Abdul-Quader et al. 1999). Mid-decade, 96% of the IDCs in HCMC said they injected opium in such a setting (Tran et al. 1998). In 1997, 99.4% of HCMC injectors studied still did so and an IDC explained the practice of rinsing between customers:

“After injecting someone with drugs, the needle is wiped with cotton, without much care, then rinsed with water in a common water container. Then a volume of drug solution is taken from the pot for the next injection” (Nguyen et al. 2000: 488).

The follow-up to that study looked at 1519 injectors between 1995 and 1998. It still found that black-water opium was the most frequently injected drug in HCMC. It again confirmed that IDCs shared containers of “rinse water”. Forty nine percent said their needles were cleaned, of whom, 79% said “by rinsing with boiled water” [note, not boiling] (Nguyen et al. 2001b). A Hanoi sex worker’s description of opium injection specifically describes sluicing between gallery customers:

“They simply cleaned the syringes by water and then pumped in the stuff for us ... after the shot we gave the used syringes back to them [dealers]. They then do simple cleaning again and prepare drugs for others” (Nguyen 2004b: 5).
In the communal settings of the liquid opium epoch, before deregulation of the pharmaceutical sector, it appears that there was at least basic water rinsing integrated into the institutions (rules and resources) concerning injecting. Notably, the last large study of opium injecting contexts in HCMC city found that the rate of needle sharing was only 13.6% in 1998 (Nguyen et al. 2001b). Therefore a key issue arises: when and why was the liquid opium injection epoch superseded by modernisation toward heroin smoking and injection?

5.6.3 1992-1995: temporality of transition

The thesis has mapped the formation of potential glocal trafficking infrastructure through Vietnam from the middle of the decade in particular, including a 1995 to 1997 surge (120%) in returning diaspora, which now contributes to global trafficking infrastructure. The purpose of this section is to ascertain the timing of Vietnam's integration with international drug control frameworks, subsequent poppy eradication and heroin's emergence. The focus on the temporal aspect of macro-level drug rules and resources shows an overlap between domestic opium's decline and normalisation of trade relations with the IMF, World Bank and the US government, which uses financial sanctions as a coercive threat in bi-lateral drug control (Xinhua 1992). By estimating the cross-over period between opium and heroin, this section measures the alacrity with which regional traffickers exploited improved environmental conditions.

In June 1992, the US State Department delivered its analysis of trends in global narcotics trafficking and did not make a single reference to Vietnam, thus indicating that Vietnam had yet to be defined as a significant transit nation (Levitsky 1992). One month after the US trafficking synopsis, Hong Kong customs officials announced “the first case in the history of Hong Kong in which bulk shipment of heroin was found on an ocean-going vessel from Vietnam” (Xinhua 1992). The next month, UNODC and the government signed a memorandum to jointly develop a drug control “master plan” (MPS 2003). This “master plan” concept was a glocal consequence of the 1990 United Nations special session on drug control (UNESC 1995). Through time-space distanciation, this mechanism formally linked existing and future local drug consumption nodes with a transnational expert system. It demonstrates that international expertise was present before signs had emerged that Vietnam had become a key transit hub.
The CPV had issued Directive (13CT/TW) in 1987 to persuade people to abandon opium farming, but it was not legally enforced in the form of compulsory eradication (MPS 2003). However, subsequent to the return of neo-liberal financial and drug control institutions, the political and legal environment shifted. Unlike Thailand, which took more than two decades to constrain opium cultivation, the pace of Vietnam’s change was dramatic and, as the following Chapter will show, it occurred before sufficient alternative income streams were developed. Figure 26 shows that, between 1991 and 1993, poppy cultivation was slashed from an estimated 17,000 hectares to 4268. Based on an estimated average per hectare yield of three kilograms [range 2.6-3.5kg] (Rapin 2003), this represents a decline from a potential 51,000kg to 12,804kg.

Early 1993 was a symbolic quarter in the transition of the macro-economic environment and in the micro-level of opium rules and resources. In January, the government released drug control Resolution No.06/CP, which illegalised opium cultivation and established the Committee of the National Programme on Fighting Drug Abuse and Drug Control (MPS 2003). In March, just nine months after the Hong Kong container seizure, official signs emerged from within Vietnam that Vietnam may become a transit hub. A British national from Hong Kong, Wong Chi Shing, was arrested in Ton San Nhat international airport in HCMC. The 35-year-old had flown in from Thailand, was found in possession of 5kg of heroin. He was sentenced to death in May (DPA 1995). The regional UN drug control director, William Beachner, then noted increased cultivation in Myanmar and claimed there was a risk Vietnam may become a heroin production node due to “local opium production, corruption, increasing commerce with the outside world and links with overseas Vietnamese” (Gray 1993). In that climate, in which Vietnam was labelled a possible heroin producer, the momentum for poppy control intensified. The new national control committee held its inaugural meeting (also in March) to discuss plans to use international and domestic finance to make minorities cease poppy cultivation. The position of drug committee chair went to future Politburo member Hoang Duc Nghi, who was also Minister and chairman of CEMMA, the Commission for Ethnic Minorities and Mountainous Affairs (VNA 1993). In 2001, the same Hoang Duc Nghi was dismissed from the Politburo after investigations found massive corruption in CEMMA’s poppy replacement projects.182 The timing of Resolution 06 and the political decision to uproot

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182 The Communist Party’s newspaper, Thanh Nien (youth), wrote in 2001 (N/a, 2001): “It was incredible that there were so many misdeeds, mismanagement cases and embezzlement of people-targeted funds within just a few years while CEMMA oversaw projects. Investigation of four out of 19 projects with investment funds of 750 million dong revealed that 220 million dong was misspent (which accounted for 29.5%) and over-high spending was made on projects preparation, management, meetings, receptions and
poppy plants is relevant, because it occurred during the growing season; farmers had already planted their crop in 1992 based on the legal contexts at the time, but were told in early 1993 they were not to harvest. This change in the state's tolerance toward local poppy occurred during sensitive negotiations aimed at regaining access to World Bank and IMF finance. Four months after the eradication policy was publicised, President Clinton lifted the IMF and World Bank embargo (Congressional Quarterly Weekly Report, 1993). The overlap between scaled-up poppy eradication and reconnection to neo-liberal financescapes was precise.

Evidence from 1994 points to early stages of opiate modernisation. State radio, Voice of Vietnam, broadcast two bulletins late in the year concerning consumption. Neither referred to heroin, instead warning that opium injection was a growing problem (VoV 1994a; VoV 1994b). Nevertheless, police reported having seized 7.7kg of heroin by
September, confirming that a transition was underway even if it wasn’t framed as a consumption switch (VIR 1994). But, Nguyen’s (2003b: 14) ethnography among FCSW/IDCs includes a recollection from Ngan, 32, which shows that domestic heroin consumption was beginning to appear at the same time. Ngan began smoking opium in 1989 while helping her mother traffic narcotics not to, but from, China. Ngan took an economically rational decision by switching to opium injection in Hai Duong (between Hanoi and Hai Phong) during 1992. Then in 1994, she was introduced to heroin. She switched from opium injection to heroin smoking while knowledge lagged behind: “Nobody knew what it was, even people could not spell the word heroin properly”.

One of the first public indications that Lao had become a conduit into central Vietnam (via Highway 9) emerged in January 1995, when Lao police seized 5kg of heroin on their side of the border from Quang Tri (Xinhua 1995c). The transition to heroin may already have begun to unfold in Lang Son by this stage (MoH/UNODC 1998: 17). This abuts Guangxi, where the bulk of the 1978 bilingual Chinese-Vietnamese migrants had settled. Just as 1995 was the year Vietnam formalised critical organisational links with licit regionalisation and globalisation processes (Womack 1996), so it was in macro political environments of drugs in Vietnam. On February 3 in Vietnam — but February 2 in Washington DC — President Clinton placed Vietnam on the US list of “major illicit or drug transit” nations because of “a growing role as a transit and trafficking point for Southeast Asian heroin” (Clinton 1995: 182). Being listed by Washington again made Vietnam vulnerable to financial sanctions via the World Bank and IMF, precisely as the government was trying to negotiate normalisation of US relations (see Lektzian 2003). Listed countries can “be deprived of US foreign aid and benefits” (Fishburne 1993). Only one day after being listed by Washington, Vietnam police announced their largest heroin seizure to date. It had actually been made earlier, on January 18 in Hanoi, when police reportedly made a “routine” traffic inspection of Laotian, Sieng Pheng’s, car and found 15kg (Kyodo 1995a). On June 13, the US Assistant Secretary of State, Robert Gelbard, visited Hanoi during negotiations concerning normalisation of relations. Gelbard asked the government to cooperate with the Drug Enforcement Agency (DEA) on bi-lateral drug control (Wilhelm 1995). The Hong Kong trafficker Wong Chi Sing had been on death row since May 1993, but he suffered the death penalty just one week after Gelbard’s visit, becoming the first foreigner executed on drug charges (DPA 1995). In what would later emerge as a momentous execution, the Laotian trafficker Sieng Pheng was shot on July 1, becoming the second foreigner executed since Gelbard’s visit (Xinhua...
US-Vietnam relations were normalised on July 12. The temporal proximity between the first executions of foreigners on narcotics charges and such a momentous diplomatic milestone highlights the sensitive issue concerning the degree to which Vietnam may have had to be firm on drugs in order to enter new political, hence financial, frameworks. The overlap indicates that integration with geopolitical flows and transnational heroin trade were occurring at the same time.

Coinciding with the rising prominence of Highway 7 as a trafficking route (Kyodo 1995a), in October, Hanoi authorities reported having seized 42kg of heroin. This clearly suggested an intensification of import flows toward the end of 1995, while police had also withdrawn four tonnes of domestic opium from the market (Xinhua 1995d). A significant development occurred on December 19: the joint UN-Government drug control “master plan” was launched as — it was reported — heroin injection was beginning to emerge in Hanoi (UPI 1995).\textsuperscript{183} The UN plan, which was but one node in a global programme, included provision for the UNODC (then UNDCP) to partner the Vietnamese institution later proven to be corrupt, CEMMA. Other accounts of Hanoi’s drug scene at the time suggested “the most common injected drugs are opium … heroin is still largely unavailable or is too expensive” (Nette 1995). Also in December, authorities reported that they had destroyed “7.1 kilograms of heroin in the past three years” (Xinhua 1995e). This begs the question: if only seven kilos of heroin were destroyed, what had happened to the rest seized since 1992?

It is argued that “at the national level, criminal organisations with the capacity for cross-border activities have flourished where the State has been weak, acquiescent, corrupt or collusive” (Williams and Florez 1994). Deputy Minister for the Interior, Le The Tiem, would announce in 1996:

“There have been signs that Vietnam has been a venue for trafficking and abuse of narcotics from the Golden Triangle to other parts of the region and elsewhere in the world” (VNA 1996).

It was not surprising that an Interior Ministry leader was conscious of trafficking “signs”. When Laotian courier Sieng Pheng was only 30 minutes from the firing squad in July 1995, he pleaded for his life and announced he had institutional colluders (Nguyen 1996). Among them was a Hanoi-based Interior Ministry anti-drug chief, Colonel Vu Van, and

\textsuperscript{183} The “master plan” was the culmination of hybridized cooperation and was just one of 23 United Nations “master-plan exercises” carried out internationally that year (UNESC, 1995).
Border Army officers from Hanoi and Lai Chau (AFP 1996). This 1996 announcement was public recognition that a global growth industry, heroin trafficking, had permeated senior levels of state. An eventual 22 defendants, which include several other senior narcotics control officers, had allegedly trafficked 121kg of opium and heroin (Kyodo 1997). Spatio-temporally, the trajectories of globalising the narco-economy had run in parallel with formal economic transition and regionalisation.

Forced poppy eradication carried over to the harvest of the 1996/1997 crop and by the following season authorities considered cultivation as virtually nil (Rapin 2003). With significant levels of local cultivation essentially ending around 1995-1996, it removed domestic production of heroin’s primary injectable rival product. This occurred at a time of transition in Myanmar’s heroin industry’s management (Chapter 4).

5.6.4 Opiate modernisation

By mid-way through 1996, police had seized 32.7kg of heroin for the year (VNA 1996). A few months later, US drugs tsar Barry McCaffrey linked the clampdown on the Thai-Myanmar border with the improving sub-regional road network. The US narcotics control agency argued Lao was at “a crossroads and we just have to anticipate it’s going to be a major trafficking route” (Johnson 1996). The capital’s reputation for opium was quickly superseded: “Hanoi has become a main drug transit point and is awash with cut-rate high-grade heroin” (Torode 1996a). The capital was thus framed as a node in global heroin networks in 1996, representing a form of planetary inter-connectedness not encountered since the liberation of Saigon in 1975.

The CPV toughened its anti-drug rhetoric in October 1996 when PM Kien announced a “war on drugs” (DPA 1996). Party General Secretary Do Muoi told the National Assembly that “drug abuse is a newly emerging problem that we must tackle” (Torode 1996b). No less than the Politburo announced a crackdown and Hanoi police made “the ambitious vow that it will wipe out drug use in schools and universities by the middle of next year” (RA 1996). It was clear by the end of 1997 that the profile of illicit drug consumers was changing; the 18-25 year-old age group accounted for 34% of recorded addicts.

184 Sieng Pheng was shot anyway (Xinhua, 1995).
185 Despite Vietnam having been listed as a drug trafficking nation by President Clinton in 1995, in September 1996 the DEA warned the US Congress’ House Subcommittee on National Security, International Affairs and Criminal Justice Committee on Government Reform and Oversight that Chinese were bringing heroin into the US, but did not mention Vietnam as a transit route (Constantine, 1996).
The Hanoi People’s Committee reported that it had registered nearly 7800 addicts, 65% of whom were unemployed (Lao Dong 1998). Other Hanoi reports claimed an increase from about 5000 known drug consumers in 1995 to approximately 13,000 in 1998 (UN ESCAP 2000: 53). Official statistics tend to under-estimate the scale and extensity of drug consumption (MoH 2005).

According to the Ministry of Public Security (MPS), the number of known illicit drug consumers nationally increased marginally from 1996 to 1997, followed by a 39% increase in 1998 to 97,034 registered consumers. As Figure 27 shows, MPS recorded a large increase in the number of drug-related offences and criminal cases throughout this economic transition. The number of related offenders more than doubled from 1996 to 1997 and rose 243% between 1996 and 1999. Heroin accounted for only 1.4% of drug consumers apprehended in 1994, but 70-80% by 2000 (MPS 2003). Law enforcement crack-downs have a habit of actually worsening HIV risk environments (Maher and Dixon 1999).

5.6.5 Transition time-lag: opium heroin coexistence

Heroin does not engender direct transmission risk until consumptions practices are transformed from smoking to injecting (Strang et al. 1997). Rather than heroin injection,
mid-1995 analysis in Hanoi still recorded liquid opium consumption (Abdul-Quader et al. 1999). Of interest is the temporality of transformation because it represents the period when domestic opiate consumption began to resemble global and regional practices. Transition through risk tiers was not uniform. The final province to record HIV was Ha Giang, where diffusion of injection and HIV occurred around 2001 (MoH 2005). Although heroin consumption (including among students) was being reported by authorities in Hanoi, Quang Ninh and Lang Son by mid-1996, inhalation remained the primary practice documented at that time (Nguyen 1996). Some of the earliest research on the heroin-era confirmed that, not only may the drug have been on the market in Lang Son during 1995, but that by the time of the study, 47% of IDCs reported initiation via injection (MoH/UNODC 1998). Elsewhere, consumption generally began with inhalation: Thai Nguyen 97.98%, Hai Phong 79.41% and Nghe An 86.2% (MoH/UNODC 1998: 23).

Bearing in mind that Lang Son borders Guangxi where injection occurred at least as early as 1995, Lang Son consumers had the fastest average transition periods (13 months). In Hanoi for example, the average time of this transition, which is an individual-level economic shift, was more than two years (MoH/UNODC 1998). The timing of Hai Phong’s heroin-HIV transition is illustrative. City health authorities detected six HIV cases from 22,975 tests in 1996 and only nine from 15,500 tests in 1997. In 1998, 641 were detected from 24,287 tests, thereby marking the onset of Hai Phong’s sub-epidemic (Griffiths et al. 2001). The 1998 escalation occurred after heroin had emerged in Hai Phong, but opium was still being injected by 23% of IDCs less than 30-years-old (Nguyen et al. 2001a: 406). A Hai Phong FSW explained that she was introduced to heroin by her “boss” in April 1998 and was injecting within three months “because smoking could no longer satisfy me” (MoH/UNODC 1998: 23). In Hanoi at the same time, heroin was predominant, but opium remained an option as a pre-packaged injectable after plastic disposables superseded breakable glass syringes (Doussantousse and Nguyen 2001a).

