RESEARCH ESSAY

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Biopower in Transition: The Politics of Poverty in Vietnam

Bác Lê Thị Thu, aged 60,[1] met me and my research assistant at her home, which stood at the end of a narrow residential lane. The little residential area, like other working-class Hà Nội neighborhoods, was composed of houses crowded into a small footprint, with individual dwellings adjoining so closely that they were almost continuous with one another. Inside, Bác Thu's house was really just a room, a few meters by a few meters, with an annex for cooking outside the front door. A barred window looked onto the neighboring lane; mid-interview, a neighbor shouted in to scold Bác Thu's granddaughter Thủy, who was fourteen, for having spilled rice out there.

The interview had gotten off to an unusual start. Like many of the other women that we had interviewed, Bác Thu burst into tears as she began telling us her story—but unlike our other interviewees, she had begun weeping almost before we had asked any questions. As Bác Thu's crying subsided, she explained that she cried all the time—in fact, whenever anyone visited her house, she cried. I wondered why the ward health station had "guided" us to interview this particular family, as it appeared that Bác Thu was a little unstable and perhaps the ward's health cadres had known this.

As Bác Thu recounted, she was born in 1949 or 1950 in Hai Bà Trưng District's Quỳnh Lôi Ward, not far from her current home. Her father was the head of the local council [*lý trưởng*], and she grew up in the richest family

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in the village. Her mother, the second of three wives, had worked as a small trader. Her three siblings had grown up to become intelligent and highly ranked, but Bác Thu had only had the opportunity to study to second grade. Later in life, her husband and parents died of cancer; none of her four daughters had succeeded much.

As a result, Bác Thu had been on the ward's list of officially poor households for years while she worked informally paid jobs. She sometimes earned money from helping neighbors wash clothes, shop at the market, or carry out the trash. She explained that she even washed gloves at a hospital, though I wondered how this could be, given that disposable gloves are standard in Vietnamese health-care settings, as they are in any other. Grabbing my knee for emphasis, Bác Thu said she had sold her blood for money "a billion times" and that she earned money as a paid mourner at funerals, too, where she cried "just like a family member."

As Bác Thu talked, she pointed out individual household possessions in the room, telling us how they'd come into her possession. Beyond providing a simple inventory, she sketched out her relationship to extra-family social networks, including state agencies, as she told us the story of how she had come by this cabinet, that mat. Official reports and policy documents in Vietnam often provide an organizational chart in which administrative hierarchies of responsibility and subordination are drawn. Bác Thu's history of her household belongings accomplished something similar—a map of the state and civil society agencies to which a vulnerable citizen could appeal when attempting to secure her welfare:

> That fan, the women [Women's Union, Hội Liên Hiệp Phụ Nữ Việt Nam] gave; this cabinet, the ward People's Committee asked me to bring home. Everything is completely given to me by other people. This furniture is from the ward, the rice cooker we also went to request. We are completely begging [for whatever we have]. . . . It's just me and my granddaughter. It's been completely the school buying her books and notebooks; I haven't bought a thing. The women's association gave this, the health [department] of the district recently bought me this new pair of mats.…The ward pities [*thương*] me very much. When they come down to visit, I cry, and they say, "That's enough, don't cry anymore." I even curse the police; I'm not afraid. The police really pity me.…I have the neighbors, the ward, the district all pitying me.… Anything I like, I ask for.[2]

Bác Thu's home seemed exceptionally materially deprived for an urban family. There was no indoor toilet; the window lacked glass. She didn't own a telephone, a motorbike, or even a bicycle—durable goods that the Vietnam Household Living Standards Survey (VHLSS), a poverty survey conducted every two years from a large representative sample of the Vietnamese population, uses as proxy measurements of poverty.[3] But despite her lack of formal employment or the support of relatives, Bác Thu was provided with food, clothing, and other life necessities. She made appeals to the ward police, the Women's Union, the People's Committee, shopkeepers, neighbors, and the nearby pagoda, and this diverse assemblage of benefactors had collectively supplied her with a small color television, clothing, a cabinet, and a good amount of rice, noodles, coal, and cooking oil. After a police officer in the area died, his family gave her his deathbed, which we were sitting on. Evidently, some of these "gifts" had been given under duress; where family relations typically revolve around mutual aid, requesting assistance from non-kin requires a more assertive approach. Rather than projecting the deferential, subdued, and policy-savvy qualities of a "cultured family" [*gia đình văn hoá*], Bác Thu cursed and berated her neighbors. When people refused, she stole. Once when the ward removed Bác Thu's status of official poverty, she sat outside her house half naked and cried for three days until they relented and reclassified her as poor.

Work, blood, curses, threats, tears, nakedness: Bác Thu's body was her capital, though her proprietary form of "bio-capital" didn't resemble the rarefied technologies that this term usually describes.[4] Nor did it resemble the ingratiating repertoire of "soft skills" or protocols for globalization-friendly corporate etiquette that everyone in English-language-education circles was adding to their curriculum during my fieldwork in Hà Nội in 2009 and 2010.

Other Hanoians I interviewed also described challenging circumstances, such as deaths and serious illnesses in the family, asking neighbors for loans, and working dead-end jobs to stay afloat. But by contrast, Bác Thu's commentary revealed an adversarial dimension of surviving poverty that had, in other interviews, surfaced only in much more subtle and face-saving ways. When our respondent accompanied us out into the lane to say a cheerful goodbye, a neighbor looked uncomfortable at our approach and appeared

reluctant to let Bác Thu greet her baby. My research assistant was very unnerved by the interview, and my transcriber returned the interview transcript with a memorandum at the top of the page that indicated, "Interviewee's nerves are unstable" [*Đối tượng phỏng vấn thần kinh không ổn định*].[5]

It would have been easy enough to conclude that Bác Thu's heterodox approach to provisioning was caused by a mental health anomaly. Medical anthropologist Allen Tran has shown that in the post-reform period, many Vietnamese "have benefited from a vastly increased standard of living yet reported worrying more now than ever before."[6] However, in this discussion I pursue a less psychologically focused explanation for Bác Thu's behavior and instead contextualize her experience and the experience of other poor Hanoians in terms of society-wide transformations in the way poverty is conceptualized, explained, administered, and lived in Vietnam. Over the past three decades, Vietnam has experienced rapid economic growth, claimed great gains in poverty reduction, and, at the same time, overseen a significant diminution of state entitlements and social services available to individuals and families in need. Bác Thu's testimony highlights the "permanent emergency of self-reliance" that poor urban families often described confronting.[7]

Biopolitics and Poverty

I characterize these shifts in terms of biopolitics—a construct that has proven generative in social science and humanities scholarship since Michel Foucault first presented it in a lecture in 1974, subsequently expanding upon it in a series of lectures at the Collège de France.[8] Centrally, Foucault contended that a new form of state power arose in the modern era, replacing earlier iterations of sovereign authority that rested on coercion through force. This new type of power was informed by the recognition that a group of living subjects, taken together, formed a "new body, a multiple body" whose collective health, longevity, fertility, morbidity, and mortality could be measured and managed.[9] Foucault termed this pivot to the governance of populations *biopolitics* and posited the concomitant rise of *biopower*: a form of power aimed at "improving the life, health, and welfare of the individual and population"[10] through a program of selectively "making live"—amplifying the vitality of some individuals or groups—and "letting die,"

or allowing some parts of a population to suffer the effects of disinvestment and neglect.