Tran’s recent qualitative research on Hanoi injecting sex workers now offers 1996 as an opiate time-space edge, followed by the time-lag that overlaid sexual and injection risk environments:

“since 1998, concurrent with the outbreak among male drug users, HIV began to spread rapidly among the FSW population. The fact that the majority of drug-using FSWs in Hanoi began involvement in drugs within

186 The Ha Giang time-lag is interesting, because it is a border province like Lang Son where some of the earliest signs of injection were found; the difference is that Ha Giang’s border was opened much later (See Annex X).
the past 6 years (from 1996) and that most started injecting only within the past 4 years (from 1998) probably explains the recent outbreak of HIV among them” (Tran et al. 2005: 623, emphasis added).

In HCMC, the transition to widespread heroin injection appears to have been marginally later than in the far north. There is one report which states that heroin was available alongside opium as an injectable by late 1996 (Follezou et al. 1999). However, other HCMC investigations document that liquid opium injection in communal settings was still predominant in 1996/97, and possibly even as late as early 1998 (Abdul-Quader et al. 1999; Lindan et al. 1997; Nguyen et al. 2001b; Nguyen et al. 2000; Tran et al. 1998).

5.6.6 Syringe modernisation

The end of large-scale opium production and the emergence of heroin overlapped with a highly relevant micro-economic change in rules and resources — the deregulation and privatisation of the lucrative pharmaceutical sector (WB 2001c). In the planned economy, pharmaceuticals could only be sold legally by state sector outlets, which were invariably linked to a hospital or health centre (Nguyen and Tomson 1999). As part of integration with global pharmaceutical firms, a licence system was allowed, in which registered pharmacists could sell or lease the rights to open a privatised pharmacy, which often are little more than the front room of a house abutting a footpath (Chalker et al. 2002; Chalker et al. 2005). Pharmaceutical deregulation saw “dramatic growth” in the number of outlets which, (even more so than doctors) became “the most important type of contact” between patients and health providers (Trivedi 2002). Private pharmacies “increased from none in 1986 to more than 6000 in 1996 (Nguyen et al. 2002c: 1148). There were an estimated 20,000 retail drug outlets by 2001 (WB 2001c).188

This movement away from state-sector domination of the retail end of the licit drug market coincided with smuggling of sedatives from China (MPS 2003) and the production of plastic disposable syringes in Vietnam. In Hanoi, “glass needles were [still] widely used before 1997-98” (Doussantousse and Nguyen 2001a). But with advances in the national plastics industry, the emergence of heroin, the police crackdowns on opium

187 Most Vietnamese small businesses operate out of houses that abut footpaths which, particularly in urban areas, are usually extremely crowded. Pharmacists sell to customers who stand in full view of passing traffic or people sitting on footpaths. This makes syringe or condom purchasing a very public act.

188 The practice of self medication is causing grave fears that incorrect adherence to drugs is leading to virus developing mutations. This structural phenomenon would obviously have implications for anti-retroviral drugs for HIV. For an interesting discussion of this serious problem, see Chalker, Nguyen et al (2000).

189 The main syringe producer is a joint venture company financed from South Korea, Vinankook.
galleries and widespread urban availability of throw-away disposables, the market niche of professional opiate cookers and injectors was rendered largely obsolete. As Dao has described (2002), when not destroyed by police, heroin injection areas saw time-efficient injection procedures become institutionalised. With heroin, there was no need for cooking resin — a somewhat communal behaviour was privatised through modernisation.

As this particular element of micro-economic reform occurred, the heroin inflow after opium eradication saw diamorphine’s price decline and its viability as a convenient youth-oriented commercial commodity improved. Whereas heroin had been rare and relatively expensive in the early 1990s (Power 1993), by 2002 in Hai Phong, for example, the market position showed signs of reversal. It reportedly cost more per day to smoke opium in Hai Phong, which has no direct HIV risk, than to inject heroin, which has (UNODC 2002a: 11). Amid a HIV communications environment in which IDCs were not informed about safe practices (CSDS 2002; Dang et al. 2004; MDRC/UNDP 2002; Quan et al. 1998), a female IDC claimed “everybody thought sharing was safe and convenient” (Tran et al. 2004c: 3). Official behavioural surveillance found that 32% and 44.3% of IDCs in Hanoi and HCMC, respectively, reported sharing needles (FHI/NASB 2001). This compares with less than 14% in the last major study capturing HCMC’s opium injection era, in which second-party rinsing was an aspect of sub-cultural institutions.

Needle sharing remains common for multiple reasons, including fatalism, trust between friends and partners, lack of access (rural areas, night time), economics, gender and age relations, immediate physiological need and (for some) a lack of basic knowledge on risk factors (Dao 2002; Go et al. 2006; Rapin 2003; Tran et al. 2004c; Tran et al. 2005). Communalised liquid opium injection became rare, as do-it-yourself heroin took over; as an IDC/FSW states: “these days, shooting galleries are wiped out by the police, people stab for themselves” (Tran et al. 2004c: 3). Like other trialable and observable innovations advocated by peers (Rogers 2003), heroin injection continues to diffuse through rural areas where, previously, opium generally was smoked by older males (Eligh 2005; Go et al. 2004; MoH 2005; Rapin 2003). The disposable era includes the process of ‘jacking’; many injectors draw blood back into syringes to show that all the mixture has entered the body (Dao 2002).

190 For example, a standard mid-range sachet of quality heroin could be purchased for VND50,000 (about US$3.50) in 2000-2001 (Dao, 2002).
The periodisation, geopolitical, macro-economic and individual-level context of the critical opium-to-heroin and inhalation-to-injection transformation has now been identified. The onset commenced around 1994, was taking hold by 1996 and in 1998 was well under way. The Year of the Rat, 1996, represents a mid-point and a critical transformation year, which Chapter Five showed, is later than when heroin injection started in southern Guangxi. With the benefit of having explored elements of risk environments that may shape drug consumption, it is now possible to examine the consequences of opiate modernisation to observe the difference between the pre- and post-heroin epochs.

### 5.6.7 Consequences of opiate modernisation

As raised in Chapter One, IDC seroprevalence rates from HCMC sentinel surveillance decreased from 43.58% in 1995 to 18.62% in 1998. Figure 28 illustrates that the national average peaked in the first surveillance year at 21.06% and then declined to 9.23% in 1997.

**Figure 29: IDC seroprevalence percentage rates, 1994-2003.** Source: Nguyen 2004 and 2003 sentinel surveillance.

Overall, central province rates declined until 1995, but it should be noted that Khanh Hoa’s rate was still declining in 1996. The southern and national decline in seroprevalence suggests that, if measured by sub-group intensity, the sub-epidemic was on the wane in the latter stages of what was a molecular equivalent to the morpheus era. However, after opiate modernisation, IDC infection rose steadily “from 10.1% in 1996 to 32% in 2002”
(Nguyen et al. 2004b: 143). Both Chin and Brown participated in official modelling, which noted the turning point after 1996 when prevalence among IDCs began to increase “and in 1999 it was 16.2%” (MoH 2001: 21).

Molecular mapping showed differences in the origins of the northern and southern injecting sub-epidemics (Kato et al. 1999). Until the mid-1990s, HCMC opium injectors, who were much older than those in Hanoi, were thought to be driving the sub-epidemic (Abdul-Quader et al. 1999). But, between 1996 and 1999 the situation was reversed. While HCMC’s re-explosion appeared to have occurred from 1998-1999, in Hanoi and northern Vietnam the transition was earlier (MoH 2001). The difference in the timing reflects the later HCMC opiate modernisation. The most dramatic increases were in the north and “occurred primarily in the north-eastern corner of the country” in particular (Quan et al. 2000: 362). Figure 28 shows that Quang Ninh and Hai Phong both exploded from less than 1.5% seroprevalence in 1997, to approximately 73% and 79% within two years, respectively. This identification of the far north-east corner of Vietnam — the marine, riverine, rail and road transport hub — as a spatio-temporal launching pad for the post-heroine epidemic in Vietnam establishes a vital point. This region, and Lang Son, are the same spaces through which opium formerly entered global pathways with trans-national plague consequences in the late 19th and early 20th centuries. Quang Ninh is especially startling; analysis found that in 2002 the provincial authorities blood-tested 1435 IDCs, and 89.9% were HIV positive (Griffiths 2004a).

5.6.8 New HIV demographic

As shown earlier, liquid opium injection had generally been associated with older males. Detection data (to September 2002) provided to the WHO by the Ministry of Health shows that 1997-1998 marks a shift in the epidemic’s age profile. The category that suffered employment losses in 1998; youths suddenly became the group most likely to become infected (See Figure 29). Until 1997, only 49 males aged 15-19 were found to be HIV positive. In 1997, 25 cases in this category were detected, in 1998 there were 450, and in 1999 there were 830. Detections in the 20-24 year-old category from 1991 — when the first case was announced — to the end of 1996 were 343, or an average of 69 per year. But from 1997 to 2001, detections in this age bracket were 637, 1400, 2201,

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191 Seventy-seven per cent of the 302 Hanoi respondents reported that somebody else - “in most cases, a professional injector” - had injected them at last injection, compared with 58 per cent in HCMC. Hanoi consumers were much younger. Seventy eight per cent of Hanoians injected outside their homes, and “on average, IDUs in Ho Chi Minh City have been injecting longer (17 years in Ho Chi Minh City compared to 3 years in Hanoi)”
3071 and 3871 respectively. The year of economic downturn, 1998, represents a takeoff in young male detections. While men 35-49 years old comprised almost 62% of total male detections from 1990-1996, from 1997 to 2002 they accounted for less than 15.5% of new detections. Whereas the opium era was associated with older males, the post-1996 heroin increasingly represented a drug consumption profile more reflective of the composition of the general population: the young. This transition in the age profile of detections reflected Vietnam’s post-war baby boom, and confirms that the 1996-1998 period represents the critical transformation of risk environments in terms of drug injection.

**Figure 30: Age categorisation of HIV detections in Vietnam to September 2002.**

PERCENT OF GENDER TOTAL. Data origins: SRV Ministry of Health and WHO.

<table>
<thead>
<tr>
<th>AGE</th>
<th>MALES</th>
<th>FEMALES</th>
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<tbody>
<tr>
<td></td>
<td>To 31/12/96</td>
<td>1997-2002</td>
</tr>
<tr>
<td>0-4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>5-9</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>10-14</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>15-19</td>
<td>1.0</td>
<td>9.4</td>
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<td>20-24</td>
<td>7.2</td>
<td>31.4</td>
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<tr>
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<tr>
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<td></td>
<td>100.0</td>
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</tbody>
</table>

**5.6.9 Unfortunate timing: a condom supply shortage**

The overlap between opiate transformation and geopolitical and economic transition discussed to date certainly supports the argument that risk environments are entanglements of myriad exogenous factors (Rhodes et al. 2005). This can be further evidenced through an analysis of condom availability that sheds light on the increased seroprevalence rates among FSW’s during 1998. The government’s initial condom distribution programme was primarily designed for the national family planning programme (see Efroymson 1996). The New York-based not-for-profit condom social marketing organisation, DKT International, supplied and popularised high-quality condoms for HIV prevention through the private sector and non-traditional outlets (Goodkind and Phan 1997: 174).
DKT had socially marketed the two most popular brands, Okay and Trust. They were by far the most widely marketed condom that met international standards. ‘Okay’ entered popular vernacular as a de facto word for “bao cao su” (condom). As Figure 30 shows, in the years leading up to the heroin transition, the supply of both Okay and Trust condoms in Hanoi increased.

Figure 31: Trust and Okay condoms in Hanoi and FCSW seroprevalence. Source: DKT International (condoms), Nguyen and Nguyen 2004 (seroprevalence).

However, just as heroin was becoming popular and crossing a gender divide, the supply of Okay and Trust in Hanoi decreased 21% from 6,035,616 pieces in 1997 to 4,733,856 in 1998, and then to 3,165,984 in 1999. In Hai Phong, the decline was 1,443,942 in 1998 to 1,106,784 in 1999. In Quang Ninh, the decline was 1,782,864 in 1999 to 1,208,848 in 2001. In Lang Son, DKT condoms were introduced in 1999 but then were off the market, officially, the following year.

The decrease in sex workers’ primary protective resource, the most widely available high quality condom, coincided with escalating heroin diffusion. It also overlapped with

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To date, this sudden shortage of Trust or Okay has not yet been analysed. I keyed in and analysed DKT’s sales data. Due to an overall supply shortage between 1998-1999 there was a reduction in Trust and Okay condom availability nationally from 32,780,760 pieces to 30,830,256. In the same period nearly all provinces experienced dramatic cutbacks in supplies as a sudden increase of more than 5 million condoms was allocated to HCMC. While Hanoi supplies decreased, those in HCMC increased from 5,614,560 in 1997 to 11,046,888 to 1998. Almost every other province experienced sharp condom cut-backs in 1998 to make up for the sudden increase in HCMC. When this was brought to the attention of DKT, management informed me they were unaware of the 1998 imbalance. The marketing manager said that it had not been monitored.
the 1998 economic downturn and employment contraction precisely. This temporality of a condom shortage could hardly have been any more conducive to enabling HIV reach sex workers from their customers. This condom shortfall was clearly exogenous to sexually active women.

5.6.10 Import replacement discovered

Having discerned the periodisation of opiate modernisation, this section highlights that narcotics trafficking continued to expand to the point that heroin displaced opium as market leader. In October 2000 police reported seizing 50.46kg of heroin (VNA 2000). The graph below shows that national annual heroin seizures averaged only 46.8kg from 1994 to 2001 (UNODC 2003c).


This thesis certainly makes no assertion that seizure data on its own accurately reflects the magnitude of heroin availability. Nevertheless, police reports from recent years suggest trafficking on a scale far greater than the moderate 1990s seizures would indicate (see Figure 31). Nam Dinh provincial court sentenced 11 to death for trafficking at least 260kg from Thanh Hoa and Lai Chau to 1998 (Nhan Dan 2000). The then Vice Minister for Health, Tran Chi Liem, told a harm reduction policy forum that the seizures were the largest to date and that due to “economic transition” drug consumption was returning to
pre-1975 levels (Tran 2000). Between 2001 and mid-2004 north-western provinces confiscated more than 147.5kg of heroin (Nha n Dan 2004). Significantly, the DEA argued that China was again a source of heroin into Vietnam, strongly suggesting that traditional Sino-Vietnamese north-south transportscapes were again opiate pathways:

“A second major route for heroin transiting Vietnam is from China. While Vietnamese officials believe that the overland route through Laos into Vietnam remains the most popular route, they note the increasing importance of the China route” (DEA 2001).

Jane’s Intelligence Review listed Vinh City and Hai Phong as important trafficking outlets and also suggested Myanmarese heroin was entering Vietnam via Yunnan (Chouvy 2002). This confirms that it is an over-simplification to maintain the argument (see map in Garrett 2005: 37) that heroin flows across the Sino-Vietnamese border only traverse a south-north pathway. Rather, it holds out the likelihood that traditional opiate routes have been re-established alongside licit goods flows from Yunnan, as the discovery of a sub-type C recombinant form in Hanoi discussed in Chapter Four would suggest. In June 2003, in a planned operation on Highway 9 in Quang Tri, police seized more than 50kg of heroin 25 kilometres inside the border (ADB 2003b; AP 2003). Two men were executed in Dien Bien Phu, bordering Lao, in August 2004 for trafficking 89.65kg of heroin from 1996 to mid-2001 (Lao Dong 2004: 16). A Son La node, also bordering Lao, had allegedly trafficked more than 650kg since 1999 (Pioneer 2004).

The most significant evidence that Vietnam had encountered opiate modernity was revealed when mass production of heroin was discovered in August 2005. Police in Phu Tho province, north of Hanoi, raid a “corporate-like” drug cartel’s house and discovered that Vietnam had become a heroin producing nations (Phat 2005a). Police found a high-tech heroin laboratory inside a refrigerated truck owned by Son Thuy Company, which was a multi-dollar construction, investment and granite producing firm with a diverse range of interests. The truck had apparently been on Hanoi’s streets for years. Notably, “the heroin-producing fridge on wheels is rigged with explosives so that it can be obliterated in seconds” (Phat 2005b). Disguising a heroin lab in a modern commercial truck is proof that transportscape and opiate modernisation have gone hand in hand. Oddly, on September 15, 2005, President Bush reversed President Clinton’s 1995 decision when he announced that he had removed “Vietnam from the list of major drug-transit or major illicit drug-producing countries” (Bush 2005).
5.7 Questioning ‘concentrated’ boundary

There are signs that the argument that Vietnam only has a “concentrated” epidemic should be queried. The Vice-Minister’s dataset presented in February 2003 is particularly enlightening when the raw numbers were analysed. As discussed in Chapter One, the annual sentinel surveillance has six testing categories: STI patients, tuberculosis patients, FSW, “addicted” IDCs, pregnant women and army recruits. The Vice-Minister’s dataset (MoH 2003a) has two additional categories before that of “Others”: “people suspected of HIV/AIDS” which includes karaoke workers and massage girls, and “people who voluntarily attend HIV/AIDS counselling”. The category of “people who voluntarily have HIV/AIDS counselling” reveals some high numbers. In the north, the figure for Bac Giang seroprevalence 6.5%, Hanoi was 6.8% from 1780 tests, and in Thai Binh it was 6.6%. In southern provinces, An Giang was 10.9% from 776 tests and Kien Giang had 44.7% from 199 tests. Because the “Others” supposedly excluded the high risk categories, along with people voluntarily seeking counselling and those suspected of having HIV/AIDS risk, the “Others” in the Vice-Minister’s comprehensive data sets provide a rare insight into the much-used term, “general population”. Ca Mau province was the highest in the “Others” category, with more than 22% positive. In Hanoi, the rate was 3.5% from 47,798 tests. In the absence of detailed clarification of the “Others” category, it is impossible to draw absolute conclusions. However, if the HIV virus was not spreading into the “general population” and there was a well managed testing and recording system, then the “Others” category should only have low numbers.