Caution is warranted in applying theoretical constructs with European provenance to the non-Western world. As Amy Borovoy and Li Zhang note in a recent essay on biopolitical governance and health in East Asia, "certain critique and rethinking are in order" for applications of Foucauldian theory to non-European settings to bear fruit.[11] However, as the authors also note, "we continue to find [Foucault's theory of power and governmentality] useful in helping us understand the changing biopolitical regime in East Asia."[12] Judith Farquhar and Qicheng Zhang further suggest the broad potential for applications of Foucauldian theory worldwide, observing that "to some extent modern biopower has traveled with the nation wherever it has been established."[13] Indeed, scholars have applied the concepts of biopolitics and biopower in a wide array of global settings outside the industrialized West.[14]

Poverty represents a significant—if less frequently theorized—site for research on the exercise of biopower and its consequences. Though poverty is not an embodied state per se, states and nongovernmental organizations often nonetheless behave as if it were, measuring and forecasting poverty via statistics—the "critical modality of biopolitics"[15]—as well as surveilling the poor actuarially in initiatives to measure, manage, and reduce poverty. Further, across global settings, poverty is also frequently constructed as an indicator of vitality, welfare, and potential, with socioeconomic status described in terms of quality of life or even life worth living. In these ways, poverty in modern settings is always already biopolitical, and efforts to explain and remediate poverty can be seen as expressive of the biopolitical imaginaries and priorities of their authors. For example, in the People's Republic of China, discourse around *suzhi*—the "'quality' of individuals, groups, and populations"[16]—illustrates how poverty has assumed biopolitical stigma in a late socialist setting, a phenomenon that I suggest is also taking place in Vietnam.[17]

As this article argues, Vietnam's hybrid political economy—a one-party state and a free market—has impelled a type of life politics in which the state's theoretically tight (but sometimes, in practice, loose) administrative control over the population operates in conjunction with the exigencies of

a highly dynamic national economy. The competing ideological ends of a "market economy with socialist characteristics" [*kinh tế thị trường theo định hướng xã hội chủ nghĩa*] are, in ways, incompatible. As the ethnographic cases that I discuss below illustrate, the exigencies of the market economy and the state's withdrawal from universal social protection conjoin to create a form of governmentality in which poor individuals and families must pursue what the policy literature terms "informal coping strategies"—scrappy, injury-prone agency from below—or accept a kind of inertia. They inhabit a predicament in which "there is very little ability to absorb risk at the same time that one is forced to undertake highly risky activities."[18]

Defining Poverty in Hà Nội

From 2009 to 2010 I conducted fourteen months of fieldwork in Hà Nội to study outbreaks of cholera—an enteric infection spread by fecally contaminated food or water that is often considered a "disease of poverty." These outbreaks, which occurred in northern Vietnam over four waves from 2007 to 2010, constituted a source of political difficulty for the Ministry of Health; as a result, it took months of bureaucratic navigation to be permitted to conduct interviews with city residents. I adjusted my research emphasis to focus on how poor families in the city sourced their food and water, how they accessed health services, and what their household finances were like. Essentially, this research allowed me to ask, How do poor Hanoians live, work, and care for their family members?—a question that enabled insight into the way that poverty is defined, governed, and experienced in post-market-reform Vietnam.

At the outset of data collection, I had incorrectly assumed that the process of identifying poor neighborhoods, households, and individuals would be relatively self-evident, as comparative lack of access to cash, commodities, and other indicators of socioeconomic status would be readily apparent. However, this turned out not to be the case—not least because poverty describes a multifactorial experience that cannot be easily defined as the possession of a given amount of money over a specific amount of time or even the absence of a specific set of material possessions.[19] The potential complexity of defining poverty was brought to my attention during a conversation at Hà Nội School of Public Health. My interlocutor, a senior

scholar in public health, inquired how I planned to measure poverty in my research, and I noticed that she seemed uncomfortable at the thought that I might take the claims of prospective interview participants at face value. "If you go into a village to interview people, you shouldn't ask, 'Are you poor?,'" she pointed out, "because they'll all say, 'Yes.' You have to ask if they are *officially* designated as a poor household."

I was a little nonplussed by the impression that my colleague didn't trust poor individuals to represent their situation honestly. Forgetting that high-ranking university personnel in Vietnam are also members of the Communist Party, I was also surprised to hear a professor advocating for state bureaucracies as the proper arbiters of a social fact. As I reasoned at the time, Wouldn't a family know best that they were poor?

However, where poverty was once so ubiquitous as to require no formal definition, Vietnam's economic transformation—alongside its new integration with global financial entities and humanitarian aid organizations—has compelled the formalization of poverty lines, poverty metrics, and new procedures for identifying poor individuals and households. As Deniz Kandiyoti notes in an article on post-Soviet Central Asia, the "shift from universal welfare provision under the Soviet system to targeted assistance and poverty monitoring has stimulated a new interest in the measurement of living standards"—an insight that is generalizable across the post-socialist world.[20] As a result of poverty's apparent confinement to increasingly smaller and "harder to reach" parts of the Vietnamese population, a sophisticated actuarial apparatus with broad surveillance capacity is now required to define, identify, spatialize, and remediate poverty. The work of targeting and eradicating poverty requires the articulation of specific categories of risk or deviance: "vulnerable" subjects like "female-headed households," "ethnic minorities," and "remote" communities. And it also requires determinations about objective features that are held to certify "poverty"—a term that is notoriously difficult to define.

My access to interviews with city residents was shaped by these determinations, as my study participants were drawn from local administrative lists of officially poor and near-poor households [*hộ gia đình nghèo và cận nghèo*]. Household poverty status is the artifact of a process of categorization that some observers have critiqued for its imprecision, and indeed I noted

instances of significant variation between households that had officially been classified in the same category. My respondents were also likely not the very poorest in their communities, as none of them was an unregistered rural-to-urban migrant—a status that is typically imagined to occupy the lowest socioeconomic rung in Vietnam's big cities. Further, as ethnic-majority residents of a lowland province as well as residents of the national capital, they also belonged to populations that are usually perceived as least at risk of poverty in Vietnam.[21] Nonetheless, the families I interviewed described experiencing complex forms of deprivation and shared stories about their difficulties in qualifying for state assistance.

In the following discussion, I suggest the tensions around the project of defining and managing poverty in contemporary Vietnam and sketch the administrative and social predicaments that confront deprived individuals and families as a result of changes in poverty policy. Vietnam has seen significant success in its national efforts in poverty reduction, largely as a result of macroeconomic growth—but these accomplishments have entailed new forms of inequity, some of which are exacerbated by the irregularities in systems for social welfare. In addition, as a result of the introduction of poverty lines and poverty metrics in the post-reform period, only some forms of deprivation ultimately qualify as deserving official recognition: poverty has become a scarce statutory resource that families with challenged circumstances often pursue agentively. At the same time, market-led economic growth, desocialization in the public sector, and the end of the subsidy economy have shifted official and collectively shared sensibilities around poverty, such that the poor tend to be represented—in biopoliticizing fashion—as innately deficient. Hence, individuals and families who experience deprivation are formally and informally compelled to demonstrate their deservingness at the same time that public assistance has become normatively much more limited as a result of shifting national priorities in resource allocation.

Poverty under Socialism

While the claims that poor Hanoians put forward regarding deservingness, moral norms, and personhood were out of step with the bureaucratic requirements around poverty determination, they resonated with historic

narratives underscoring the rights and prerogatives of the poor. In the colonial period, "discourse on poverty became a rallying call among Vietnamese intellectuals for patriotism, nationalism, and for some, anticolonialism."[22] Social realist writers such as Nguyễn Công Hoan and Nguyên Hồng deployed fictional depictions of poverty to critique the colonial order, expressing "bitterness and outrage about the injustice and misery to which they bore witness" and portraying Vietnamese society under colonialism as "a merciless place for those without power or money."[23] These authors "portrayed the poor as hardworking and morally upright," led astray owing to swift social change and "the collapse of the precolonial moral order"; they represented poverty as "a dignity-destroying process in which the destitute person was stripped of self-respect."[24]

During Vietnam's socialist period, mass cultural representations depicted poverty as a shared social problem to be eliminated via political struggle, comparable to other burdens on popular welfare like illiteracy and disease. Public culture of the socialist period also valorized certain kinds of low-income subjects—particularly industrial proletarians and the rural peasantry—as members of a vanguard class. As state messages emphasized, their collectivized labor was a critical resource for agricultural and industrial production and was to be rewarded—at least in theory—with equitably distributed goods and social services. As such, the social contract supported expressions of a state socialist biopower that aimed to cultivate, improve, and channel the productive power of the population in toto, facilitated by programs such as mobilizations for education, sanitation, and public health.

By contrast, the "backward" conditions or practices often associated with poverty were ascribed to the influence of formerly prevailing political economic circumstances—precolonial "feudalism" or colonial occupation. A 1967 article published in *Vietnamese Studies,* profiling a village in Hà Tĩnh Province, retrospectively related the community's past experience with poverty in a triumphalist idiom—describing scarcity and infectious disease outbreaks as the difficulties of a bygone time:

> In the past, the local people suffered constant shortage of food. The low living standards, the proximity to malaria-infested swamps and mountains, the sand-carrying winds, the lack of wells for drinking water, the most thorough ignorance of hygiene rules—all contributed to the rampage of disease and

> epidemics.…Typhoid fever, cholera, smallpox, typhus…took a heavy toll at every epidemic outbreak.…It wasn't until 1955 that K.13 was able to set up a rudimentary health service, with a few volunteers. It now comprises a 58-member staff serving a population of 5,000 belonging to 6 farm co-ops.[25]

This report establishes a teleology in which poverty is eradicated by the provision of health facilities and services by the state: elsewhere in the text, the local party secretary is quoted as acknowledging that though K13 is "lagging behind other villages economically," the leadership has "given priority to medical work, without which we wouldn't even have the necessary manpower."[26] Public health interventions are described as giving rise to economic development and, in turn, the capacity to participate in military activities.

Beginning in the 1950s, the Democratic Republic of Vietnam established the beginnings of a subsidy system in which citizens, as the clients of state redistribution, were provisioned with the necessities of life—albeit according to tight limits.[27] Under the subsidy economy, citizens, "classified by their occupations and needs, were allotted goods to buy at fixed prices."[28] Initially, rice and cloth were rationed; later, the system included other types of goods, and citizens required tickets and coupons as well as cash to make purchases from government shops.[29] Though state-provided goods and services were probably neither equitably distributed nor of very high quality, rationing nonetheless improved the quality of life of the general population.[30] Anthropologist Hy Van Luong has argued that "[i]n North Vietnam, ideologically, war footing facilitated at least a temporary acceptance of a shared poverty and the ideological emphasis on relative equality in both rural and urban communities."[31]

However, while the socialist state's approach to universal subsidy aimed at a comprehensive "making live" for the population of the reunified country, in practice those ambitions were often stymied. Through the Second Indochina War and the postwar period, the joint effects of war legacies, international embargo, and the "padding of budgets and hoarding of materials" endemic to socialist settings shaped a national "shortage economy."[32] Vietnam's domestic economy was highly dependent on imports and foreign aid, and in the 1960s spontaneous marketization began to circumvent the inefficiencies of the subsidy system, with officials tolerating these deviations

from dependence on central planning.[33] The proliferation of black markets, a consequence of scarcity, in turn contributed to further shortages.[34]

Household-level poverty—reflected in high levels of malnutrition and low levels of consumption—remained widespread in the post-reunification "subsidy period" [*thời bao cấp*] (1975–1986), with fifteen million people "either severely malnourished or on the edge of starvation due to insufficient calories."[35] By the end of the Second Indochina War, in 1975, 70–80 percent of the population was said to be poor by international standards, and almost 60 percent of all children under age five were stunted by malnutrition.[36] By the 1980s, Vietnam was one of the poorest countries in the world, with per capita annual income at the end of the decade estimated at US$200.[37] In a 2007 memoir, a Hanoian who had been a "mid-ranking cadre" at the end of the 1980s recalled how commodity shortages shaped common aspirations: "In that time, what did people dream of? A 'Unification' bicycle. An 'elephant ear' fan. A pair of plastic 'Pioneer' sandals."[38] Anthropologist Ken MacLean suggests that material aspirations among Hanoians in this period were even more limited than this account suggests: the average city resident "considered themselves lucky if they could eat three small bowls of rice a day and owned two sets of clothing."[39]

Despite the widespread prevalence of deprivation, a biopolitical hierarchy of entitlements permitted party members and political officials more commodities than ordinary workers,[40] with rations allocated to state employees on the basis of occupation and rank.[41] Policies of the socialist era further sought to "make live" in some populations by improving the welfare of politically qualified subjects—for example, via the wartime recognition of "hero mothers" who lost multiple sons in war, the provision of financial support to families of martyred soldiers,[42] and the priority for overseas work in other socialist-bloc countries afforded to meritorious people [*người có công với cách mạng*]: "war veterans, family members of martyrs and war invalids, former service members, ethnic minorities, and workers and cadres with excellent work histories."[43] Demographer John Bryant argues that during Vietnam's socialist period, generous foreign aid allowed the ranks of state-sector workers to expand, conferring benefits to cadres who "received guaranteed employment, sick pay, maternity leave, retirement pensions, and subsidized housing, education, and health care. They ate cheap rice, which

the government procured from agricultural cooperatives at artificially low prices."[44] And in the postwar period, North Vietnamese Army veterans were eligible for social programs whose benefits "exceeded those commonly available in the general population," including early pension.[45]

Repressive dimensions of socialist biopolitics operated in tandem with the system of provisioning. Beginning in 1964, citizens were required to register their residence [*hộ khẩu*] with local authorities in order to be eligible for subsidized goods and services like education and health care.[46] These resources were available only in the locality where a household was officially registered, such that the resources for "making live" could be accessed only within fixed administrative and geographic coordinates.[47] By tying entitlements to residence, the *hộ khẩu* system both limited the population's mobility and facilitated state surveillance.[48]

In socialist Romania, Katherine Verdery has argued that surveillance and welfare functioned as opposite sides of socialist governmentality's coin:

> If surveillance was the negative face of these regimes' problematic legitimation, its positive face was their promises of social redistribution and welfare. At the center of both the Party's official ideology and its efforts to secure popular support was 'socialist paternalism,' which justified Party rule with the claim that the Party would take care of everyone's needs by collecting the total social product and then making available whatever people needed—cheap food, jobs, medical care, affordable housing, education, and so on.[49]

While Verdery describes the harms of surveillance as balanced against the benefits of redistribution in Romania, these dual aspects of socialist biopolitics in Vietnam—surveillance and the state project of "making live" via subsidies—actually interoperated in the system for provisioning. Though the system of state-subsidized household provisioning has ended, this system remains in place in the present day, albeit with some modifications—and continues to restrict access to many rights and resources.[50]

Welfare as Biopolitics

Following market reform, Vietnam's overall national poverty rate declined steadily, falling from 58 percent in the early 1990s to—according to the most optimistic metrics—8.4 percent in 2014.[51] Though socioeconomic inequity has increased in the post-reform period, absolute material deprivation has

become increasingly exceptional in Vietnam, with significant national benchmarks in poverty reduction reported by international agencies as well as the state. Over recent decades—in part because of Vietnam's importance as a case study supporting narratives about economic liberalization—the country has been "often cited as a leader in terms of global integration, growth, and poverty reduction."[52]

The background to these shifts in the depth and distribution of poverty is the macroeconomic transformations that began in the mid-1980s, when Vietnam embarked on a market transition disestablishing many of the erstwhile institutions of the command economy. The Đổi Mới [Renovation] reforms legalized private ownership and entrepreneurship, decollectivized communal landholdings and state-owned property, opened avenues for foreign trade and investment, and injected cash into an economy that was, during some parts of the postwar period, growing at an annual rate of only 0.4 percent.[53] Đổi Mới caused rapid and resonant changes to everyday life and living standards nationwide, with Vietnam's subsequent annual rates of GDP growth ranking among the fastest in the world. The accumulation and circulation of wealth in Vietnam today can be readily observed in built environments,[54] consumption patterns,[55] and the proliferation of private medical facilities.[56]