The second round of official estimations and projections was conducted by the Ministry of Health in conjunction with the WHO in 2003. However, the results were only published in late 2005 and inadequacies in data collection present major challenges to comprehending the extensity of the epidemic (MoH 2005). In addition, the modelling works on an important piece of risk definition; it includes an assumption that there are no FSWs in rural areas. Nevertheless, the forecasts seem to be a slight departure from

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193 A sample of results from “Others” are: Ben Tre 12.3% from 1807 tests, Ca Mau 22.7% from 2620 tests, Kien Giang 17% from 879 tests, Dak Lak 11.6% from 1612 tests, Quang Binh 5.02% from 1371 tests, Hai Duong 5.1% from 4666 tests, Hoa Binh 6.9% from 2859 tests, Lang Son 3.8% from 7173 tests, N am Dinh 5.9% from 8930 tests, Ninh Binh 15% from 2083 tests (note: no FCSW tests reported) and Thai Binh 9.6% from 602 tests.

194 Among the deficiencies and gaps it included: a) lack of reliable data on the ratio of men who purchase commercial sex and the frequency of purchase, b) lack of a clear information on prevalence among CSW, c) major shortcomings in the use of military recruits as a proxy for general male youth population because of the possibility many of them may be IDCs d) more information about prevalence of drug injection in general to validate or challenge official statistics from the regulatory agency, and e) information on men who have sex with men.
the quite narrow “concentrated” epidemic discourse. For example, the modelling argues that under a “medium scenario”

“prevalence will continue to rise for both men and women and it is estimated that over 1% of the adult male population will be living with HIV by the year 2005” (MoH 2005: 62).

The modelling assumed two scenarios for the size of the IDC population. The low was 97,000 and the high 240,000. The analysis argued the following situation for 2003: in Quang Ninh and Hai Phong, 1.1% of all adults were infected. In Hanoi, .7% of adults were estimated to be infected. And in HCMC, 1.2% of 15-49-year-old people were estimated to be HIV positive (MoH 2005). This suggests that in some locations at least, there are signs that the virus is edging toward the conceptual boundary between a concentrated and generalised epidemic.

5.8 Chapter conclusion

Reversal of declining IDC seroprevalence rates after 1997 is attributable to increased blood exchange resulting from heroin displacing opium injection during modernisation of consumption technology. The transition toward initial transformation of HIV risk environments was geopolitical and closely linked to events in Eastern Europe. The Cambodian withdrawal and collapse of the USSR saw soldiers, and then workers, repatriated to Vietnam and exposed to massive job-shedding (especially among women) and severe economic crisis as HIV was entering opium injection networks. Neo-liberal expert systems also returned, reinvigorated, with the goal of further downsizing the public sector and promoting private wealth accumulation in an economy that previously had low levels of monetisation.

Eased tensions toward Vietnam’s western horizons and re-establishment of Sino-Vietnamese political and trade relations removed 1978 constraints; normalisation re-permitted human and trade mobilities across boundaries through which opiates had long flowed. This distinct cross-border escalation, particularly from 1995/6 onwards, overlapped with increased port throughputs, especially in Hai Phong. From a low base, intensification and diversification of inward and outward mobilities, including by Vietnamese-Chinese diaspora, occurred while internal transportation infrastructures improved to accommodate goods flows. As a permeable physical space, Vietnam became an increasingly viable opiate thoroughfare for global, regional, national and local trafficking actors. While infrastructure development was
delayed during the period of isolation, physical and social pathways for heroin transit were systematically created during the period of global integration. As such, globalised development organisational systems knowingly financed transboundary and internal drug smuggling infrastructures well before strategic policy measures were in place to ameliorate consequences that experts predicted would occur. The early 1995 political pronouncement, by Clinton, that Vietnam was a transit threat merely confirms this.

The chapter argued that transformations of rural relations in the early 1990s were part of a pre-Doi Moi, and on-going, transition of trade rules that stem from historical constraints on production. Capital-oriented (monetised) labour markets were enabled and, aided by improving transportation networks and vehicle fleets, waves of surplus farming labour became more migratory. The Party set ambitious 14-15% industrial annual growth goals at the height of the Asian economic miracle. However, FDI slumped after 1996 as migration across land, sea and air borders increased during a sudden economic slowdown. Symbolically, restrictions on north-south rice trading were lifted in 1997 as national Highway 1 was improved, thereby enabling greater staple exchange between regions that had previously segregated HIV1-E sub-epidemics. In the wake of a regional setback for global capital, national GDP growth rates were halved in 1998 and the number of (recorded) working youths declined markedly.

Although overall poverty reduction was impressive, economic mobilities were unevenly distributed. Poverty remained in urban areas, but it was numerically concentrated in densely populated deltas and was most (relatively and absolutely) extreme in highland locales among ethnic minorities. Internal migration increased as generally young rural inhabitants imagined better conditions elsewhere. However, despite state and individual expectations, the new economy has not produced sufficient employment and suffers from a skills transformation time-lag. Insufficient employment generates disequilibrium in the commercial sex industry; a stream of migratory females enters a heroin sub-market, ensuring a supply-demand imbalance firmly in favour of customers with discretionary income who, frequently, seek not to use condoms. Wealth inequalities increased from 1996-1999 in particular. These structural changes are inter-related, entwined in socio-economic transition and clearly exogenous to individuals.

It is now apparent that there was a temporal overlap of macro-level factors. The rise in cross-border trade and migration, inequalities, export growth, economic slump, rising aspirations, rising unemployment and internal migration all occurred at the same time. The chapter found
that the timing of heroin's ascendancy precisely matched the economic transition enabled by geopolitical transition. Forced poppy eradication occurred as diplomatic and financial pressure was applied via the UN-aided “master plan”, which was one element of overall global integration. Structured poppy scarcity shaped conditions for heroin to penetrate the market, thus expanding the overall consumption rates of opiate substances. The communal sub-culture of shooting galleries and rinsing between customers was overtaken by modernisation of product and syringe technologies. With new auto-mobilities, an increasing number of younger actors could stretch entangled injection and sexual networks further and more quickly. Coincidentally or otherwise, the economic and social risks inherent in regional and global integration became manifest in 1998; economic growth and youth employment slowed while HIV was accelerating. Discovery of heroin production showed that opiate modernisation was now effectively complete.

This descriptive mapping of the onset and consequences of heroin shows almost an eight-year time-lag between hazard formation and official harm reduction policy responses. It suggests a weakness in policy processes which represent a conflation of sovereign national and global agencies, but which are exogenous to individual actors exposed to traditional and modernised risks. This, and factors which transformed opiate injection contexts mid-decade, will be now explored at a more micro-level. The next chapter shifts attention to the scales of provincial and district.
CHAPTER SIX
Glocal scapes & global war on drugs

“A few years ago there was no heroin here at all, there was black opium ... much easier than heroin to give up. Now though, heroin is readily available, and in addition it’s difficult to give up. Almost all drivers’ assistants are regular addicts. They come here and buy needles, sometimes we have drivers come here to buy condoms, but rarely.”

-pharmacy manager, Thai ethnicity, Con Cuong market, Nghe An.

6.1 Introduction

The degree to which global-level phenomena are reflected in, or generated by, events on the scale of ‘local’ is a central issue in globalisation analysis (Robertson 1995). Nationally, signs of opiate modernisation emerged around 1995/96 before heroin availability, HIV prevalence rates and detections escalated from 1997/98. The onset of the new hazard came after Vietnam’s drug control regimes were formally integrated into global control networks. Exogenous global agencies' were concerned that impoverished highland poppy farmers represented a future hazard for actors thousands of kilometres away. The purpose of this chapter is to consider transformation in a more glocal context by examining elements of trans-boundary transportation flows and an opiate transition in one province, Nghe An, and then in one district, Ky Son. This chapter draws upon the research conducted by Sucecon for the AusAID cross-border activity, the Nghe An Lao Capacity Assistance project (NALCA).

This chapter illustrates that illicit flows of licit goods can pass around official cross-border checkpoints with the unofficial support of state actors and will focus on one transport scape, Highway 7, in particular. Discussion of this road highlights that it is a traditional route for military and trade flows, including the movement of opium. This reveals that these opiate flows were integrated into processes associated with the origins of the “domino theory”, and the global ideoscapes that led to Vietnam’s exclusion from neo-liberal economic flows until the early 1990s. The route is shown to be an historic pathway, revealing that it was entirely predictable it would become an early trafficking scape in the heroin epoch.

The chapter provides an insight into intensification of trucking flows across a Vietnam-Lao boundary, to document the enhancement of potential trafficking infrastructure linking Myanmar to the South China Sea. It then discusses the placement on Highway 7 of the
elite trans-national drug control expert system that has power to both shape and define
glocal risk environments. The presence of UNODC and other UN agencies in Ky Son
district – a traditional opium production locale – represents the glocal overlap of a local
poppy production node with a global anti-poppy node. As such, the deployment of
international expertise into a remote locale such as Ky Son represents a time-space
distanciated access point at which expert systems are vulnerable. This discussion will
reveal that development-oriented UN bodies can be slow to react to injection-driven HIV
outbreaks in exactly the spatio-temporal locale they are most likely to occur. It also
provides a glocal example of the regional paradox in which rapid and forced poppy
eradication can have pro-heroin impacts with HIV consequences (Westermeyer 1976;
Westermeyer 1997).

6.2 Nghe Tinh

**Figure 33: Nghe An and Ha Tinh provinces bordering Lao.**

Nghe An and Ha Tinh provinces were formed when Nghe Tinh province was re-divided
under their former administrative titles in 1991. Nghe An and Ha Tinh occupy special
positions in revolutionary and US military history; Ho Chi Minh was born in 1890 in Nam
Dan village in Nghe An, and Nghe Tinh peasants rebelled against French rule and established the first nhung xo viets (soviet) in 1930 and 1931. As a well-spring of national independence, it was logical that physical proximity to Lao saw the area become a source of ideological and military flows across the Truong Son mountains from and toward Thailand (Gunn 1985: 61).

Nghe An covers 16,370 square kilometres, of which about 80% is mountainous. The province includes a 419km border with Lao, and 92km of ocean border. Ha Tinh and Nghe An are separated by the Lam River, which rises in the Truong Son mountain range and flows into the South China Sea. The river is spanned by Highway 1 on the southern perimeter of Nghe An’s provincial capital, Vinh City. Ha Tinh’s population at the 1999 census was 1.26 million and Nghe An’s was 2.85 million (GSO 2004a). Ha Tinh’s population is almost entirely of Kinh ethnicity, but in Nghe An there are five non-Kinh ethnicities the uplands — the Thai, Tho, Kho Mu, O-du and Hmong (NXBCTQG 2001). According to national poverty mapping using the 1997/1998 VLSS data on consumption, Nghe An’s urban poverty rate was 12% and in rural areas it was 48% overall. Upland districts, such as Con Cuong and Tuong Duong, have far higher rates, between 60-80%, while Ky Son’s poverty rate is more than 80% (Minot et al. 2003). Both provinces are considered poor and predominantly rural, with less than 10% of Ha Tinh’s population living in urban areas.

Under neo-liberal economic models, developing countries are forced to compete with each other to attract foreign direct investment (UNCTAD 2003). Nghe An has constructed three (plans for five) industrial zones to attract international capital by offering five-year income tax refunds and low land rental costs (NAIZMB 2003). But Nghe An, like so many other provinces, has only attracted minimal FDI; by March 2004 it had 11 foreign-invested projects with registered capital of only $288.4 million, or just 0.69% of the national total (VIR 2004).

States, and authorities within nations, must offer streamlined transportsapes if they are to be viable destinations for capital (Clark et al. 2004; UNCTAD 2004d). Nghe An reflects this locally and one of its main selling points is its proximity to key national, regional and international pathways, including through Lao (Nguyen 2004c). Highway 1 and the north-south railway pass through Nghe An along dykes built through the lowland rice fields (see Figure 36, below). The new Ho Chi Minh Highway also transects Nghe An. Highways 7 and 8 funnel toward Vinh after joining Highway 1; Highway 7 alongside the Ca River through Nghe An and Highway 8 through Ha Tinh from Lao. As the above satellite map shows, highways 7 and 8 both take paths of least resistance; they follow waterways from extremely narrow
passes in the mountains separating Lao from Vietnam. This shows that the physical environment shapes the social; like a syringe, flows are literally funnelled through an extremely narrow space into a larger body. Through this physical environmental influence, illicit trade flows are thus intensified along thin scapes through poor communes. Vietnam Airlines now runs flights from Nghe An to Hanoi and Ho Chi Minh City. As Figure 36 (page 264) demonstrates, within the space of a few kilometres, illicit traders have been provided with the options of rail, road, air and ocean pathways into national and global markets. A youth's proximity to such ideal structural conditions for narcotics trading is clearly a form of geographic risk position (Beyrer et al. 2000).

6.3 HIV detections in Nghe An

The timing of HIV's entry into Nghe An injection networks mirrors the national picture precisely. Nghe An health officials detected four HIV cases from 6998 tests in 1996 and three from 6068 tests in 1997 (Sucecon 2001). The national condom decline was also reflected locally, as Figure 34 shows.

Figure 34: Number of Trust and Okay condoms supplies to Nghe An to August 2002. Data source: DKT International 2002, compiled by author.

In Nghe An, the decline Trust and Okay condoms supplies was from 616,816 in 1998 to 372,672 in 1999. In Ha Tinh, it was from 228,824 to 111,888 in the same year. In 1998, 6569 HIV tests in Nghe An returned 150 positive results and, in 1999, 5000 tests detected 183 new infections. In mid-2000, 95% of detections were among IDCs, men comprised 94.9% of
detections and more than 81% of PLWA were less than 30 years old (Sucecon 2001). In mid-2000, the police chief for Hung Bing ward in Vinh City shed light on the periodisation of the local opiate modernisation,

“The issue of drugs is very complicated. Mostly it is young people who are poor. And the poorest get HIV quickest because they don't have the money to buy needles so they share more. Five years ago it was opium, and this problem of heroin has grown very quickly. People get addicted much quicker and they can't quit it. There are many students who inject” (Sucecon 2001).

The provincial health department told NALCA that two small heroin processing laboratories, Vietnam's first known, had been detected in Tuong Duong district in 1999. By July 2002, 1241 HIV cases had been detected and 30 deaths attributed to AIDS (MoH 2002). By April 2003, Nghe An had moved to eighth on the national list of HIV cases with 1586 detections, 151 people had progressed to AIDS status and 49 deaths were attributed to AIDS (MoH 2003b). As Figure 34 shows, the virus was detected in all 19 districts by the beginning of 2005 (NCPM 2005).

**Figure 35: HIV/AIDS and deaths, Nghe An province, 2004.** Source: Nghe An Centre for Preventive Medicine. Note: **=* on Highway 7.

<table>
<thead>
<tr>
<th>District</th>
<th>HIV+</th>
<th>Deaths</th>
<th>District</th>
<th>HIV+</th>
<th>Deaths</th>
</tr>
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<td>Nghi Loc</td>
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<td>6</td>
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<tr>
<td>Nam Dan</td>
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<td>12</td>
<td>Hung Nguyen</td>
<td>90</td>
<td>5</td>
</tr>
<tr>
<td>Cua Lo</td>
<td>28</td>
<td>6</td>
<td>Do Luong*</td>
<td>90</td>
<td>5</td>
</tr>
<tr>
<td>Dien Chau</td>
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<td>8</td>
<td>Nghia Dan</td>
<td>155</td>
<td>8</td>
</tr>
<tr>
<td>Yen Thanh</td>
<td>40</td>
<td>7</td>
<td>Con Cuong*</td>
<td>102</td>
<td>13</td>
</tr>
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<td>3</td>
<td>Quy nh Luu</td>
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<td>Anh Son</td>
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<td>Quy Chau</td>
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<tr>
<td>Ky Son*</td>
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<td>4</td>
<td>Unidentified</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**IDC seroprevalence 27.5 FCSW seroprevalence 6.5**

255
Total HIV detections had increased to 2229, and 379 people had died from AIDS-related illnesses. IDC seroprevalence was 27.5% and among sex workers it was 6.5%.

6.4 Central trafficking node

When six members of a drug trafficking network based in Ha Tinh and Nghe An were executed in October 2004, the Communist Youth Union’s newspaper summed up the importance of highways 8 and 7 in the heroin transition:

“Ha Tinh and the neighbouring province of Nghe An, both in the central region, have been home to the greatest number of narcotic traffickers nationwide for the last 10 years, with large scale well-organized networks to transport narcotics from Laos to Hanoi, HCM City and other large cities and provinces” (Thanh Nien 2004).

The identification of Ha Tinh and Nghe An as pivotal opiate transportscapes validates the selection of this locale to discuss transportation and transformations in drug diffusion. It reveals that two glocal transportscapes form a central node in the national — hence regional and global — shift from tradition to heroin modernisation. The NALCA project ascended to the Cau Treo border gate in Ha Tinh six times for observation and discussions with quarantine officials who work under the provincial Department of Preventive Medicine, which is also responsible for HIV/AIDS. The following observations were recorded as part of the NALCA project (Griffiths and Vichittavong 2001). On the Lao side of the border, it was observed that a fleet of Lao trucks was parked approximately 150 metres from the Lao border administration building. Consumer goods being unloaded from the trucks included Red Bull energy drink, Thai coloured televisions, Thai electric fans, Thai refrigerators and Thai toilet-bowls. These goods would have travelled across the Friendship Bridge transportscape constructed by Australian financescapes in 1994. Polystyrene foam was removed from the refrigerator boxes. Young Vietnamese (not Laotian) men had purpose-built harnesses which helped them to put the family-sized fridges on their backs; they weighed about 68kg according to a porter. A line of hundreds of porters then snaked up the mountain along a narrow, winding path cut through the jungle to the south of the border gate.

The dirt pathway re-connected with Highway 8 on the Vietnamese side, about 300 metres from the gate. The dirt path had gone around the border-gate as a form of tax avoidance; because the goods were brought across the border by individuals, they were not subject to
official import duties set out in the AFTA agreement, which had allowed Vietnam to delay the timing of tariff reductions as an economic protection measure. According to one porter interviewed for the NALCA project, the narrow path was estimated to have been one kilometre long, and one journey would take about 50 minutes when carrying a fridge (Griffiths and Vichittavong 2001). Dozens of small taxi trucks and a throng of motorcycles awaited the supply of toilet-bowls and other goods. The taxi trucks reversed up to the path's exit from the jungle, and were quickly loaded before heading to the lowlands. It was observed that, approximately three kilometres down the mountain, border guards wearing red arm bands stood on the side of the road and commanded traffickers to stop. The guards then collected a fee. At the border gate itself, uniformed Border Guards stood by and watched as the goods spilled from the jungle into trucks and onto motorcycles. One porter, whose scarred shoulders and back bore testimony to this work as a smuggler, reported that each motorcycle had to pay a “toll” of 10,000VND to carry the goods down the mountain, while the “toll” for each mini-van or taxi-truck was 20,000VND. It was observed that one motorcycle carried five of these refrigerators. According to a porter, drugs were among products brought into Vietnam, around the border gate, by porters as they carried other goods; drugs, including heroin, were embedded in the illicit flow of licit televisions and toilet-bowls bound for growing lowland consumer markets. This illustrates a glocal linkage between macro-economic tariffs on consumer goods and the trafficking that is now recognised as a key structural element of the drug diffusion environment in Vietnam. It also provides an example to support Castells' (1996; 1998) argument that narcotics and media flows are inter-related elements of intensified global networks of trafficking, of which the Golden Triangle is a pivotal region.

The observation of structured trafficking of goods around an official check-point in full view of officials revealed an exogenous dimension of macro-economic transition (tariffs) timetables that, as a consequence, create infrastructure for heroin flows. Such cross-border smuggling described above remains a key concern for central authorities (VNA 2006c). As discussed in Chapter Two, Cua Lo port has been transformed into a smugglers’ drop-off for second-hand, international, audio-visual equipment which is repaired in former fishing households (Griffiths 2000). Unlike the colour TVs smuggled in from Thailand, and which are for sale on the side of Highway 8, the black and white Cua Lo TVs are affordable for millions of poor rural households (PTF 2003). The global phenomena described by Beck (2000) and Appadurai (1996) — globalisation of imaginations — is literally fuelled by streams of
transboundary mediascape particles simultaneously flowing illicitly from opposite directions through the one locale.

6.5 Historic route through mountains

McCoy (2000), whose landmark work on heroin was conducted in Lao across the border from Nghe An (McCoy 1972), continues to remind us that drug flows have to be seen in the context of geography, politics and history. It is argued that the original boundary between Xieng Khouang principality of the greater Lao kingdom and the Vietnamese state was situated at a “rock cliff” near what is now Con Cuong hamlet (in Nghe An, on Highway 7). This is about mid-point between the sea and the current border (Prakoonheang 2001: 64).195 Fighting between the Lao kingdom and Thailand in 1827 and 1828 drew the court of Vietnamese emperor Minh Manh into the trans-Mekong warfare, which eventually led to Xieng Khouang being declared a Vietnamese prefecture in 1832 (Dommen 1964). In 1884, France imposed its “protectorate” on Vietnam and claimed suzerainty over Lao principalities not aligned with Thailand, including Xieng Khouang (Devillers 1970). France seized Lao territories east of the Mekong in 1893 and established a separate Lao administrative entity in 1889 as part of French Indochine (Stuart-Fox 1997).

McCoy (1972) notes that the route from Xieng Khouang was one of landlocked Lao’s major roads to the sea and a pivotal opium pathway. As part of the large-scale migration from Yunnan in the mid-19th century (Michaud 1997), Hmong settled in the Xieng Khouang area and what is now Nghe An (Stuart-Fox 1997).196 With the ethnoscape came Yunnan poppy seeds suited to the Nghe An and Xieng Khouang moist altitudes (McCoy 1970), thereby linking a new opium node with consequences of Britain’s initial opium promotion into China. Lao was not financially attractive to France because of it lacked agricultural or industrial potential (Acker 2001: 256; Dommen 1964; Stuart-Fox 1997: 20).197 But, Lao’s opium was a source of vital colonial revenue (Trocki 1999). The French declared Xieng Khouang an opium production locale and stationed officers in Nong Het to assist collection and trade for its tax-raising monopoly. Thus, (what is now) Highway 7 became linked to the economic viability of the French colonial project. The cost of opium for the French monopoly rose in the lead-up

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195 This is observable via architecture. On the western side of Con Cuong the homes of Thai minorities signal the transition from the lowlands where Kinh live, to the uplands where Kinh generally cluster in district and commune centres.

196 This migration was part of the much larger scale mass migration of Hmong out of China to settle in the highland border areas of Vietnam such as Ha Giang, Lai Cai, Lai Chau, Son La, Nghe An and Thanh Hoa provinces of Vietnam (Rapin, 2003).

197 However, it was thought to be a “springboard” into Mekong markets and a navigable back-door to China (Stuart-Fox, 2004).
to World War II (Shepherd 1939). Supplies from China were stymied throughout the war, so French officials offered high prices for opium in order to outbid smugglers and even gave seeds and instructions to farmers who hadn't previously grown it (McCoy 1970: 96).

A downstream consequence of France’s relationship with Xieng Khouang opium producers was the introduction of heroin to Vietnam in 1970 because of pathways such as Highway 7 and the US fear communism. After the break-up of French-Japanese collaboration in Vietnam in 1945, French paratroopers landed in Xieng Khouang around Nong Het. By April 1945 they had established clandestine cooperation with Hmong Nong Het clan leader, Touby Lyfoung, who controlled the local opium trade.\textsuperscript{198} The US provided material supplies in support (Gunn 1985).\textsuperscript{199}

To raise income, “French military and intelligence forces became involved in trafficking” and by 1947 opium provided “one third of the Indochinese budget” (McAllister 1999: 169). When President Eisenhower held the handover meeting to the newly elected President Kennedy, in early 1961, he warned that socialist ideology would cascade through South East Asia like dominoes. He suggested the bulwark against communism’s spread should be northern Lao (McNamara 1996). Just as there is an actual tectonic fault line connecting Dien Bien Phu to Thailand through Lao (Zuchiewicz et al. 2004), Washington feared there might also be a geopolitical cleavage. Washington asserted that a prevention campaign was needed to thwart networks such as route 7 (Scheck 2001). An ultra-secret programme was authorised in May 1961 to set up a programme in Lao to stop communist cross-border flows (Conboy and Morrison 2000).

\textsuperscript{198} Educated in Vinh City, Touby Lyfoung had been appointed local governor by the French in 1940.

\textsuperscript{199} Following the Chinese revolution, in September 1949 US Congress passed Section 303 of the Mutual Defense Act of 1949. It allowed the President discretionary power to allocate unvouchered funds “in the general area of China”, part of which was immediately used to establish a “line of containment” by assisting the French to oppose Vo Nguyen Giap’s fledgling Viet Minh army (Blum, 1988).
As shown in Chapter Four, the following day the 70/30 risk definition was made by McGeorge Bundy. Having misread Sino-Vietnamese history because of ignorance (McNamara 1996), the administration became fixated on political dominoes (Freedman 2000). The misjudgment had iterant consequences that are still being felt; unbeknown to Congress, the CIA had already taken over from the French in Xieng Khouang, across the border from Ky Son. They worked with pro-French officer, Vang Pao, (also born in Nong Het village) to form an army of approximately 30,000 funded in part by opium (Freedman 2000; Hamilton-Merritt 1999; Morrison 1998; Stuart-Fox 1997). The local Hmong became “divided into two sides of the battle”, one aligned to Washington and the other with the Pathet Lao supported by Moscow, Hanoi and Beijing (Chang 2004). The CIA hamlet resettlement programme “was the beginnings of the end for their traditional way of life” (Emery 2001). The long-standing transportscape linking Vietnam to the Mekong, Highway 7, was no longer an unheard-of dirt track. The opiate pathway and transportscape was part of the headwaters of the globally famous Ho Chi Minh trail network, along which flowed weapons, people and ideologies.

200 It has been estimated that 100,000 Hmong sided with the Pathet Lao (Hayes, 1984).
201 As Stuart-Fox (1997: 117) describes, “the Plain of Jars, in the ideal strategic situation to receive Soviet and Chinese military supplies by both air and road via North Vietnam, was rapidly becoming an armed camp”.
202 The pass at Nam Can was the headwaters of a network of “old jungle trails with new additions [that] ran from the panhandle of North Vietnam at Truong Son, winding their way down south ... the trails moved through Cambodia and Lao without regard for national boundaries” (Scheck, 2001).
This dual, and integrated, military and poppy node became one of the most heavily bombed places on earth as the US military tried to stop a flow that the then consensus in Washington defined as a risk and threat to (their own) communities thousands of miles away (Morikawa et al. 1998: 303). The extent to which transportscapes were targeted can now be mapped. The map below reflects one of the 20th century’s most significant independence conflicts, in which one transportcape overlaid another, literally resulting in trans-boundary blood flows with myriad iterant consequences. History records that the US military could not prevent trans-boundary particle flows along Highway 7 (Burchett 1978; Kolko 1987; McNamara 1996).

Figure 36: US air and off-shore strikes in Ha Tinh and southern Nghe An

Consequences of attempted destruction of such pathways are still felt as humans and buffaloes are maimed or killed, and the threat of unexploded ordnance restricts agricultural livelihoods (Morikawa et al. 1998; Wells-Dang 2004). Transportscape destruction had

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203 This map was created in 2005 utilising Pentagon data prepared by the US-Vietnam Unexploded Ordnance Landmine Impact Survey. Each red speck is one payload of particles dropped. The orange area is southern Nghe An province, while the pale green is Ha Tinh, just to the right of Vinh City is Cua Lao port which is at the mouth of Song Ca (Fish River) which was a drop-off point for supplies. As can be seen, it was bombed heavily. Vinh, Hong Linh, Ha Tinh, Cam Xuyen and Ky Giang all lay on National Highway One. Highway eight splits off from highway one at Hong Linh town and passes through Duc Tho and Son Kim as it winds up the mountain to Lao.

204 According to the most recent Landmine Monitor Report, in 2004 there were at least 238 new mine/UXO casualties, including 89 people killed and 149 injured in 130 incidents. Incidents were reported in 11 provinces, including 53 in Quang Tri province. Estimates of new casualties range from between 1200
another consequence that was not unintended: the CIA established the front company, Air America. The covert air system became linked in an opiate network deploying aeroplanes and helicopters into isolated mountain communities. It was this transport network, that was deployed against Highway 7, that helped air-freight heroin into southern Vietnam in 1970 (McCoy 1972). That introduction of heroin then contributed to the existence of glocal opium injecting in HCMC, which preceded HIV’s arrival. A more global consequence was Nixon’s “war on drugs”, which continues to shape US and global drug policy (Fishburne 1993; Wodak 2003). Locally, there was a connection between the remnants of the Hmong army in Xieng Khouang and the difficulties Vientiane had controlling opium production during the 1990s (Tullis 1995). Most importantly, downstream consequences of the unsuccessful attempt to block Highway 7 included the South East Asian Cold War boundaries that shaped Vietnam’s integration with regional geopolitical structures. In turn, this influenced the timing of Vietnam’s domestic re-encounter with heroin. Therefore we can see that what may appear, on first inspection, to be an obscure pathway through mountains, was in fact a dirt ethno- and technoscape which generated consequences felt globally.

The thesis has demonstrated that the scape under discussion is both a traditional opiate pathway and an especially strategic transportscape in the context of sub-regional heroin history. The next section will now explore impacts on HIV risk environments associated with easing constraints on flows. This discussion draws upon findings from the NALCA project discussed in Chapter Two and commences with Cua Lo port, a locality where land and sea trade has long converged.

6.6 Cua Lo: shipping hub in export flows

The Cua Lo road-marine interface is on a small inlet on the South China Sea. The wharf is less than 20 kilometres from Vinh City. As can be seen in Figure 36, Nghe An authorities have earmarked Cua Lo to become a small hub in global capital flows by establishing a 40.5ha industrial zone in the hope of luring capital. As discussed in the previous chapter, according to GSO data, exports through Cua Lo increased from 56,000 tonnes in 1995 to 156,000 in 2001. According to Cua Lo port management, overall throughput was substantially higher: 245,053 tonnes in 1998, 336,857 in 1999 and 139,951 tonnes for the first half of 2000. Reflecting this, the number of trucks arriving during the mid-to-late 1990s increased and for

and about 3000 each year. The reported casualties in 2004 represent an increase over the 220 new mine/UXO casualties reported in 2003.
the first half of 2000 port management reported that truck entries had reached 3000 (Sucecon 2001).

A large proportion of the trucks entering Cua Lo port carried teak and mahogany logs from Lao (Griffiths 2000). Trans-shipment of Laotian rainforest timber through Cua Lo creates infrastructure connecting areas near Myanmar’s Shan State to the South China Sea via the rainforest logging industry. According to the Port Director, 133 ships entered the port during the first half of 1999, of which 79 were Vietnamese and 54 were foreign flagged. As Figure 38 shows, the ethnoscapes link Cua Lo to Asia in particular, but also to Russia. It certainly reveals the potential formation of a trafficking scape from Myanmar, through Lao and Nghe An to nations such as China.

Directly beside the port entrance is a Shell-Vietnam bitumen plant, from which trucks transport product. Less than 20 metres from the port entrance were three small drink/food shops staffed by young women, some of whom were also sex workers. The stalls were flimsy, made from bamboo. Workers, sailors, truck and xe om drivers chatted and drank. The Port director said:

“The sex workers are most active when the ships or trucks arrive. The customers can take the girls to a hotel or another place. Sometimes the girls greet the sailors and go straight on board. But girls are not allowed to go onto foreign ships, only Vietnamese ships” (Sucecon 2001).

One FCSW, 21, said the richest sailors were from the Philippines and the poorest from Indonesia. Five minutes from the port-side sex industry, by motorcycle, is the Cua Lo stretch of tourist beach, which can be seen in Figure 36.
The beach is Vinh City's smaller version of Hai Phong's Do Son sex tourism zone.\textsuperscript{205} Cua Lo has become a popular destination for tourists from landlocked Lao (Xinhua 2003). The sex industry is clearly integrated into the tourism trade, which officially commences on the four-day long-weekend in May that combines the celebration of the April 30 Liberation of Saigon and May Day.\textsuperscript{206}

A 28-year-old sex worker felt that most customers were state-sector officers and state-owned hotels provided venues for commercial sex, where Vietnamese and international fluids mix:

"I would say that about 80 per cent of customers would be government officers. They have the money for holidays at Cua Lo. I could believe that there are about 30 girls out here [on the footpath] and then the lines of the girls who work inside the hotels. There are many who come and service the sailors at the port. If customers don't want to use a condom then they have to pay a bit more money" (Sucecon 2001).