However, Vietnam's post-reform macroeconomic growth has not resulted in a robust system of social protection—in fact, quite the contrary. In a relatively short period of time, the terms of Vietnam's social contract have shifted from a program of (ostensibly) egalitarian provisioning to a market economy of (ostensibly) self-responsible individuals and families, with government support for education, health services, and other entitlements significantly reduced.[57] Over the past two decades, the state's allocation to social services has decreased: In the 1990s, Vietnam's annual spending on social benefits ranged from 4 to 8 percent of the country's GDP, a low rate by international standards.[58] In 2015, public spending on social assistance programs dropped to 1.02 percent of GDP.[59]

The services supported by these state expenditures, while more extensive than in the immediate post-reform period, remain far from comprehensive. While this limited ambit for state assistance is often defended on the basis of Vietnam's successes in reducing the overall prevalence of poverty, some

scholars have argued that such significant rates of poverty reduction may be illusory, resulting at least in part from systemic problems in the state's approach to defining and measuring poverty.[60] For example, the setting of Vietnam's national poverty lines has remained quite low by international standards,[61] meaning some groups with relatively low income may not be counted as poor. The poverty measurement process is also complex, potentially leading to "haphazard implementation."[62] Further, at local levels, poverty determinations are limited by local budgetary constraints—meaning that the amount of poverty that can be recognized is essentially preset; local officials are also incentivized to report poverty reductions, which may interfere with objective reporting.[63] Access to cash transfers assisting needy individuals with expenses like education and electricity is contingent on income, with no recognition of family circumstances such as illness or disability.[64] These issues may serve to reduce the identification and reporting of poverty, hence compromising opportunities to respond to the needs of families who are administratively prevented from qualifying for assistance.

Vietnam's state social protection programs have consisted of "social insurance and social welfare schemes, the latter including targeted benefit programs and special schemes for war veterans and invalids among others."[65] Types of assistance provision include cash transfers (such as pensions for retired state workers and cash assistance for some disadvantaged populations) and benefits in kind, such as education and health care. In the health sector, a system of compulsory health insurance, providing free and reduced-cost health services, was introduced to serve initially "(a) formal workers (both state and private sectors) and civil servants; and (b) retirees, dependents of military and police officers, members of Parliament, Communist Party officials, war heroes, and meritorious people."[66]

As this suggests, Vietnam's system of welfare allocation has historically conferred privileges to recipients whose occupational or family backgrounds reflect the goals and values of the state. State institutions for social protection continue to be "dominated by a legacy of the socialist period that provided a large range of…provision to employees of the state—both in civil service, party, police and armed forces and in state-owned enterprises."[67] Individuals designated "meritorious people" for their military or other service to the state receive entitlements, though they may not be materially needy.[68]

Of further concern, Vietnam's post-reform social assistance system is marked by overall regressivity, or a failure to distribute entitlements in proportion to need. As poverty specialists Martin Evans and Susan Harkness note, a large percentage of Vietnamese social welfare is captured by groups who are not poor, and while "the poorest have a high probability of receiving a transfer, the amounts they get are a lot lower than those who are entitled and richer."[69] As scholar of social welfare Qin Gao and colleagues found in 2009, "the poorest income quintile enjoyed 6.6 percent of all social benefits while the top quintile received almost 40 percent of all social benefits."[70] A study of poverty determinations made by the Ministry of Labor, Invalids and Social Affairs (MOLISA) found that "more than 50 per cent of the poor households identified by local authorities are not poor in terms of income or expenditure measures."[71]

Similarly regressive trends have been noted in the education and health sectors, in part as a result of privatization and deregulation. The national health-care system was privatized in 1989;[72] fees for services were introduced in the education and health sectors the same year.[73] This took place as part of a national policy reorientation toward "socialization" [*xã hội hoá*]—a term that counter-intuitively denotes the transfer of responsibility for formerly publicly funded services from the state to individuals and families.[74] Socialization policy is marked, in the words of anthropologist Minh T. N. Nguyen, by the "contradictory goals of maintaining legitimacy while unloading responsibilities onto 'all the people.'"[75] As health policy experts and other observers have noted with alarm, public services in Vietnam are increasingly financed by individual out-of-pocket expenditures, with some 80 percent of the total cost of health care paid by users at the time of my fieldwork.[76] In addition, health-system reforms permitting self-referral mean that patients are free to go to the health-care facility they prefer; as a result, wealthier groups are more likely to seek services at hospitals, where care provision is believed to be superior to care at lower administrative levels. This tendency in the consumption of health-care services also creates a regressive bias in public health spending, such that "the average public health subsidy received by the richest quintile of the population is more than twice as large as that received by the poorest quintile."[77]

In these ways, some of the nation's social, economic, and health inequities are exacerbated by the very mechanisms that administer social welfare. Social assistance in Vietnam particularly fails to serve moderately poor households, households above the poverty line, and, because they are more likely to be informally employed, women.[78] It also misses the nation's uncounted but large population of rural-to-urban migrants, many of whom are not formally registered in the *hộ khẩu* system and are thus ineligible for social benefits.[79] By systematically favoring certain social groups over others instead of recognizing and relieving poverty universally and equitably, the Vietnamese state establishes a hierarchy of deservingness in its processes for poverty designation and welfare provision; these inequities have endured since the socialist period. State processes for poverty management thus inscribe both *de jure* and *de facto* biopolitical priorities. However, these tacit priorities are mystified by state and non-state representations of poverty and the poor: as I will suggest in the following section, official depictions of poverty advance a naturalizing and essentializing perspective that emphasizes the pathos and incapacity of poor individuals and groups.

Representing Post-Transition Poverty

Where poverty was previously framed as the result of colonial occupation and foreign exploitation, state agencies, media, and nongovernmental organizations in Vietnam today tend to describe poverty not as an outcome of underdevelopment by outsiders or even as a consequence of the history of foreign wars, but rather in biopolitical terms: as a deficit of social groups whose atavistic or unimprovable qualities prevent them participating in and benefiting from national economic growth. Along these lines, MacLean has observed a "quiet repudiation of class-based forms of analysis" in state accounts of socioeconomic dynamics, writing, "Official discourse now uses 'socioeconomic differentiation' rather than class to measure changes in absolute income inequalities, which have increased considerably over the same period. The category is a descriptive one, however, and thus fails to provide critical insights into the structural causes behind this accelerating trend."[80] This essentially technocratic approach to framing poverty suggests an unwillingness to acknowledge how the arrangements of the post–Đổi Mới period create and perpetuate vulnerability in some parts of society.[81]

Along these lines, a shift to depoliticized discourse about poverty is visible in national policy documents—sometimes even in individual documents. For example, Vietnam's 2002 Poverty Reduction Strategy Paper (PRSP), a government-drafted document central to the securing of World Bank and International Monetary Fund financing,[82] opens by situating the project of poverty reduction as central to the nation's historic socialist ideals:

> Even as Vietnam seized independence in 1945, President Hồ Chí Minh emphasized that poverty is an 'enemy,' just as illiteracy and foreign invaders are considered enemies. He therefore defined the nation's mission: strive to enable working people to escape from wretched poverty, to be gainfully employed, and to enjoy a prosperous and happy life.[83]

However, this textual commitment to a socialist account of poverty is abandoned within pages as the document proceeds to discuss the successes of economic reform to date and the new national strategy for reducing poverty. Outlining a program of "rapid and sustainable economic growth,"[84] the document describes accelerated market activity, facilitated by deregulation and structural reforms, as the central means for eliminating enduring forms of poverty and socioeconomic inequity.