\textbf{Figure 38: Ship origin and seamen's nationality to Cua Lo Port, to June 30, 1999. Source: (Sucecon 2000).}

\textsuperscript{205} According to the Cua Lo People's Committee, as at June 2000 the township had 51 hotels, of which 36 are state-owned hotels.

\textsuperscript{206} The other 'bookend' of the northern summer tourism season is the long weekend in September which celebrates the declaration of independence on September 2, 1945.
<table>
<thead>
<tr>
<th>Flag</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam</td>
<td>n/a</td>
</tr>
<tr>
<td>China</td>
<td>13 Chinese</td>
</tr>
<tr>
<td>Singapore</td>
<td>4 Singaporese</td>
</tr>
<tr>
<td>Thailand</td>
<td>3 Thai</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>2</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4 Indonesian</td>
</tr>
<tr>
<td>Philippines</td>
<td>3 Filipino</td>
</tr>
<tr>
<td>Taiwan</td>
<td>4 Taiwanese</td>
</tr>
<tr>
<td>Korea</td>
<td>2 Korean</td>
</tr>
<tr>
<td></td>
<td>Russian</td>
</tr>
<tr>
<td></td>
<td>Myanmar</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
</tr>
<tr>
<td></td>
<td><strong>563</strong></td>
</tr>
</tbody>
</table>

Another FSW highlighted that shipping/tourism customers overlap and it only takes a phone call from a hotel for girls to be organised:

“Yes, government officials are common customers. They can ask their hotel to call someone for them and then we arrive. Most of the hotels allow it. Yes, drivers and sailors are among the guests. The sailors from the ocean ships come from Cua Lo port and sometimes stay overnight here” (Sucecon 2001).

A sex worker touting for business outside a karaoke bar located right beside the Cua Lo Health Centre claimed it was possible to call a 13-year-old girl: “They are number one, the favorites of men because they have no hair”. When two Chinese sailors arrived, a recently arrived 17-year-old FSW neighboring from Thanh Hoa province claimed: “I do not know much about HIV. I don’t use condoms. Well, I will if the customer asks me to ... yes, sailors do come here to this karaoke bar, especially Chinese sailors”. A 28-year-old FCSW acknowledged the opiate transition: “Yes there are drugs around here among some of the girls. I used to smoke opium and then injected heroin until two years ago. But, you have to go to Vinh City at night ... it costs about VND30,000 to 50,000 [US$2-3.30]” (Sucecon 2001).
These extracts clearly illustrate an overlap of tourism and transport routes, which potentially link vulnerable actors to local and distant HIV risk environments.

UNODC established a harm reduction project in Vinh City into which heroin flowed along highways 7 and 8 (Kane 2000; MoH/UNODC 1998). This shows that one node of the global drug control network had stretched into lowland Nghe An in recognition of downstream consequences of flows from upstream (drugs and HIV).

### 6.7 Potential trafficking infrastructure

This section illustrates the potential role that cross-border trucking may have played in facilitating trafficking. It also shows that, besides forming a possible vector for sexual transmission (Uhrig 2000), long-distance truck drivers along Highway 7 pass through a transformed opiate environment.

According to the Nghe An provincial Department of Transport, as of the year 2000, there about 2900 trucks were registered in the province. Apart from a small number of privately-owned trucks, only four state-owned companies based in Vinh City had government permission to travel into Laos.

The companies licensed to cross into Laos were the Vietnam Economic Cooperation Company, Nghe An Transport Company Number 5 and the Nghe Tinh Oil and Petrol Company. The four firms they had a total of 389, but only 231 drivers – hence trucks – who travelled to Laos. When interviewed, the company directors and drivers said that they entered Laos along highways 7, 8 and also 9 through Quang Tri.

#### Figure 39: Four Nghe An-to-Lao truck companies

<table>
<thead>
<tr>
<th>Truck Company</th>
<th>No. VN-Lao drivers</th>
<th>No. surveyed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam-Economic Cooperation Company</td>
<td>26</td>
<td>19</td>
<td>73.9</td>
</tr>
<tr>
<td>Nghe An Transport Company</td>
<td>60</td>
<td>45</td>
<td>75.5</td>
</tr>
<tr>
<td>Transport Co. No. 5</td>
<td>100</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Nghe Tinh Oil and Petrol Company</td>
<td>45</td>
<td>28</td>
<td>62</td>
</tr>
<tr>
<td>Private drivers</td>
<td>Not known</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>231</strong></td>
<td><strong>137</strong></td>
<td></td>
</tr>
</tbody>
</table>
The project surveyed 130 of the state-sector drivers who travel to Lao, or 58% of the population. There were seasonal variations in cross-border traffic: drivers, especially log-truck drivers, explained that during the rainy season in Lao, dirt roads became quagmires so most of the traffic occurred between November and April.\textsuperscript{207} The flow of oil and petrol trucks was less affected by the weather because they travelled to urban areas or towns where roads were more likely to be paved, meaning that the petrol export provided a year-round potential trafficking flow.

As can be seen from Figure 38, 96.4% of the drivers reported that they crossed into Lao less than five times per month. Five drivers reported travelling to Lao five or more times per month, with one driver reporting an estimated nine trips to Lao a month.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Number of trip to Lao per month & Number of drivers & Percentage \\
\hline
1 trip & 35 & 25.5 \\
2 trips & 35 & 25.5 \\
3 trips & 26 & 19.0 \\
4 trips & 36 & 26.4 \\
5 trips & 1 & 0.7 \\
6 trips & 2 & 1.5 \\
7 trips & 0 & 0 \\
8 trips & 1 & 0.7 \\
9 trips & 1 & 0.7 \\
\hline
Total & 137 & 100 \\
\hline
\end{tabular}
\caption{Intensity of truck driver trips to Lao}
\end{table}

On average, the drivers reported 2.65 trips to Lao per month. In total, they reported 279 trips to Lao per month. More than 65% of the drivers reported being in Lao for at least five days.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|}
\hline
Average time in Lao & Number of drivers & Percentage \\
\hline
<5 days & 45 & 32.8 \\
5-9 days & 56 & 40.9 \\
10-19 days & 35 & 25.6 \\
>19 days & 1 & 0.7 \\
\hline
\end{tabular}
\caption{Truck driver time in Lao}
\end{table}

The shortest trips were two days, while the longest was 20 days. When analysed on an individual respondent basis, the total number of days per journey was 943. The average number of days in Lao was 6.8 per journey. If we assumed that the 137 drivers made two

\textsuperscript{207} Nghe An and Ha Tinh have an earlier rainy season than northern provinces, beginning in May. It is preceded by dry and hot "gio Lao" (Lao winds) which blow from the west.
trips to Lao each, then it represents a combined 1863 days per month; if all the four companies' cross-border drivers did two average-duration trips it would be 5290 days en route to, or in, Lao per month. This not only provides an indication of the potential for the drivers to be sexually active while abroad, but also of duration of stay (immobilities) in Lao which suggests the potential to form networks conducive to drug trafficking infrastructure.

6.7.1 Entering opiate territories

Seventy-nine percent of the drivers transporting goods back from Lao said they carried rainforest logs, including teak and mahogany. Drivers reported sourcing timber from Luang Prabang, Xieng Khouang, Boulikhamxay, Phongsali and also Bokeo near the border with Myanmar. These drivers are often in forest encampments and seasonal rains meant that they were sometimes stuck for more than 10 days.208 Drivers reported that heroin and opium were widespread in Luang Prabang and up toward Luang Namtha and Bokeo.

Drivers along Highway 7 reported that after passing into Lao from Ky Son on morning two of the journey they usually ate breakfast in Nong Het town. Therefore, these drivers were stopping in one of Lao's most intensive opiate areas (UNODC 2002d; UNODC/LNCDCS 2001). The survey of drivers revealed that 22.6% knew a driver who had been or was consuming drugs. Fourteen percent said the driver/s they knew inhaled, 22% said smoking and six percent said injection. This reveals that some drivers who enter opiate trading territories are already participants in the drug dimension of the trans-boundary HIV risk environment.

6.7.2 Economic incentive to source goods

Several drivers referred to a shift in their salary system that pressured them to extend their duration in Lao. Rather than only receiving a flat salary, as they did before economic transition, now the workers from Nghe Tinh Oil and Petrol Company had to source goods in Lao once they had unloaded the fuel. The goods are carried back to Vietnam for sale. Most of the funds went to management, with drivers receiving a percentage. A 45-year-old driver explained:

208 Malaria was their biggest health concern, they said. In fact, it was deemed far more of a health hazard than HIV. Malaria is of course still a problem in the sub-region.
“My truck travels along highway 7 to Xieng Kuoang (province). In recent years with the change to paying truck drivers by how much product they carry, life is much more difficult. We have to go far, a very long way, to be able to source goods to bring back and every month I have to give a certain amount of money to the company. In the past we had prostitutes, but now drivers can’t earn enough for our families so there’s no way we can play the girls” (Sucecon 2001).

A 35-year-old driver confirmed the requirement to bring back goods and also a reported reduction in the frequency of commercially transacted sex:

“...We go as a group of five to seven, carrying all sorts of goods. [In Lao] the drivers these days have to find goods every month and give from seven to nine million dong to the company each month, depending on whether the truck is big or small. Therefore it’s not enough to play around with girls like before. As a matter of course, there is still sex with prostitutes, but only when we really hit the money. I only have relations with girlfriends along the road” (Sucecon 2001).

With highly mobile drivers under pressure to raise revenue by returning with saleable goods, we can see that the trucking fleets represent potential networks conducive to smuggling.

6.7.3 Opiate modernisation en route

Observation supported findings from the Sucecon report that, after leaving Vinh in the early morning, drivers stopped for breakfast at Con Cuong.209 This hamlet marks the visible topographical transition from the lowland Kinh-dominated region to the uplands, where Thai, Kho Mu and Hmong are, numerically, the majority populations. When the project followed the trucks and stopped at Con Cuong, the road was still being paved in sections. With wood fires heating 44 gallon drums of tar, men sledge-hammered rocks into chunks and women broke those chunks into coarse gravel. Small rocks would be tapped into the surface one at a time by hand. Building by hand rather than machinery delays this glocal example of post-war reconstruction; construction workers were along this heroin route longer than if working with mechanised technology.

209 One breakfast stopped was timed as taking 28 minutes.
The project asked a Con Cuong district policeman what had been the biggest change to Con Cuong that he had noticed during his 23 years in the district. The policeman paused, and then replied emphatically:

“The road. The road is the thing that has changed Con Cuong the most ... now we have buses coming, so we can trade with Vinh city. The youths can travel to Vinh to study and come back easily. Before the road was dirt and when it rained you couldn’t go anywhere, but now they are making the road ‘dep’ (beautiful) to the border. Yes, the road” (Sucecon 2001).

A Con Cuong heroin consumer sitting opposite the bus station (a 31-year-old Thai male) claimed there had been a local opiate transition:

“I’ve used drugs for four years. Around here are 20 addicts like me. Whoever has a lot of money uses top kind of heroin that costs 30-40,000 a shot. Those with not much have to use a less quality one that is cheaper. Before (we) inhaled and smoked but now we have to inject, three or four times. I usually use my own needles, but there have been some times when I’ve shared with a close friend. Buying drugs here is not difficult, but if you’re a stranger you can’t buy” (Sucecon 2001).

Police and health centre staff described a similar theme: the removal of opium further up the road had coincided with an inflow of heroin. A xe om (motorcycle taxi) driver, 35, based at the market and bus depot noted:

“This area has a lot of heroin. Beforehand they usually smoked opium, but about three years ago they changed to injecting heroin a lot, especially the youth. We have 17-18 years old beginning to smoke and in a short time they are addicted immediately. Every day they have to inject five or six times” (Sucecon 2001).

The extremely pot-holed road from Con Cuong to Tuong Duong district and its centre, Hoa Binh (peace) hamlet, further upland, was dotted with road construction crews. Makeshift camps were made of flattened 44 gallon drums and bits of the ubiquitous blue, red and white plastic tarpaulin. Among the groups of men camped on the edges of the road were one or two women. Petrol trucks stopped at Hoa Binh for a rest. Tuong Duong District Health Centre director reported that by September 2000, nine of only 13 IDCs tested were
HIV positive. All were adolescent Thai males. A 28-year-old Thai male high school teacher claimed:

“The use of drugs has spread a lot and changed from when I was younger. If people used to take drugs, they were smoking opium. But now it’s much rarer and instead there’s heroin that comes down. Young people in the hamlet inject” (Sucecon 2001).

By April 2001, the Tuong Duong district health director had tested 50 IDCs. Most were from small villages outside the hamlet:

“They have a jar with the drug in it and then they can inject one after the other. First him, then him, and then him. We have found 39 cases of HIV already, this is around 80 per cent of the people we’ve tested” (Griffiths and Vichittavong 2001).

It is clear that from Vinh City and along Highway 7 the opiate environment had been modernised with negative consequences for HIV risks. The next district along the highway is Ky Son, which borders Lao and was one of Vietnam’s primary opium production locales before the policy of national eradication was implemented.

6.8 Ky Son district: an opiate time-space edge

The Hmong, Kho Mu and Thai villagers in Ky Son occupy “one of the nine poorest and most remote and isolated districts in the country” (Boonwaat 2002). As remote as Ky Son is, it occupies a particularly significant locale in Vietnam’s opiate transition because it was nominated to be the first Vietnam-UN poppy eradication node resulting from the glocal “Master Plan” referred to in the previous chapter. Involvement in the hybridized poppy eradication project linked these villagers to global drug control networks, and thus transnational expertise.

Located on the banks of the Ca River and surrounded by former opium-growing mountains, Muong X en hamlet is the Ky Son district centre. W inding upwards past Muong X en for another 24 km, the paved road to the border reaches Nam Can border-pass. Evidence of war remains; bomb casings serve as pig troughs and stilts for timber and thatched houses. Nam Can remains a sensitive military post given its strategic position as a

210 Only five per cent of the approximately 57,600 residents of Ky Son in 1999 were Kinh ethnicity. The remainder are Hmong (37 per cent), Kho Mu (31 per cent) and Thai (27 per cent) (UNDCP, 1998).
rare vehicle passageway through the Truong Son range. In reasonable weather conditions, trucks tended to reach the border in the late afternoon, at about 4pm or later.

When drivers reach the border gate they are required to complete paperwork before entering Lao. However, government offices close at 4.30pm. The bureaucratic time-clock is a form of viscosity that forces drivers to become immobile; they must moor overnight at the tiny border settlement before entering Xiang Khouang after dawn. The parked trucks form a line that snakes its way back from the boom-gate that marks the edge of Vietnam. It was apparent that petrol tankers transported more than just fuel to Lao; they had been physically reconfigured to carry goods for sale across the border. A 30-40cm steel ridge was welded onto the top of most of the convex petrol tanks so that products could be strapped on board. A veritable menagerie of pigs, chickens, ducks and ducklings was stacked on top to be sold in Lao. Drugs have been smuggled across borders strapped under fowl's wings (UNODC 2003c), thus confirming the timing of cross-border transportation increases are relevant to the temporality of risk environment transition.

6.8.1 Extensity of Lao-to-Vietnam vehicles

The NALCA research sought data from both the Customs Department and the Border Army to assess the volume of car and truck traffic that crossed the Nam Can border point into Vietnam. Their offices were only 40 metres apart, yet they provided different statistics. Nevertheless, a trend was observable from this micro-level data. It was consistent with the national-level increase in border crossings; four-wheel mobility from Lao to Vietnam through Nam Can increased markedly post-1996. As Figure 41 shows, according to the Customs Department, there was a 47.2 per cent increase in the number of vehicles entering Vietnam at Nam Can from 1995 to 1996.

The timing of the intensification of vehicular border crossings mirrored the national trend; the increase in the second half of the decade was dramatic. From 1990 to 1995 the increase in vehicles across the Nam Can border gate was only 8.9%. Reflecting the period of increased Lao and Myanmarese exports to Vietnam, east-west crossings increased 139% from 1995 to 1999. According to Customs, in 1999 "trucks accounted for 87% of crossings, tourist vehicles 13% and on average each vehicle had two people" (Griffiths 2001).

Figure 42: Lao-to-Vietnam car and truck crossings at Nam Can border gate, 1990-2000. Sources: Customs and Border Guard offices at Nam Can. Note: statistics provided to June 10, 2000 only; doubled to estimate total 2000.
6.9 Ky Son opium eradicated

On the front cover of the United Nations World Drug Report 2004 there is a photograph of four young Ky Son girls standing in a field of flowering red poppies (Figure 43). They are framed in this global text because Ky Son had an estimated 3000 hectares of poppy under cultivation in 1990. Before 1994-1995, the district could reportedly produce more than “six tons of opium” annually, making it the country’s highest opium producing district at that time (Boonwaat 2002). As discussed in Chapter Five, in 1993 the Vietnamese government stepped up national eradication, resulting in a decline in availability which coincided with heroin’s introduction. As can be seen in Figure 42 below, Ky Son district poppy cultivation declined from approximately 3000 hectares in 1990 to only 260 hectares in 1996. As with the national poppy cutbacks, 1993 was a key year in the removal of local opium resources.

It is evident that the rise in cross-border vehicular crossings occurred just after the decline in local poppy. This district-level overlap is similar to the national shifts already discussed.

Figure 43: Opium production in Ky Son district Nghe An, hectares. Source: Boonwaat, 2001.

Hectares of poppy
6.9.1 Local poppy nodes networked globally

Given the importance of local contexts (Robertson 1995; Urry 2003), we should not automatically assume that risk environments in Ky Son would mirror the national transformation. In 1996, the trans-national drug control system established a node of expertise right on Highway 7, in Muong X en. This node linked Ky Son to Vienna and New York when the UN commenced the “Alternative Socio-economic Development Project to Replace Opium Poppy Cultivation – Ky Son Pilot Scheme” (UNODC 2001a). A project target was that there be “no switch to use of heroin in the district” (Boonwaat 2002). More importantly, if we accept that Highway 7 was likely to be a trafficking route and 1996 represents periodisation of opiate modernisation, then the drug expert system was in precisely the right place at exactly the right time to establish HIV prevention targeted at drug consumers before, or as, a transformation took place.

As a trans-national ethno-, finance-, techno and mediascape, the anti-poppy project overlaid hybridised nodes of global and national expertise with glocal poppy nodes (Appadurai 1996; Castells 1996; Giddens 1990a; Urry 2000). Poppy growers were forced to take leave of the past; they were to stop growing opium, and instead take new risks with experimental income streams: “Attempts have been made to diversify farming systems and introduce alternative cash crops” (UNODC 2001b: 2). The chief technical expert told experts in Germany that the pilot project tried to introduce new varities of crops and
develop a “replicable methodology for the establishment of opium income substitution” (Boonwaat 2002). External analysis estimated that a) (lightweight) opium poppy had provided 50% of income for Hmong households that farmed it, and b) only (much heavier) and perishable potatoes were likely to surpass opium for revenue (Ikelberg 1999). UNODC’s implementation partner was the Committee for Ethnic Minorities and Mountainous Areas, CEMMA. As discussed earlier, the chairman of CEMMA was later found to have embezzled billions of Vietnam dong from poppy replacement projects (Thanh Nien 2001).

Multiple global nodes were networked into Ky Son to provide expertise (UNODC 2001a), making the access point especially concentrated:

“The Ky Son project is the first of its kind in Vietnam which has coordinated the activities of 12 national research institutes, the units within the UN body and other international organs, namely, FAO, UNFPA, UNHCR, UNCP, UNDCP, WHO, Mini Dublin Group, Craft Link, Helvetas, Oxfam Hong Kong” (CEMMA 2002).

From 1996 to 2000 the project recruited 20 United Nations staff, nine international consultants and 74 national chuyen gia (experts) (UNOPS/UNDCP 2001). Clearly there was not a shortage of professional advice. The opening chapter of this thesis argued that at the global level, such as in the Millennium Development Goals, there is a drug and development disjuncture in which HIV prevention among IDCs has been insufficiently prioritised as a mainstream development issue. Unfortunately, this was reflected in the Ky Son project. UNODC defined lowland Vinh City as a HIV/AIDS hazard because drugs were flowing in from Lao (Kane 2000). However, for Phase I of the UN anti-poppy project, the total time that a HIV “advisor/expert” was contracted to Ky Son (in Phase I to 2000) was just one person, from 5/7/1999 to 6/7/1999 (UNOPS/UNDCP 2001). This is equivalent to an overnight trip.

6.9.2 Timing of local opiate modernisation

Lay people’s accounts of their own settings are as legitimate, if not more so, than those of outside experts and may produce more accurate and timely analysis of their risk environments (Urry 2000). The NALCA project interviewed Ky Son district police. According to their account, by June 2000 there were 477 drug consumers in Ky Son district. Eighty-four were women, and only 42 were Kinh ethnicity. Police reported that 427 smoked,
48 inhaled and there were just two known IDCs. However, six months later, police provided a different account. The Ky Son district police chief said of trafficking:

“It’s extremely common here, because we border Lao and there are so many small paths that cross over and we don’t have enough people to control them all. And nowadays there are more people crossing over all the time, and smugglers find all sorts of sneaky ways to hide drugs. Any way that you can think of, smugglers use. Women are so complicated because they have many different ways to hide drugs. For example, take that bun in a woman’s hair. She can just put some drugs in there. Or they can hide it in their body. And when we have a woman and want to search her, we have to call for another woman to do it but that takes a long time so they can throw the drugs away. One way they can do it is to have a woman who is not menstruating but she still uses that thing they wear when they are. And they put drugs in that and then go to the toilet and change it. Then another woman comes in after and picks it up and takes the drugs away. People hide it in many ways. We found one man who was pushing his bicycle across the border. We asked him why he wasn’t riding it. His tyres had heroin in them” (Griffiths and Vichittavong 2001).

The police chief also provided an estimate of the timing of the transition from opium toward heroin. It shows that the local shift in the risk environment was consistent with the timing in Vinh City, where UNODC was already researching drug injection in 1998 (MoH/UNODC 1998). He confirmed the role of poverty in influencing the transition from smoking to injection. The police chief reported:

“Heroin has been coming to Ky Son for about four years, and it’s becoming more and more common. There are 525 drug users that we know about in Ky Son. There are some 16 year-olds, but most are between 18 and 35. Among the total, about one third inject. It is related to people’s money, when they don’t have enough money [to smoke/inhale] they begin to inject” (Griffiths and Vichittavong 2001).

As stated earlier, Phase I of the poppy replacement project did not include a component to address unsafe injection. As with the national situation, this occurred after opiate transformation.
UNODC commenced Phase II in 2002, this time in partnership with the Ministry of Agriculture and Rural Development. Six years after an apparent opiate transition, research into Ky Son heroin injection was commissioned. The findings of this research were not released publicly. Aware of the research however, I requested and received a copy of the raw data (UNODC 2002c) and the unreleased analysis (UNODC/MARD 2003).

The research confirms that the regional opiate modernisation was recorded locally in Ky Son. The research interviewed 181 drug consumers from seven communes, including Muong Xən hamlet. Hmong, Thai and Kho Mu formed more than 90% of the sample. Eighty-one percent were farmers. Forty-three percent said they commenced drug consumption with heroin, but only 0.6% commenced with injection. Seventy percent consumed two-to-three times per day. Fifty percent of Muong Xən consumers had injected. Eighty-four percent of injectors made the transition for economic reasons. A quarter of injectors had shared a needle (UNODC 2002c). Many were initiated while labouring in Lao, including in logging; they could mix heroin and methamphetamines to help them work harder. Having switched to heroin there was little nostalgia for non-modernised opium:

“From the time I changed to heroin, I did not use opium any more, as heroin brought me more euphoria and was more convenient. I prefer injecting heroin, I think those who inject heroin will never want to smoke again” (UNODC/MARD 2003: 42)

The 2003 unpublished report found extremely low levels of AIDS awareness in the survey communes. This highlights that a HIV communications opportunity had been missed since 1996. In the unpublished 2003 report, UNODC recommended to “pilot and extend the syringe and condom distribution programme in communes with known injecting drug use” (UNODC/MARD 2003: 77). However, by this stage it was too late from a purely prevention perspective. The trans-boundary intervention was approaching its conclusion in late 2004, some eight years after glocal economic and HIV risk environments began transformation. The time-lag is reflective of gulfs between processes used by expert systems’ to define risk contexts and those of more local actors who directly sense their own environments as they transform.

Poppy had been largely eliminated when the mobile experts departed, but the vital alternative income streams remained under-developed. Introduced plums and potatoes were
unable to fill an economic void because both lacked sufficient markets (see footnote). A recognised flaw in alternative development projects is that farmers are often forced to remove an income stream, poppy, before sufficient replacements have been proven (Lyttleton 2005; Lyttleton and Cohen 2003). The Ky Son Communist Party Secretary confirmed that this global and regional dilemma was experienced locally:

“As statistics show, Muong Long [commune] alone harvests more than 200 tonnes of plum annually. But vehicles cannot reach there, buyers hesitate because of high costs of transportation. Therefore the Tam Hoa plums of Muong Long are either thrown away or sold at a very low price, about 700VNĐ/kg (less than 5 US cents). Finding an alternative crop for opium poppy in Ky Son still remains a big problem” (UNODC/MARD 2003: 21).

In the meantime, the chemical properties of opiates in the remote glocal node had been modernised while poverty remained.

Footnote:

Former Phase II project manager for UNODC, Vogel, spoke of the lack of success of the potato: “Regarding the potatoes: potatoes showed real potential and grew quite well in the trial area. But the problem came as there was little demand for potatoes as this was not one of their traditional crops. Potatoes are sold in the district market but again the demand is not sufficient. There was also talk about growing the potatoes as seed potatoes and exported out of the district. The demand for seed potatoes would make it viable, but there were other limiting factors such as transportation (roads however were being extensively developed during 2002 and 2003 so this may have solved this limitation). Another issue was the non-availability of cold storage where seed potatoes could be kept until the price and demand, in markets outside Ky Son, would go up and make it more profitable” (Vogel, 2004).
Figure 44: Global experts frame glocal economic and drug risks - Four young Ky Son girls are utilized in UN tuyên truyền (propaganda) materials, in a ‘before and after’ context. First was in a field of opium poppy, and second in the same location after potatoes were planted as an economic experiment. The local poppy image is then utilized on the front cover of the most global of UN drug control reports. This global text does not mention that potatoes proved unsuitable to the cultural and infrastructural conditions in Ky Son (See footnote 211).
A local representative of the Fatherland Front argued that while opium eradication had been socially beneficial, “economically it makes inhabitants’ life harder” because their income streams were reduced (UNODC/MARD 2003: 21). And, as is widely recognised, the poorer the heroin consumers, the more likely s/he is to switch toward the hazardous practice of injection.

Consensus in Washington in the early and mid-1960s was unable to stop particle flows along this traditional pathway through the mountains, but for many years went to great lengths to create the impression that it could. Modern hybridized expertise, rooted in drug control discourse, which is derived from that same policy framework (Weimer 2003), was equally unable to put a barrier around the same locale. In both epochs, external institutions had the power to define a risk environment by inferring that communities upon a certain pathway presented hazard to actors thousands of miles away. In the 1960s, the hazard was ideological and militaristic. In the 1990s, the potential hazard was an agricultural product which was important for extremely poor households, but deemed illicit by distant actors. In both epochs, many rural households were left economically worse off by their encounter with trans-national abstract systems. In both cases, a professionalised and mobile expert system could relocate, while the actors whose life environments were defined and shaped by expert discourse remained economically immobile.

The role of Nghe An’s trucking fleet in heroin trafficking can now been proven unequivocally. By far the biggest single heroin trafficking seizure was made in June 2003, when 180kg was found in one truck entering Vietnam along Highway 9, in Quang Tri. Although the seizure was not in Nghe An itself, the heroin network — the largest detected at the time — was based in Vinh. Not surprisingly given the discussion in this chapter, the truck with Vietnam’s record heroin haul had been “re-designed with additional space for smuggling”. This narcotics node was alleged to have trafficked more than 800kg since 1998 (Thanh Nien, 2004). If 800kg of Myanmarese heroin could be allegedly trafficked by one node alone, this is clearly an indication of just how extensive the flow had become and how integral Nghe An trucking was. The cradle of Vietnamese communism has become a node in opiate scapes that link Myanmarese poppy farmers to injectors across the globe.

6.10 Chapter conclusion

This chapter illustrated that the global, sub-regional and national-level trends toward the increased diffusion of drug injection after the Cold War is strikingly evident in Nghe An
province. The dramatic intensification of HIV risk environments followed a) the reduction of local poppy production and b) increased west-east cross-border mobilities. The timing of the transition from opium smoking to heroin injection mirrored the national level, from around 1996 onwards. This is to be expected, as the cumulative effect of such glocal, or micro-level, transformations result in transformations at national, regional and global levels. As Highway 7 became a node in global heroin networks, opium consumption in Nghe An was superseded by consumers’ proximity to heroin, which was molecularly more advanced than local opium. Through the Cua Lo marine and road transport interface, the modernised HIV risk environments combine two overlapping risks a) rapid escalation of drug injection and b) a sojourners’ sex industry tolerated by state authorities. Within the context of globalisation, the resulting virological pathways have the potential for sub-epidemic expansions on both the local and global scales.

Transportation infrastructure improvements intended for national, regional and global trade development have clearly enabled opiate modernisation. The incorporation of minority elements of state institutions (such as involvement of some border gate officials in goods trafficking upstream) has enabled individual-level institutional transformation of HIV risk contexts by making it easier for traffickers. The illicit flow of goods around official inspection nodes has been a response to lowland consumer markets, which are expanding in line with economic growth. In the case of Cau Treu border gate, it was not only the ease of mobility that generated the illicit flow; the presence of tariffs on goods, which are intended to increase trade viscosities, also provided an economic incentive to bring goods in illegally.

This chapter has revealed a situation in which a peak trans-national body (UNODC) was active in two Nghe An locales at the same time — Vinh City in the lowlands, and Ky Son in the uplands. In the downstream space (Vinh), HIV hazard was played up, while upstream (Ky Son) it was effectively played down. This contrast in the way that injection risks can be defined and prioritised differently is despite both nodes being on the same linear flow of heroin. In the case of the Ky Son poppy eradication programme, trans-national drug control policies were advocating poppy suppression while heroin was entering the same space. The drug control node was able to define a problem and solutions at the same time, a position of extreme power (Beck 1999; Slovic 2001). However, the multi-million dollar exogenous access point on a long-standing heroin route omitted targeted HIV prevention programming for drug consumers until approximately six years after opiate modernisation. Identification of the time-lag in remote Ky Son raises the issue of whether or not the heroin transition along Highway 7 could have been reasonably predicted by knowledgeable actors.
It is certainly the intention of this chapter to demonstrate that it should be possible to predict transitions in HIV risk environments that are likely to occur as consequences of globalisation processes, such as constructing infrastructure that can be exploited by drug trafficking networks. This chapter has ruled out the possibility of unpredictability by showing that Highway 7 has in fact been a long-standing scape linking coastal Vietnam to Lao, Thailand and Myanmar. It was so conducive to trans-boundary mobilities that, in the 1960s, Washington Consensus established a regional ideological war, which although it failed to stop the Highway 7 flows, eventuated in heroin being introduced to Saigon in 1970. Because of the historic nature of Highway 7 and opium flows, it should have been anticipated that heroin would inevitably flow into Ky Son once macro-level environments made this possible. By extension, HIV prevention research and interventions should have been included in the trans-national drug control node beforehand or at the time of the national, provincial and local opium transformation. This time-lag between creation of risk, and the response of expert systems, is a glocal-level example of a greater problem identified by Brown (2004a); HIV prevention agencies are often slow to target drug injection with harm reduction approaches.

This chapter has contributed glocal evidence in support of claims that a “war on drugs” solution to heroin consumption—rapid poppy eradication—can in fact contribute to heroin initiations, even where multi-million dollar expert systems are physically present and specifically aim to prevent it. After the withdrawal of the professionalised system, the structural economic factors that were responsible for families having grown poppy in the first place—that is, dire poverty—remained among the highest in Vietnam. Ky Son women, such as those utilised for publicity purposes on the front-cover of the 2004 World Drug Report, continue to live amid poverty and their introduced imagined alternative lives as potato or plum growers have not eventuated. In the meantime, globalisation processes have extended modern hazards into their environments, in the form of the heroin- and sexual-driven human immunodeficiency virus.
CONCLUSION CHAPTER

Risks of further harm creation

"The success of the UN program in reducing Thai opium cultivation during the 1980s may well have contributed to the simultaneous increase in Burma's poppy harvest. Moreover, by raising the price of smoking opium to addicts in Thailand and thus encouraging heroin injection, the UN suppression program may have contributed to an epidemic of AIDS infection through needle sharing" – (McCoy 2000: 216).

"History does not repeat. It is a continuous flow. But mistakes in history can repeat" – General Vo Nguyen Giap (2005).