This pivot illustrates Celine Tan's critique of PRSP documents as a new form of biopower, one in which "the discourse and methods of resistance against the injustices of the international order have been appropriated to distil such dissent through qualified operationalizing of contestable notions of 'participation,' 'ownership,' 'partnership,' and 'poverty reduction,' disabling the resurgence of any emancipatory politics in the international economic order."[85] Tan suggests that the rise of the PRSP framework, which holds nations solely responsible for addressing the consequences of uneven global development, reflects "shifting modalities of power at the global level, marking the transition from what Foucault terms a 'disciplinary society' to that of 'a society of control.'"[86]

The tone struck by Vietnam's PRSP underscores how perspectives on poverty's significance have transformed in the post-reform period. While written in a thoroughly technical idiom, the PRSP document comments that "[p]oor health, low education attainment, and degrading sanitation and environment make it difficult for the poor to improve their situation in

order to escape from poverty" and casts doubt on economic policies that "redistribute income in a passive manner" instead of allowing the poor to "take their own initiative."[87] Though this text was developed for an international audience and thus may not perfectly reflect the views of its authors, Vietnam's PRSP document is strongly consonant with a general shift in public culture toward a depoliticizing, individualizing view of poverty, one that marks poverty as an attribute of "backward" social groups.[88]

Along similar lines, official accounts tend to reify the vulnerability and disadvantage of social groups who are overrepresented among the poor, presenting these in terms of static demographic descriptors and framing poverty as a form of social deviance. Whereas public culture of the socialist period valorized certain kinds of low-income subjects and contextualized their predicaments dialectically, the Vietnamese state of the present day tends to frame poverty in terms of a biopolitical deficit. Ethnic minority groups are often figured as culturally and behaviorally deficient: given to spending money on religious or "superstitious" traditions and disposed to abuse alcohol or engage in criminal behavior.[89] An article excerpt by the vice director of a provincial office of MOLISA illustrates how ethnic minority status, superstition, and poverty are constructed as mutually entailing:

> *To support the reach of the services for environmental hygiene, culture, and justice*: State/social workers with their knowledge and skills will, with the local administration, mobilize [*vận động*] the people in general and poor ethnic minority people specifically to be self-reliant [*tự lực, tự cường*] in protecting their living environment: keeping villages hygienic, planning living quarters and livestock areas suitably clean for each family in order to protect the living environment for the entire village. Keep environmental pollution at the lowest possible level in villages belonging to ethnic minorities in which poor families live.…
>
> Regarding culture, [state workers will] help them sustain, preserve, and promote the cultural character of every ethnicity by helping them to regularly organize communal cultural activities in an effort to unite the community and protect their cultural patrimony. At the same time, [state workers will] advise and help them avoid backward traditions [*các hủ tục lạc hậu*] and superstitions [*mê tín dị đoan*] and not listen to the inciting words of hostile forces [*lời xúi dục của các thế lực thù địch*] making efforts to subvert national unity.[90]

As I have written elsewhere, media portrayals often advance comparably disparaging or hostile representations of poor individuals and populations.[91] In 2009 and 2010, official journalistic accounts of the rapid transmission of cholera through city populations prejudicially implicated the careless, "subjective" [*chủ quan*], and profit-motivated actions of small traders and other working-class actors[92]—figuring poor people, or certain kinds of poor people, as a negative biopolitical presence; a threat to public health and public order. The effect of these representations is, among other things, to explain poverty in terms that distract from state failures to ensure the welfare of all citizens.

Embodying Biopower in Transition

As I came to understand from my conversations with Hanoians, in a "market economy with socialist characteristics," the prevailing imperatives of contemporary Vietnamese biopolitics place pressure directly on the body, such that individuals experience these imperatives physically when they travel, labor, and care for loved ones. This was illuminated by my conversations with many city residents of diverse ages who had retired from factory work or state employment early owing to "lost health" [*mất sức*]—illness or, in some cases, an on-the-job injury—and then continued to work informally as self-employed small traders or motorbike taxi drivers to supplement the limited pension they received. In some cases, these prematurely retired workers had received no support at all. One 49-year-old man told us he had retired from the Thượng Đình factory, which made shoes, owing to poor health. That was in 1974, when he was 23; he received a lump sum and went on to repair bicycles and motorbikes in his small apartment. Nguyễn Thị Xuân Thơm, 56 years old, the mother of a teenage daughter completely incapacitated by Japanese encephalitis, had retired from construction work after an injury. She discussed selling flowers at a nearby market to afford her child's hospital bills:

> Bác Thơm I've sold flowers for nearly twenty years, I retired and had to work extra [*làm thêm*] to live. With the child like this how can we have enough to eat? Every bout of illness [*trận ốm*] can be 500,000 [đồng; approximately US$25] for the medicine. And just the last day, her sickness took all of 160,000 [đồng].

ML Is selling flowers enough to take care of her?

Bác Thơm I have to sell to make more than 800,000 [đồng] a month. It's a million [đồng per month] to take care of her. That's for her to eat. From selling flowers, I get 20,000 or 30,000 [đồng] a day; that with the pension, we have to try to give her enough to eat.[93]

In an interview with an 81-year-old man caring for his 84-year-old wife, I was struck by how limited state aid provided to officially poor families really was. We sat in the biggest room of the house, approximately two meters by three meters, while our host Ông Việt, a retired tailor and the father of six grown children, sat on the edge of the benchlike bed where his wife Bà Phượng lay motionless, wrapped in a quilt. Though the mood in the neatly kept room was pleasant and welcoming, the couple was struggling to manage the costs of health care and their other modest expenses on a budget that, excluding gifts from their children and occasional charity from the state, amounted to about US$1.15 per person per day.[94] It seemed apparent that Bà Phượng was approaching the end of her life:

Ông Việt She's very weak and thin, before she was 40 kilos and now she's 25 kilos. She just eats a little bit of rice every day. If I buy a bowl of rice porridge for 4,000 [đồng; US$0.25], she can't eat all of it, I tell her to eat it up but it's as if it's bitter. Often when she's eating rice, she'll swallow it and then choke. The other day I went to go to the hospital and the people said they would have to take an image of her back; it costs 1,600,000 đồng [US$80]….I said no, that's enough, and asked to return home. We don't have any money. The people [*người ta*, referring to ward authorities] say that when my wife turns 85, the state will give her a pension of 250,000 [đồng; US $12.50; per month). But now she's just 81 and so she hasn't gotten anything.

ML With an additional 250,000, would you have enough to live?

Ông Việt Yes, it's so hard like this. Right now, my pension is 1,400,000 [US $70; per month], shared out [between various family members, including adult children]. If there's a guest, I turn on that light [across the room], but if not, I just use this little light bulb.[95]

The couple had been told to rely on their children for support, but their children were unable to help much; one of their sons had died and another had a liver condition; as Ông Việt said, "There's no child who's earning

money well." That 85 was the age permitting more significant entitlements seemed absurd, especially given Bà Phượng, at 81, appeared so frail already. As we spoke, Ông Việt produced a variety of documents—the bill for the refuse collection, for the electricity, for the water—to establish to us, his young interlocutors, how the household was faring. Indeed, the only time that Bà Phượng joined the conversation was to correct her husband about the monthly charge for getting the garbage collected.[96]

For particularly vulnerable families like Ông Việt's, the pressures of a market economy, coupled with lack of recourse to state welfare, create predicaments that lack even the hope of a more secure future. Whereas periods of economic growth are typically represented as inspiring fantasies of new opportunity, imaginaries of globalized connectivity, and aspirations to material success, what struck me about the accounts of poor families was their almost universally grim appraisal of the futures that they and their children were facing. In an effort to end interviews on a positive note, I included a closing question about what respondents hoped for. These discussions most frequently led to exchanges that struck me not only as extremely sad, but also as a jarring contrast to the jauntily optimistic ambiance that was palpable in wealthier urban neighborhoods and in mainstream popular culture. Family—posited by the state as the solution to economic limitations—appeared for some to be a dead end.