7.1 Discussion

Economists frame Vietnam as an “amazing” case study of successful global integration, while its HIV sub-epidemics among injecting drug consumers are considered among the most explosive in history (Glewwe and Nguyen 2004; UNAIDS/WHO 2003). There is a paucity of research into the macro-level factors that have shaped HIV risk environments of Vietnam. Among the gaps in knowledge is association between economic change and transformation of opiate consumption. Recent HIV/AIDS literature has called for research to elucidate this possible association, including influences of political and related economic transitions (Gorbach et al. 2002; Maher 2004). This thesis has investigated these issues and thus contributed to new knowledge regarding contexts of HIV risks in Vietnam.

The study has departed from dominant individual-level frameworks of risk analysis to situate an opiate transition in the context of macro-structural processes that can manufacture harm settings on the scale of micro. Further, because it framed the virus as a Mekong trans-boundary issue, it complemented the Australian Government’s international development assistance framework. The study showed that illicit drug consumers in Vietnam who administer product via injection are actors in a paradoxical global/glocal phenomenon rooted in historical complexities of globalisation and regionalisation.

The literature review has identified a major weakness in elite Millennium Development Goal discourse — an absence of drug injection in elite MDG goal setting, and insufficient participation by UNODC in internal processes to set success indicators. This finding has
recently contributed to AusAID’s strategic policy development processes (Griffiths 2005) with the new key recommendation that the issue of illicit drug consumption should be included in the MDGs (Thomas 2006). The central question addressed in this thesis is “how have globalisation processes transformed HIV risk environments in Vietnam?” Globalisation was regarded as processes and flows in which, through iterancy, actions in decreasingly distant spatio-temporal locales influence each other unevenly upon multiple scales. It framed the virus as particles within flows, the mobilities of which are shaped by factors that constrain or enable fluidity.

As discussed in Chapter Three, few procedural templates exist for conducting research of this nature. Accordingly, I have drawn upon Beck and Giddens’ associated concepts of globalisation and manufactured risks, as adapted by Urry, to employ a HIV risk environment framework developed by Rhodes. Therefore, the thesis has explored ways that globalisation processes transformed physical or social space in which factors exogenous to individuals increased risks of HIV transmission. The analysis used in this thesis is undertaken at the global, regional, sub-regional, national, provincial and district scales. Although in reality these levels of influence are interdependent and interwoven, for the purposes of this thesis they were discussed in separate chapters. Using this layered analysis, the diffusion of heroin injection along one thin scape, Highway 7, could be understood as a glocal manifestation of deeply geopolitical and globalising transboundary particle flows (including war, consumer goods and poppy eradication policies). The analysis demonstrated that ‘local’ happenings in remote locations such as Ky Son can shape world politics and concurrently influence drug policies in distant locales such as the US. In turn, decades later those policies have a significant effect on the locales that originally shaped them. The cycle of uneven influence is maintained and the effects upon what have become HIV risk environments are intensified.

Chapters Three to Six have examined articulations between risk environment domains of trade, transportation, migration and drug diffusion. Key geopolitical transformations that constrained or enabled these domains were mapped. A discussion of trade, shipping and opiate mobilities has confirmed the argument that globalisation is not new by revealing that associations between networked capitalism, global narcotics flows and blood-borne epidemics in the sub-region have historical precedents. Nineteenth century opiate-plague flows that eventually reached Sydney also traveled toward the Sino-Vietnamese border in, at least, Lao Cai, Ha Giang and Lang Son. The regional chapter (Chapter 4) has established the latency of heroin inflows by tracing linkages between globalisation and political relations in the Mekong sub-region. By analysing and mapping geopolitical timelines and research on
virological mutations, this section showed that constraints before pre-Gorbachev and pre-
Sino détente had artificially maintained Vietnam’s ‘distance’ from nearby heroin-HIV flows. These boundaries were a consequence of Washington’s attempted destruction of trans-boundary scapes during the American-Vietnam war. However, in the process and aided by covert US air transport, heroin spilled into southern Vietnam and contributed to a future glocal platform for HIV. This section has demonstrated that these ideological boundaries distancing Vietnam from pro-capitalist blocs were fortified in 1978/79 at the same time that HIV was entering New York injecting networks, and in 1984, as the virus was being discovered in Thailand. The northern and western boundaries were still restricted in 1988/89 while HIV was intensifying among heroin consumers in Thailand and being discovered in Myanmar and south-western Yunnan. So, ironically, some globalisation processes (such as the World Bank embargo) had an unintended consequence of prolonging Vietnam’s social distance from factors conducive to HIV until tectonic geopolitical ruptures enabled Mekong riparian re-clustering.

Using this regional perspective, it has been shown that in a post-Soviet political atmosphere, expert proponents of updated Washington Consensus embarked on programmes to transform formerly bombed pathways into low-viscosity scapes for intra-regional and global particle flows. This would have significant effects on HIV risk environments because, as argued in chapters three and four, creation of connectivity for goods flows is a form of direct economic subsidisation for narcotics traders. In this sense, pro-globalisation development processes advocated to Vietnam have had direct pro-narcotics consequences, and these were intensified by policies such as the concurrent imposition of opium eradication. This points to a paradox within development for global integration; the 1994 opening of the first trans-Mekong span (below China) by Australia’s Prime Minister Keating assisted narcotics traders because it diversified trajectories toward Australia, via Vietnam’s new, extensive and youthful markets.

The complexity of sub-regional HIV fluidity was mapped through analysis of relevant molecular virological studies. The analysis has demonstrated that, contrary to being “a startling discovery” (Cohen 2004b: 1937), heroin-HIV flows through Yunnan toward Guangxi and Vietnam have followed traditional global trade scapes. Furthermore, a critique was provided of the assumptions that southern Guangxi’s sub-type HIV-1 E was a derivative of a uni-directional virus flow from Vietnam. This section has added weight to Kato’s conjecture that the emergence of HIV-1 CRF01_AE in Lang Son in 1996 may be due to north-to-south viral flows from south-west China, where heroin injection emerged earlier.
than other parts of northern Vietnam. These findings make a contribution to our understanding of the multi-trajectory nature of trans-boundary hazard.

The genuine strength of a risk environment approach as a process of inquiry was borne out through chapters five and six. In particular, these chapters reveal that internal and trans-boundary migration contributed to a) Sino-Vietnamese conflict, which prolonged regional re-clustering, b) formation of global ethnoscapes adaptable to trafficking c) compounded unemployment during HIV’s emergence in 1990 d) resurrection of traditional opiate pathways, and e) provision of fluid infrastructure to transport the virus into wider and higher geographical space. Indeed, we can now see that circulatory migration between Vietnam and Eastern Europe may also account for the existence of opium cooking and injection — which was atypical for the region — before the re-introduction of heroin.

A further strength of the environmental approach is that it has provided socio-economic context for the steep ascent of IDC seroprevalence rates. It has enabled us to understand the temporality of the post-1997 increase. However, examination of risk environment domains has revealed that, with the exception of poppy eradication, it is difficult to argue causality in a linear sense. Rather, a confluence of international and local factors on multiple scales of power unfolded at the same time, from around 1994 to 1998, with the Year of the Rat, 1996, representing a threshold. Figure X on Page Y represents the sense of overlap that catalysed transition from opium resin to powdered heroin epochs. This critical shift in the molecular sophistication and marketing of opiates coincided with increased labour commodification, rising aspirations, wealth inequalities, a burgeoning sex industry and lack of programmes necessary to ameliorate consequences of transformation. As evident in Nghe An, corruption, along with enhanced human and vehicular cross-border mobilities, provided infrastructure highly conducive to drug and virus flows precisely as the glocalisation of global drug policy was implemented. Heroin-rich tunnels were formed through communities of young agents unable to maintain the comparatively “safe” practice of inhalation.

7.2 Social and economic risks overlap

Ironically, but perhaps not surprisingly, a duality of modern trans-boundary risks converged in both time and space: risk-averse investors took flight after the regional financial crisis in Thailand intensified, while risk-averse traffickers increased their flows. GDP growth was halved in 1998 and explosive seroprevalence rates in former opiate transit hubs signaled that an epoch of new biosocial and economic risks had arrived. Against a backdrop of rising
aspirations, the structural oversupply of rural workers generated waves of migrants who imagine a place in the new economy. However, the creation of secure jobs fell short of expectations and minimum wages (even in the foreign sector) are still barely above the
Figure 45: Environmental factors that enabled Vietnam's HIV seroprevalence and incidence increases from 1997/98. Adapted from Rhodes et. al. 1999.
yardstick of one dollar per day. This has enormous ramifications for the degree and form of participation by young adults in a more fluid, consumption-oriented future than that of their parents. Corruption, poverty and insufficient stable employment provide a constant supply of workers into a sex industry embedded in a highly patriarchal and traditionally polygamous culture. The creation of infrastructure for local and global trafficking during a highly uneven consumerist revolution formed overlapping conditions for a formidable HIV storm. The onset of heroin-driven sub-epidemics should not be classified as an unintended consequence of regional integration in the strict sense, because it was known in advance by external expert systems that such a risk existed.

7.3 Opiate time-space edge

A key question that emerged during this research is: why was injecting a newer form of liquid opiate more likely to increase chances of viral transmission than its predecessor? The findings suggest that lower viscosity opiates were a consequence of lower viscosity trade, transport- and ethno- scapes. Aided by syringe modernisation, this enabled a new era in rules and resources (institutions and structures), which increased individuals’ options for action. Figure 45 provides a visual representation of an opiate time-space edge to emphasise the periodisation of increased sub-regional and individual interconnectedness. It illustrates the decline of seroprevalence rates toward the end of the resin epoch, followed by the post-powder explosion after the Mekong’s role as a particle delineator was removed.

Figure 46: Temporal watershed in opiate fluidities

Seroprevalence ‘watersheds’ by opiate typology, US and Vietnam

Geo-narcotic boundary
‘spatial’

West coast, ‘black tar’

East coast, ‘powder’

Domestic opium ‘black’

Myanmar ‘white’

1994
1996
1998

VIETNAM
The pre- and post-1996/97 periods are different contexts of injection, hence frequency of fluid transfer between individuals. Therefore, the cross-over period (transition to transformation) emerges as critically important because it was at this point in time, if not beforehand, that targeted participatory prevention programmes should have been in place.

Figure 45 draws upon the conceptual similarity of Vietnam’s opium resin injection to the US west coast sub-cultures, where resin (black tar heroin) was injected and lower seroprevalence rates were attributed to rinsing with water (Chapter One). The left side represents the spatio-temporal locales where cooked resin produced injectable black liquid. The molecular structure of the opiate shaped institutional structures of consumption, one dimension of which was syringe sluicing. In the case of Vietnam, the predominance of resin was reflective of sub-regional heroin networks’ eastward boundaries, which were shaped by the globalised/ing politics of the broader region. However, powder displaced resin and modern syringes allowed greater individualisation and faster preparation of injection. This time-space compression reduced the structural need for “professional” distillers and injectors, who had included rinsing for a large percentage of consumers. Greater needle sharing and wider, faster networks in the modern opiate era suited blood-sharing more so than preceding practices.

7.4 Time and space between transformation and policy response

In Chapter One, this thesis established the benchmark for rapid response to constraint removal; the day after US President Clinton altered the rules of trade on February 3, 1994, the glocalised flow of Pepsi in Vietnam re-commenced. Mapping the temporality of opiate modernisation has shown that narcotics networks are just as responsive as the corporate sector in exploiting transformed environments. In contrast, the transition of national and international (health) agencies’ responses to opiate modernisation in Vietnam was slow. Such delays have been described by a modeller of the Vietnamese epidemic (Brown 2004) as a “low and slow” reaction and a failure to target IDCs with effective programming. This was illustrated in Chapter Six using an extremely glocal example, in Ky Son, where the United Nations established a poppy eradication node on one of the most predictable of all heroin routes into Vietnam. Despite utilising a range of experts, the hybrid UN agencies did not adapt to the transforming HIV risk environments until many years after heroin injection emerged locally.
This confirmed a structural weakness observable from the scales of global to local. Narcotics networks are open learning systems that absorb information, initiate transition and adapt to transformations rapidly. Conversely, peak agencies tasked with solutions to problems tend to be reactionary and thus can take years to begin their responses. Trans-national prevention agencies will not gain control of AIDS unless, among other things, such delays between harm creation and response are dramatically reduced and eventually eliminated. This finding has important ramifications for sub-Saharan Africa, which is now encountering heroin injection, and Lao, where poppy cultivation has now been slashed under international pressure.

### 7.5 Future research

In order to develop a more in-depth understanding of the impacts of globalisation on risk contexts of HIV, further research is warranted. The following recommendations for future research relate specifically to areas in which international agencies could collaborate with institutions in Vietnam:

1. The structure of Vietnam’s deregulated health sector, particularly pharmacies, contributes to virological mutation leading to drug resistance. There is a danger that resistance to ARV's will also form. There is a need for applied communications research into knowledge and practice of ARV dispensers, recipients and their carers surrounding consumption. This would complement laboratory studies into virus mutation and assist creation of communications materials for PLWHA, their families and health sector staff.

2. There is scope to build upon this thesis’ risk environments approach by examining the emergence of methamphetamines. It would be unfortunate if the hazard/policy time-lag associated with heroin was repeated with this likely additional influence on HIV risk environments. In particular, far more ‘localised’ portraits of environmental transitions are required.

3. For my discussion on the significance of the end of the opiate/rinsing epoch to be of any value, there is a need to replicate the process and test it for HIV transmission as Heimer and Abdal et al (2004) have done with liquid opium production processes in Russia. If it was found that gallery practices of rinsing lessened HIV transmissibility, this would have implications for communication messages in locales where access to bleach is limited (such as rural Vietnam).

4. Harm reduction advocacy by international experts in settings such as Vietnam is a form of cross-cultural communication. There is clearly a need to speed up advocacy
by conducting communications research about which harm reduction arguments are persuasive in a range of political contexts, the reasons for their currency and potential strategies for facilitating change (see appendix 4).

5. There is a need to understand and challenge why drug injection as an element of the global HIV pandemic is not regarded seriously enough by the United Nations to be included in MDGs at the peak level.

6. Research is required to ascertain the extent to which the programme of incarceration of injectors and sex workers has contributed to the epidemic. This would assist advocacy for alternative approaches.

7. It would be valuable to collaborate with domestic syringe manufacturers to test whether monitoring syringe sales can assist to map drug diffusion trends, particularly in rural and remote areas.

8. There is scope to utilise forthcoming data from the next Vietnam Living Standards Survey in concert with under-utilised district and provincial-level HIV data to explore relations between income, inequalities and risk environments.

9. HIV communication requirements and challenges in Vietnam are highly under-researched, especially concerning drug consumption. The 2004 national strategy identifies communication as a priority. There is a need, and ample opportunity, to help the Ministry of Health and the Ministry of Culture and Information by assisting with research and development of segmented communications planning. Specifically, there is scope to engage the academic community and the (national and international) private sector in applied communications research. Any such initiatives would also be suited to linkages with Chinese and Laotian political and media institutions.

10. There is enormous scope to develop greater knowledge of associations between economic cycles (including currency shifts and recessions) and drug trade trajectories. This has the potential to play an "early warning" role for policy makers, law enforcement and health sectors.

11. Arising from observation and the literature, the key research recommendation is that research is urgently required into men as consumers within the heterosexual commercial sex industry. There is now a large body of work into female sex workers, but a dearth of data on ratios of males who purchase sex and how frequently. Balanced individual-level and contextual research into the structural role of men in this industry would make a much-needed contribution to highly sensitive policy debates. Without it, the question of whether or not Vietnam may encounter a more generalised epidemic is a discussion being conducted in an information vacuum.
7.6 Recommendations for action

As is now being argued (Jelsma 2002; Lyttleton 2005), there is a need to bring a harm reduction — or rather, harm prevention — perspective to poppy replacement timelines rather than the current situation whereby powerful actors force vulnerable farmers to cease production almost overnight. Evidence from Chapter Six lends weight to suggestions that top-down, rapid poppy eradication may actually worsen local risk environments by having pro-heroine consequences. Lao is close to completing extremely rapid poppy eradication. Therefore, **steps need to be taken immediately to prepare for a probable heroin transition as has occurred on the other side of all Lao’s borders.**

Concepts of “participatory communication for social change” provide grounding to establish PLWHA, IDCs and FCSW as agenda setters for prevention communication, implementation and evaluation. The Global Fund financed the Thai Drug Users’ network in 2003. **The Global Fund example from Thailand of enabling drug consumers to manage interventions should be emulated.** Highly strategic and tactical advocacy is required to create political space for such an essential devolution of power in Vietnam.

**Political actors, such as the Australian government, need to exert influence within UN processes so that elite MDG discourse prioritises HIV prevention among drug consumers.** This should be based on harm minimisation principles, and also stress the influence of development processes upon HIV risk contexts.

AusAID must continue to foster cross-border cooperation on HIV and other transboundary issues. **Special attention needs to be given to promoting cooperation among agencies in border locales themselves.** Such localised cross-border cooperation can exploit linguistic and cultural similarities that straddle all of the sub-region’s boundaries. This would complement programmes that link national and ethnic elites based in capitals.

Specifically on cross-border HIV prevention programming in Vietnam, there is scope to plug a particular logistical gap. All international border gates in Vietnam have quarantine officers. These officers are not part of customs or the military. Instead, they come under provincial departments of preventive medicine, which are also responsible for HIV. **A targeted pilot project should be created to add a HIV dimension to quarantine officials’ work, including disseminating of information, condoms and syringes.**
Opinion leaders and researchers in the harm reduction ‘movement’ must strengthen linkages with other disciplines working in fields related to international development, including economics and development communication. Broader linkages with other sectors engaged in the political-economy of social change are required if calls for structural approaches to harm reduction are to gain greater currency in development discourse and programming.

Following from the previous recommendation, AusAID should re-engage the International Fund for Agricultural Development and assist it to include HIV activities within its (existing) portfolio of integrated rural development programmes in South East Asian poppy growing regions. This is a potentially cost-effective option which offers greater scope for linking development, drug and structural HIV interventions than UNODC’s smaller scale alternative development projects.

At the more structural level, WTO membership for Vietnam is imminent and agencies such as the World Bank and IMF are instructing the government to push ahead with privatisation and liquidation of state-owned enterprises (Dollar 2004; IMF 2004; IMF 2006). This will undoubtedly lead to hundreds of thousands of job losses (Belser and Rama 2001; Abonyi 2005), with a distinct possibility that mass sackings will see a repeat of feminised downsizing (Rama 2002). Based on this dissertation, we can speculate that impending job-shedding will overlap another layer to an already pro-virus transition. Harm reduction advocates have urged politicisation of discourse surrounding harm formation. Now is the time to build arguments and agitate for space “upstream” at policy levels within the most powerful institutions promoting this next phase of restructuring. These impending structural reforms provide a timely opportunity in a topical locale to leverage the broad ‘transitions’ discourse toward predictive risk environment paradigms that highlight political questions of conscious harm creation.

7.8 **In conclusion**

This thesis provides an understanding of why Vietnam’s transition toward regional and more global integration involved latent risk of exposing a particularly young population to HIV. This knowledge may assist the process of shifting responsibility for the sub-epidemics in Vietnam upstream toward institutions that create environments of social harms without commensurate risk mitigation. Evidence to show inextricable connections between the sub-epidemic and geo-political and economic transition confirms that globalisation carries risks,
and remains as hazardous for some as it is beneficial for others. In the absence of iron curtains, narcotics traders will be further subsidized by creation of global and local networks for mobilities of “goods”. Highway 7 symbolises this: the most intensive bombing in world history, delivered by the world’s most technically modern military, could not stop overt trans-boundary flows along it when it was unpaved. So it is extremely unlikely that international and national drug control agencies (with far less sophistication and capacity) can stop covert movements on such pathways which are being modernised. As McNamara lamented (1996), rather than trust expert systems that feign controllability of such adaptive trans-boundary flows, it is more valuable to genuinely address underlying structural causes. Foremost are the gaps between human aspirations and limitations upon capacities to attain them due to relative and absolute wealth disparities. A valuable lesson that globalised responses to HIV in Vietnam provides is that transboundary harms can be created with far more alacrity than appropriate responses. If prevention strategies are to be effective, agencies that drive them must work across geographical, cultural, political and disciplinary boundaries with the same rigour and resolve as global opiate industries.

#
APPENDIX 1: UNODC in MDG goal setting processes

This graph was prepared for presentation at the AusAID-funded symposium, Drugs and Development: Critical Issues for the Asia-Pacific. During the course of literature review I could not understand why drugs were not mentioned in the MDGs at the global level. I asked a simple question, “who sets these indicators?” which led to the United Nations Inter-agency Expert Working Group on Millennium Development Goals Indicators. It was possible to gain reports from meetings, so I then asked “what has been mentioned about drugs within these meetings?” To my surprise, there was no record of drugs being mentioned. This prompted the question, “who has been going to these meetings?” The meeting reports have participant lists. By counting the number of representatives of various agencies at six of seven meetings, it can be seen that UNDP has attended most often. WHO has attended 20 times and the United Nations Council on Trade and Development reports 11 participants. In comparison, UNODC has attended meetings to set MDG indicators far less - the participant lists have no record of UNODC attendance. It is not surprising therefore, that drug injection is not featured in elite MDG HIV goal-setting. In the official report on MDG indicators, there is only one indicator put forward by UNODC, which is the number of homicides in a country per 100,000 residents. Murder is not in the MDG goals themselves. For examples of the participants lists, see (UN 2005a; UNDP 2003b; UNSD 2003; UNSD 2004a; UNSD 2004b).


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<tr>
<td></td>
<td>1995-1998</td>
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</tr>
<tr>
<td></td>
<td>Hanoi and Nghe An</td>
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<td><strong>National Highway One Project; HIV/AIDS</strong></td>
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<td>June 1997-July 2000</td>
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<td></td>
<td>Da Nang, Quang Nam, Thua-Thien Hue, Quang Tri</td>
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</tr>
<tr>
<td></td>
<td>Truck driver focus. Sexual transmission.</td>
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<tr>
<td><strong>Keep on Trucking</strong></td>
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<tr>
<td></td>
<td>Aug 2001-Aug 2002</td>
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<td><strong>Mobile Populations and STI/HIV Vulnerability in Hai Phong</strong></td>
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<td>2002-2003, $694,054</td>
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<td></td>
<td>Hai Phong truck drivers, bus driver and CSW</td>
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<tr>
<td></td>
<td>An Giang, Kien Giang (near Cambodian border)</td>
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<td><strong>HIV/AIDS Awareness Initiative: Prostitutes and Clients in Urban Areas of Vietnam</strong></td>
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<td>May 1992-Aug 1993</td>
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<td>Promoting Positive Messages for Men Practicing Safer Sex Project</td>
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<td>HIV/AIDS Awareness Education Training</td>
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<td>Australian People for Health, Education and Development</td>
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<td>Rapid Survey of Sex Behaviour and Practices of Seamen and Truck Drivers</td>
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<td>Promotion of Condom Distribution and Use for HIV/AIDS and STDs in An Giang, Tay Ninh, Nghe An, Quang Ninh</td>
<td>Jan 1999-Dec 2000</td>
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<td>Training Course for Private Physicians in Integrating STD Counselling, Diagnosis &amp; Treatment into HIV/AIDS Prevention</td>
<td>April 1999</td>
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<td>US$4,083</td>
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| Nghe An-Laos Capacity Assistance Project (NALCA) | March 2001-June 2002 |
|  | $81,155 |
|  | Nghe An (Cua Lo port to Ky Son district along highway 7) |

| Various organisations | Mekong sub-region small grants facility |
| --- | Jan 2000-Dec 2001 |
|  | $200,000 |

| UNAIDS | HIV/AIDS Regional Centre, Bangkok |
| --- | Feb 1996-June 1999 |
|  | $85,000 |

| HCMC AIDS Committee & Labour Union | IEC Program on HIV/AIDS for the Mobile Population and CSW on waterways |
| --- | April 2000-April 2004 |
|  | $79,760 |
|  | HCMC and its main transportation ports and channels |

| HCMC office of the Ho Chi Minh Communist Youth Union | Living with HIV/AIDS focusing on the cross border mobile population, develop behaviours and IEC |
| --- | Phase 1: March 2000-March 2001 |
|  | Phase 2: March 2001-March 2002 |
|  | HCMC (districts 1 and 4), An Giang, Kieng Giang and Tay Ninh |

| National AIDS Committee | Strengthening STD Prevention and Management for Risk Groups and Mobile Populations |
| --- | March 1999-May 2000 |
|  | $35,000 |
|  | Lao Cai, An Giang, Kien Giang |

| Vietnam Women's Union | Strengthening Women's Capacity for HIV/AIDS Protection |
| --- | 1999-2000 |

| Various organisations | Mekong sub-region small grants facility |
| --- | Jan 2000-Dec 2001 |
|  | $200,000 |

| UNAIDS | HIV/AIDS Regional Centre, Bangkok |
| --- | Feb 1996-June 1999 |
|  | $85,000 |

| HCMC AIDS Committee & Labour Union | IEC Program on HIV/AIDS for the Mobile Population and CSW on waterways |
| --- | April 2000-April 2004 |
|  | $79,760 |
|  | HCMC and its main transportation ports and channels |

| HCMC office of the Ho Chi Minh Communist Youth Union | Living with HIV/AIDS focusing on the cross border mobile population, develop behaviours and IEC |
| --- | Phase 1: March 2000-March 2001 |
|  | Phase 2: March 2001-March 2002 |
|  | HCMC (districts 1 and 4), An Giang, Kieng Giang and Tay Ninh |

| National AIDS Committee | Strengthening STD Prevention and Management for Risk Groups and Mobile Populations |
| --- | March 1999-May 2000 |
|  | $35,000 |
|  | Lao Cai, An Giang, Kien Giang |

<p>| Vietnam Women's Union | Strengthening Women's Capacity for HIV/AIDS Protection |
| --- | 1999-2000 |</p>
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<th>Organization</th>
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<td>June 2001-June 2002</td>
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<tr>
<td>Training on home-based care for the family of HIV/AIDS carriers</td>
<td>June 2001-Dec 2001</td>
<td>$39,000</td>
<td>Lang Son</td>
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<tr>
<td>STD/HIV/AIDS prevention for young women working the entertainment services</td>
<td>June 2001-June 2002</td>
<td>$49,300</td>
<td>Hanoi</td>
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<tr>
<td>Care and job support for HIV/AIDS carriers</td>
<td>May 2001-May 2002</td>
<td>$66,000</td>
<td>Lang Son</td>
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<tr>
<td>Centre for Reproductive Health</td>
<td>Safer Sex Promotion</td>
<td>Jan 1999-December 1999</td>
<td>$47,000</td>
<td>An Giang</td>
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</tbody>
</table>

Total Budget: $
APPENDIX 3: Opium and heroin routes through Yunnan


This map is one of several in Benedict’s work. It shows the opiate-plague routes from Yunnan province China into Vietnam down the valleys through which the Red River (Lao Cai) and the Lo River (Ha Giang) flow. Routes then re-entered China through Lang Son, passing through Piangxiang before heading northwards to Nanning. An alternative route reached Nanning from the north-west, via Baise.

20th century heroin-HIV routes. Source: Beyrer, 2000

Beyrer’s paper established the clear association between heroin smuggling routes and HIV/AIDS. At least two separate routes reached Nanning, including one from Piangxiang and another from Yunnan via Baise.
APPENDIX 4: Comment in response to “HIV in injecting drug users in Asian countries” (British Medical Journal, September 25, 2004, pp-6978-698)

SELLING HARM REDUCTION PERSUASION


“Dr Alex Wodak again promotes the seemingly obvious need to promote harm reduction in Asian settings where drug injection is driving the HIV epidemic.

As someone who has worked on HIV prevention communication for several years in Vietnam, based out of Hanoi but working in several provinces, I share with Alex the sense of optimism that the harm reduction “movement” has assembled its arguments to support its case. The harm reduction scientists and medicos now have a communications challenge, a point that became glaringly apparent at the CDC workshop in Hanoi in October 2003. Before assembled national and provincial health representatives, leading international experts on harm reduction presented myriad Powerpoints on the Evidence for Action series that documents, analysed from a rational western perspective, the value of harm reduction initiatives among injecting drug using subcultures. Generally speaking, there was a lot of head-nodding as for most of the delegates I spoke to, harm reduction isn’t entirely new. But, the then Vice Minister for Health twice asked an interesting question. He asked the medically trained experts on stage a question about advocacy along the lines of “Can anyone tell me which arguments or messages about harm reduction are the ones that work? Which messages seem to make policy makers support harm reduction?”

Twice the assembled international experts were unable to provide an answer to this intelligent question regarding marketing harm reduction. As I discussed with Alex afterwards, there appears to be a major need to move from the scatter-gun approach to selling harm reduction to an analysis of why certain leaders, physicians, police, politicians alter their attitudes. In his editorial Alex identifies it, persuasion, as a key question. It is time the harm reduction movement became far more strategic in the PR and marketing aspect of its mission. Having spent two years inside the Ho Chi Minh Communist Youth Union on a UN HIV communication project funded by AusAID, I learned that bringing the water to the horses is just one part of the problem. Another part of the task is to gently create an environment where the horse feels it is safe and in its interests to drink the water.

The Vice Minister for Health in Vietnam wanted to know which messages hit the targets. Until analysis is done on the cross-cultural communications challenge facing harm reduction, we shouldn’t be surprised if the much-desired environment for the ‘scaling up’ phase is slow in coming.”
APPENDIX 5: injection diffusion along Lo River opium route

This photograph of 5mm Vinankook syringe and condom wrappers was taken by myself in a disused ceremony two kilometers from Ha Giang town, which is the provincial capital of Ha Giang province. It is alongside the road from Ha Giang to the Yunnan border gate, Thanh Thuy, 19 kilometres away through the valley. The cemetery is about 20 metres to left of the road, and is intersected by narrow pathway used by Tay ethnic minorities whose villages surround this area. The gravestones (pictured behind syringe) are among low bushes which provide an element of cover. Before the advent of motorcycles, reaching this edge between the town (populated by Kinh) and this point involved bicycling along the pot-holed dirt road. Even in 2001 the road remained unpaved. But the road has now been paved, and the former muddy path through cemetery to nearby village has been concretised. Because of the proliferation of motor-scooters, youths from town can now quickly reach this place which is outside the ‘space’ of Kinh ethnicity. Although they would be viewed by Tay walking past, such as those returning buffaloes from grazing, the youths are beyond the gaze of police, neighbors and family members (salient referents). This cemetery represents a time-space edge between cultures, where knowledge of drug-taking practices can transfer across ethnic groups that, generally, do not mix socially.

On the other side of town (pictured below), youths motorcycle to a hilltop to inject away from scrutiny. It again shows that improved physical mobility enables injection skills and technology to be transferred into minority communities who occupy the mountain hillsides. Without motorcycles and recent road works, it would be difficult for youths to reach these Tay communities.
REFERENCES


— (2003a). Connecting People Coast to Coast: A thousand-mile road will link ancient civilizations and promote subregional economic cooperation. Asian Development Bank:


— (2003). Bridging the development gap between the older and new members of ASEAN. Jakarta: ASEAN Secretariat.

— (2004a). Bridging the Development Gap among Members of ASEAN.


312


CDC (1982). Carinii pneumonia (PCP), and other opportunistic infections (OI): case reported to CDC as of July 8, 1982. Atlanta: Centers for Disease Control.


319


— (1996b). Statement by Thomas Constantine: Administrator, Drug Enforcement Administration,

United States Department of Justice, to the House Subcommittee on National Security, International Affairs and Criminal Justice Committee on Government Reform and Oversight (September 19, 1996). Washington DC.


DRV (1950). Sua do mot so quy le va che dinh trong dan luat, Sac lenh so 97-SL ngay 22-11-1950 cua Chu tich nuoc Viet Nam Dan chu cong hoa.


Economict Intelligence Unit (2005). Vietnam economy: sea port masterplan has been developed. EIU Newswire, April 7


Galbraith, K. J. (2002). By the Numbers. *Foreign Affairs*, July/August.


Development Programme: AusAID project VIE/98/06. Evaluation by Market Development Research Centre.

Medler, J. (2004). The smugglers' landscape: Geography, route selection and the global heroin trade, Old Dominion University.


359


Ryan, C., Julian, E., Middleton, T., Mijch, A., Street, A., Hellard, M., Crofts, N., Crowe, S., & Oerlichs, R. (2004). The Molecular Epidemiology of HIV Type 1 among Vietnamese
A Australian injecting drug users in Melbourne, Australia. AIDS Research and Human Retroviruses, 20, 1364-1367.


371


VEN (1999a). Smuggling rings alarm bells, Vietnam Economic Times (pp. 1).


Vogel, P. (2004). Email to Patrick regarding potatoes in Ky Son. In P. Griffiths (Ed.) (pp. Per Vogel is a former colleague. He was technical advisor to UNODC Ky Son project Phase II). Melbourne: Vogel Per.


— (1994a). Drug abuse and trafficking on the rise in Hai Hung Province. In V. o. V. radio (Ed.): Ministry of Culture and Information.

— (1994b). Opium trafficking on the increase in Hanoi. In V. o. V. radio (Ed.): Ministry of Culture and Information.


— (2004a). China’s shift in HIV/AIDS policy marks turnaround on health: Pledge to provide free HIV tests shows China is starting to take action on combating the disease. The Lancet, 363, 1370-1371.


Yong, O. K. (2003). "Towards and ASEAN single market and single investment destination": address by ASEAN Secretary General, Ong Keng Yong, Hainan Province China, November 2. Jakarta: ASEAN.