The below conversation with one elderly woman, Nguyễn Thị Gái, is one case in point. Her parents died in 1949, when she was just ten, and so her early life had been particularly miserable and difficult; she had worked as a live-in maid since childhood. Now aged 80, she and her 87-year-old husband were recognized by the ward for their advanced age and given a token sum of 200,000VNĐ (US$10) at Tết, but their family didn't qualify for official poverty status:

> Bà Gái Many homes have more than us and are considered poor, but *we* really are poor and can't [be considered so officially]. They say we have a lot of children and a house, at Tết they come and wish us happy new year and we receive a few tens [of thousands of đồng], that's all; otherwise, we don't have anything. Now we don't have a pension and we're old, sick. They tell us we have a house and something to nibble on, but can we really eat? They say, "Lean on all your children and grandchildren [*dựa vào con cháu*]," but the children don't have anything for us to lean on.…

ML How is the health of your children?
Bà Gái I just have a 47-year-old [daughter] who has a kidney problem, and my son fell and so his leg is crippled [*bị tật*]. Now he sells sandals [from a wagon].
ML Do you have any hopes for the future of your children?
Bà Gái They're also very poor, they can't help at all. I don't hope for anything. The boy got slashed in the leg when he went to a mountainous region. He had to come back and have his tendon reattached. Now he just sits and with his leg stuck out straight [implying that he is going nowhere].[97]

Considering that Bà Gái had lived through some of the most challenging periods in recent Vietnamese history, it was remarkable that her sense of her family's current circumstances appeared so dark and discouraging. However, Bà Gái was not the first person who told me she didn't hope for anything better. Many individuals I interviewed, including quite young people, expressed their conviction that their lives would not improve. They refused to entertain faith in even the affect of "cruel optimism" that is particular to neoliberal societies.[98] Such expressions of resignation registered a sharp contrast to the image of Vietnam as an economically dynamic and forward-looking nation and to the narrative of market transition as advancing national prospects for human development and material security.

Instead, what poor families emphasized as certain was the need to work for a living. This theme was constant: everyone in a low-income household, unless they were a school-age child or incapacitated, worked at least one low-wage informal job—as farmers, motorbike taxi drivers, security guards, child-care providers, recyclers, handicraft producers, small traders, maids, construction workers, vendors of produce, or food preparers at local markets. This highlights another aspect of the biopolitics of poverty in Vietnam's post-transition period: the tight relay between bodily and monetary expenditure in poor households. The pressures of the political economic order are experienced physically, particularly by lower-income subjects: the body is the ground of life and subjectivity, a source of animate capacity for laboring, and a repository for depreciation, exposures, and injury. Under these circumstances, bodies are survival strategies, not accumulation strategies;[99] they supply the resources for their own renewal, but always require food

and care. In this way, the biopolitical order of the post-transition period endorses the selective production of debility among individuals who are compelled to labor without robust social and legal protections or other economic recourse.[100]

One interview participant stood out as a particularly clear example of the embodied experience of poverty and work, in part because her home situation was marked not only by the experience of serious illness but also by the urgent need to balance paid work with care for dependent family members and appeals for state entitlements. Đoàn Thị Kim Liên, age 37, had worked as a security guard and janitor at the parking lot of a state-owned enterprise for fourteen years. The mother of two boys, ages five and nine, Chị Liên had gotten married at 27 to a man whose mental illness—which manifested in ways that the family found very disturbing—had caused him to be hospitalized on and off for over twenty years, including much of their marriage.

Both of Chị Liên's parents-in-law had been state employees [*cán bộ*] at the March 8 Weaving Factory [Nhà Máy Dệt 8–3], and accordingly, in 1986, they had been given an apartment in a collective building [*nhà tập thể*]; it was still the family home. The apartment, twenty square meters in total, was on the second floor and consisted of two rooms, a small living room and a bedroom where Chị Liên's mother-in-law was resting. The front room was simply furnished with inexpensive metal chairs, a tiny table, and a plastic bag of documents and supplies hanging from the wall.

Chị Liên confessed that she had married her husband despite knowing of his illness, because she pitied [*thương*] him and his parents' poor circumstances.[101] The neighbors despised her—looking down on her for having married a man who was so unwell, gossiping that her first child was fathered by another man, and speculating that she would attempt to take the title to her in-laws' very small house when her mother-in-law passed on. She also informed us that her husband's parents had adopted him, possibly before knowing of his illness, because they had no children of their own and hoped for the support that a son could provide.

This had not gone to plan, but it seemed that the family had once been more stable. When Chị Liên's mother-in-law retired, she was given a pension. As an in-marrying daughter-in-law, Chị Liên had held an extra job cleaning houses, part-time work that she found easier than her current work.

Prior to his long-term hospitalization, Chị Liên's husband had worked repairing spinning machines. In his absence, Chị Liên was responsible for caring not only for her two sons but also for her 79-year-old mother-in-law, who had become paralyzed from a stroke the previous year. Her father-in-law had died of throat cancer some years ago. The family was now surviving on Chị Liên's wages, which were—given the deskilled, feminized position she held at a company that had once provided good livelihoods for workers—quite low, less than 1,000,000VNĐ a month (US$50). Chị Liên received a pension for her husband's occupational disability [*mất sức*], 850,000VNĐ a month (approximately US$44), and she also had her mother-in-law's pension, but it wasn't enough to relieve her caretaking and work obligations. The family had been on and off the list of poor households in the ward—an experience that was not related with any sense of pride or satisfaction at "escaping poverty."[102] Currently, Chị Liên said, her household was just receiving an occasional "gift" from various agencies: her company and the neighborhood association [*tổ dân phố*]. When one of the boys' teachers had visited the house and seen their circumstances, she also arranged for a gift of 200,000VNĐ (US$10) from the school.[103]

In the absence of able-bodied adults to earn wages and more robust provisioning by the state, Chị Liên told us she didn't even have time to go to the doctor, let alone to return to her hometown for a visit with her family in Thái Bình Province. These limitations on time and money interacted viciously with Chị Liên's health and that of her family members. She had to hurry home after work to care for the children and clean and feed her mother-in-law. She purchased expensive medications for her husband and his mother but relied on herbal remedies and over-the-counter medications to treat her own ailments. And she worried that her children were not developing properly:

Chị Liên I worry that they're stunted [*còi*], I'm afraid that because their father took a lot of medicine it affected them—the kids go to school and they're not developing like their friends in the same class.… Their father took a lot of medicine, but secondly, when I was pregnant, I worked at night and didn't sleep. I think that also influences the fetus.[104]

ML And you? How's your health?

> Chị Liên I'm also very weak. I have goiter [*bị bướu cổ*]. I have asthma [*bị hen phế quản*] from breathing the cotton fibers at the factory…I can't sleep. I'm melancholy [*buồn bã*] and just horribly tired [*mệt mỏi kinh khủng luôn*].[105]

When we asked about the future of her children, she replied:

> Life as it is now, right now I'm just looking to the future of my two children. I try to work hard, of course, but many times I just find my situation dull [*chán*]. I don't have any more energy. I just think about [providing for] my kids. Really, when I think about it, it's so dull.

While Chị Liên and her in-laws undoubtedly had met more than their share of bad luck, it was somewhat shocking to see a family with a long history of working for the state facing such difficult circumstances. The wife and daughter-in-law of cadres, Chị Liên couldn't even buy herself new clothes, saying, "My clothes, all the ladies at the office give me. Their old clothes. Everything I wear is clothing that I got from someone." When we asked if the family received any services free of charge, she said, "We don't get any services at all. It's just you girls who have come in to interview me."

Conclusion

As anthropologists Christina Schwenkel and Ann Marie Leshkowich note, "China's and Vietnam's continued growth more than twenty years after the 'collapse' of socialism unsettles teleological beliefs in capitalist social change as a marker of 'progress.'"[106] Indeed, while some parts of the post-socialist world experienced profound economic disturbances after the breakup of the Soviet Union, with concomitant impacts on national socioeconomic security and public health, the "socialist market economies" of Vietnam, China, and Laos have been characterized by some as a "developmental model to embrace."[107] These national macroeconomic successes exist side by side with forms of increasing socioeconomic inequity that directly counter the ideological commitments of these states. As this article has suggested, such contradictions are occluded by an unannounced national shift from rights-based, historically materialist discourse regarding the origins of poverty to biopolitical discourse that positions the poor as inefficient competitors.

Vietnam's post-transition period has thus entailed abrupt changes for the non-wealthy, as implied by the ethnographic conversations I cite. Reduced state responsibility for public welfare compels individuals to economic self-sufficiency while retrenching traditional values of familism; poverty metrics recognize a relatively limited proportion of need as legitimate; and regressive systems for social services increase inequity instead of remediating it. These shifting biopolitical dynamics have resonant consequences for economically precarious individuals and families. Lacking the forms of capital that advantage labor market participation means downward mobility, frustrated appeals for state assistance, and a sense of stasis and pessimism despite the ambiance of wealth and opportunity in society at large. These pressures register physically—not just in the form of physical pain, injury, and debility, but also in anxiety, boredom, and despair. In sum, the experience of poverty in post-transition Vietnam is embodied and experienced in ways that run quite counter to prevailing national narratives of social development and new prosperity.

While Vietnam has been lauded for its successes in poverty reduction and its overall economic growth, the state system for poverty administration—poverty determination, counting the poor, and providing entitlements—effectively requires needy individuals to present themselves as deserving of assistance, competing with others for limited resources. As the above discussion suggests, in the process, some vulnerable individuals are excluded from the ambit of state recognition and provision, and in this way a heterogeneous group of potentially deserving subjects are abandoned—with their welfare left to family members, social networks, and the market. Accordingly, poverty has become a narrowly defined and quite sought-after administrative status for families with limited resources, akin to what the medical anthropologist Joe Dumit terms an "illness you have to fight to get"[108]—an ironic outcome, to be sure, for a socialist polity with a long history of commitments to universal entitlement.

In concluding, I return to the situation of Bác Thu, whose strategy for resisting poverty illuminates significant contradictions in the life conditions of post-market-transition northern Vietnam. As an older single female head of household without much education, she was exactly the kind of subject that policy analyses would suggest as vulnerable to multidimensional forms

of economic and social exclusion. Because her parents were not "meritorious" people in the eyes of the authorities, Bác Thu was unlikely to benefit from entitlement programs associated with political deservingness. Without much education, a husband, or any sons, and with her siblings and daughters far away, Bác Thu further lacked the domestic capital that has, in the years following Vietnam's transition, served as the informal foundation of household welfare.

However, at the same time, Bác Thu successfully pushed against the norms of a de-socialized "market Leninism,"[109] calling on agents in the local political apparatus to live up to her expectations of a moral economy. By so doing, she was able to navigate a market-driven economy in which social entitlements were increasingly scarce and difficult to receive. Bác Thu's bullying, individualistic survival strategy sheds light on the pressure that market transition places on households to shore up their own survival—particularly those households that are not distinguished biopolitically by their meritorious activities. Contrary to policy accounts that represent the poor as passive and even abject, however, she projected fearlessness, humor, and an insouciant self-confidence. "Let them look at me if they want," Bác Thu scoffed as we finished up the interview, mocking the objectifying gaze of her neighbors and the state. Her approach to making a living was full of the entrepreneurial aggression that market economies reward. In her dealings with both the state and her surrounding community, Bác Thu staked embodied, assertive claims on life that couldn't be ignored.

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ABSTRACT

This article examines the shifting biopolitical significance of poverty in Vietnam's post-reform period, drawing on ethnographic interviews with poor Hanoians. Concomitant with the political economic and sociocultural shifts of market transition, public accounts of poverty's nature and causes have transformed. The diminished national prevalence of poverty, rapid macroeconomic growth, and the ethos of "socialization" inform accounts that depoliticize deprivation and present it in biopolitical terms, as an

inherent characteristic of some social groups. Economic and policy transformations mean that low-income urban residents navigate competing obligations under market socialism: to be as self-reliant as possible while remaining legible as legitimately deserving.

KEYWORDS: *biopower; biopolitics; poverty; post-transition; socialism; Vietnam*

Notes

1. Participants provided informed consent to an interview and to audio recording; audio records were transcribed and thematically analyzed. All participants are identified by pseudonyms and their ages are stated as of the time of the interview.
2. Interview with Lê Thị Thu, May 12, 2010, Đồng Nhân Ward, Hai Bà Trưng District, Hà Nội.
3. Measures of income and consumption can vary seasonally or between years, complicating efforts to capture an impression of a household's socioeconomic status with one point-in-time measurement. Surveys of household welfare thus frequently quantify durable goods instead of or in addition to income or spending; the VHLSS, which measures consumption as a poverty indicator, is particularly exhaustive in this aspect.
4. See Kaushik Sunder Rajan, *Biocapital: The Constitution of Postgenomic Life* (Durham, NC: Duke University Press, 2002).
5. I was accompanied to interviews by one of a small group of Hanoian university students, some of whom were personal friends. Our intent was that their role as culture brokers would help reduce the potential discomfort that interview participants felt in meeting privately with an unknown foreigner. However, while the presence of Vietnamese interlocutors helped smooth the conversation in some ways, in other ways it failed to reduce tension around socioeconomic class, an issue which could not be sidestepped.
6. Allen Tran, "A Life of Worry: The Cultural Politics and Phenomenology of Anxiety in Ho Chi Minh City, Vietnam" (PhD dissertation, University of California, San Diego, 2012), ix.
7. Mark Duffield, "The Liberal Way of Development and the Development–Security Impasse: Exploring the Global Life-Chance Divide," *Security Dialogue* 41, no. 1 (2010): 53–76.
8. Vernon Cisney and Nicolae Morar, eds., *Foucault: Biopower and Beyond* (Chicago: University of Chicago Press, 2015), 7.

9. Michel Foucault, *Society Must Be Defended*: *Lectures at the Collège de France* (London: Penguin, 2003), 245.
10. Susan Greenhalgh and Edwin A. Winckler, *Governing China's Population: From Leninist to Neoliberal Biopolitics* (Stanford, CA: Stanford University Press, 2005), 6.
11. Amy Borovoy and Li Zhang, "Between Biopolitical Governance and Care: Rethinking Health, Selfhood, and Social Welfare in East Asia," *Medical Anthropology* 36, no. 1 (2017): 3.
12. Borovoy and Zhang, "Between Biopolitical Governance and Care," 3. Anthropologist Tania Li characterizes Foucault's construct of governmentality as referring to "a way of thinking about government as 'the right manner of disposing things' in pursuit not of one dogmatic goal but a 'whole series of specific finalities' to be achieved through 'multiform tactics'"; Tania Murray Li, "Governmentality," *Anthropologica* 49, no. 2 (2007): 276.
13. Judith Farquhar and Qicheng Zhang, "Biopolitical Beijing: Pleasure, Sovereignty, and Self-Cultivation in China's Capital," *Cultural Anthropology* 20, no. 3 (2008): 304.
14. See Borovoy and Zhang, "Between Biopolitical Governance and Care"; Peter Chaudhry, "The Struggle to Be Poor in Vietnam's Northern Borderlands," in *Connected and Disconnected in Viet Nam: Remaking Social Relations in a Post-Socialist Nation*, ed. Philip Taylor (Canberra, Australia: ANU Press, 2016); Claire Laurier Decoteau, *Ancestors and Antiretrovirals: The Biopolitics of HIV/AIDS in Post-Apartheid South Africa* (Chicago: University of Chicago Press, 2013); Akhil Gupta, *Red Tape: Bureaucracy, Structural Violence, and Poverty in India* (Durham, NC: Duke University Press, 2012); Alvaro Jarrín, *The Biopolitics of Beauty: Cosmetic Citizenship and Affective Capital in Brazil* (Oakland: University of California Press, 2017); Manish K. Jha, P. K. Shajahan, and Mouleshri Vyas, "Biopolitics and Urban Governance in Mumbai," in *The Biopolitics of Development*, ed. Sandro Mezzadra, Julian Reid, and Ranabir Samaddar (New York: Springer, 2013), 45–65; Vinh-Kim Nguyen, "Antiretroviral Globalism, Biopolitics, and Therapeutic Citizenship," in *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*, ed. Aihwa Ong and Stephen J. Collier (Hoboken, NJ: Wiley-Blackwell, 2008), 124–144; Adriana Petryna, *Life Exposed: Biological Citizens after Chernobyl* (Princeton, NJ: Princeton University Press, 2002); Annmaria M. Shimabuku, *Alegal: Biopolitics and the Unintelligibility of Okinawan Life* (New York: Fordham University Press, 2018).
15. Gupta, *Red Tape*, 111.
16. Tamara Jacka, "Cultivating Citizens: Suzhi (Quality) Discourse in the PRC," *Positions: East Asia Cultures Critique* 17, no. 3 (2009): 525–535.

17. Anthropologist Minh T. N. Nguyen compares *suzhi* to the Vietnamese concept *dân trí* [cultural standard], suggesting "*dân trí* similarly suggests a gradient of human development measured on people's educational level, their knowledge of science and technologies, their social and bodily behaviour, their awareness of the law, and so forth"; Minh T. N. Nguyen, "Vietnam's 'Socialization' Policy and the Moral Subject in a Privatizing Economy," *Economy and Society* 47, no. 4 (2018): 633.
18. Gupta, *Red Tape*, 20–21.
19. The problem of identifying meaningful cutoffs for poverty by using household possessions as a proxy measurement has been complicated over the course of the transition by increasing standards of living in Vietnam's big cities. As an NGO head related to me, in the early 1990s a survey team that defined poverty as "lacking a television in the home" spent an entire day canvassing city neighborhoods before finding a household that was "poor" by this standard; Pamela Wright, personal communication, November 2009.
20. Deniz Kandiyoti, "Poverty in Transition: An Ethnographic Critique of Household Surveys in Post-Soviet Central Asia," *Development and Change* 30 (1999): 499.
21. For a contrasting case study on poverty entitlements in a part of Vietnam often described as having a high prevalence of poverty, see Peter Chaudhry's ethnographic essay on poverty in Vietnam's northern borderlands. Working in Lào Cai, a province with a high concentration of ethnic minority residents and a history of deep deprivation, Chaudhry describes changing practices in a period of increasing state provision of poverty support. Amid irregularities in the distribution of these resources, households struggled to be formally classified as poor with a "notable lack of stigma attached to being called poor, in contrast to lowland and more urban areas of Vietnam"; Chaudhry, "The Struggle to Be Poor," 204.
22. Van Nguyen-Marshall, *In Search of Moral Authority: The Discourse on Poverty, Poor Relief, and Charity in French Colonial Vietnam* (New York: Peter Lang Publishing, 2008), 5.
23. Nguyen-Marshall, *In Search of Moral Authority*, 111; see also Haydon Cherry, *Down and Out in Saigon: Stories of the Poor in a Colonial City* (New Haven, CT: Yale University Press, 2019); Ngô Vĩnh Long, *Before the Revolution: The Vietnamese Peasants under the French* (New York: Columbia University Press, 1973).
24. Nguyen-Marshall, *In Search of Moral Authority*, 110.
25. Vu Can, "On the Medical Front in Ha Tinh Province," *Vietnamese Studies* 34 (1972): 67–100.
26. Vu Can, "On the Medical Front," 72–73.

27. Ken MacLean, "The Rehabilitation of an Uncomfortable Past: Everyday Life in Vietnam during the Subsidy Period (1975–1986)," *History and Anthropology* 19, no. 3 (2008): 282.
28. Melinda Tria Kerkvliet, "The Food Problem in Hanoi during the Subsidy Period: How Workers Coped," *South East Asia Research* 19, no. 1 (2011): 88.
29. Kerkvliet, "The Food Problem in Hanoi," 88.
30. Judith Banister, *The Population of Vietnam* (Washington, DC: US Bureau of the Census, 1985); Adam Fforde, *Poverty in Vietnam: Report for SIDA* (Canberra: Aduki Pty, 2003); Alberto Gabriele, "Social Services Policies in a Developing Market Economy Oriented towards Socialism: The Case of Health System Reforms in Vietnam," *Review of International Political Economy* 13, no. 2 (2006): 258–289.
31. Hy Van Luong, ed., *Postwar Vietnam: Dynamics of a Transforming Society* (Singapore: Institute of Southeast Asian Studies, 2003), 4.
32. Katherine Verdery, *What Was Socialism, and What Comes Next?* (Princeton, NJ: Princeton University Press, 1996), 21.
33. Adam Fforde, *From Plan to Market: The Economic Transition in Vietnam* (New York: Routledge, 2019).
34. Fforde, *From Plan to Market*; Kerkvliet, "The Food Problem in Hanoi."
35. MacLean, "The Rehabilitation of an Uncomfortable Past," 283.
36. Gabriele, "Social Services Policies," 259; Vu Quoc Huy, *Urban Poverty: The Case of Vietnam* (Hà Nội: Oxfam and ActionAid Vietnam, 2006), 2; Stefanie Koch and Nguyễn Bùi Linh, "Child Malnutrition," in *Living Standards during an Economic Boom*, ed. Dominique Haughton, Jonathan Haughton, and Nguyễn Phong (Hà Nội: Statistical Publishing House, 2001), 63.
37. Paul Glewwe, Nisha Agrawal, and David Dollar, *Economic Growth, Poverty, and Household Welfare in Vietnam* (Washington, DC: World Bank, 2004), 1; Judith Banister, *Vietnam Population Dynamics and Prospects* (Berkeley, CA: Institute of East Asian Studies, 1993), 6.
38. Thu Hà, ed., *Chuyện thời bao cấp* [Story of the Subsidy Period] (Hà Nội: Thông Tấn Publishing House, 2007), 23.
39. MacLean, "The Rehabilitation of an Uncomfortable Past," 295.
40. Kerkvliet, "The Food Problem in Hanoi," 90.
41. MacLean, "The Rehabilitation of an Uncomfortable Past," 298n2. For a depiction of these dynamics in fiction, see the novel *Paradise of the Blind*, which evocatively portrays stratified access to necessities in the period following the land reform in North Vietnam; Duong Thu Huong, *Paradise of the Blind*, trans. Phan Huy Duong and Nina McPherson (New York, Penguin Books, 1994). The protagonist's uncle Chính, a doctrinaire and officious party cadre, is on the brink of starvation, subsisting on paltry meals and drinking tea from

reused leaves; he is even hospitalized for "poor nutrition, hunger, lack of protein" (p. 104)—said to be common complaints among cadres—while continuing to toe the party line by dismissing the value of consumer goods. Later, as a guest worker in the Soviet Union, Chính continues to lecture others about socialist ideals while running a sideline of black-market imports. The narrator observes that "[c]adres in my country…lived for their luxury goods" (p. 169).

42. Shaun Malarney, "The Fatherland Remembers Your Sacrifice: Commemorating War Dead in North Vietnam," in *The Country of Memory: Remaking the Past in Late Socialist Vietnam*, ed. Hue-Tam Ho Tai (Berkeley: University of California Press), 58.
43. Christina Schwenkel, "Rethinking Asian Mobilities: Socialist Migration and Post-Socialist Repatriation of Vietnamese Contract Workers in East Germany," *Critical Asian Studies* 46, no. 2 (2014): 246. On the other side of biopower, forms of "letting die" (or, in some instances, making die) under socialism, in which populations determined to be politically undesirable were barred from accessing systems of social support, can be identified in the history of northern Vietnamese land reforms. Notoriously, individuals identified as landlords were sometimes imprisoned or killed; see Edwin E. Moïse, *Land Reform in China and North Vietnam: Consolidating the Revolution at the Village Level* (Raleigh: University of North Carolina Press, 1983). Postwar reeducation camps [*trại cải tạo*] held sympathizers and collaborators with the Southern Vietnamese government after the Second Indochina War, where they frequently suffered physical abuse, debility, and death; see Huỳnh Sanh Thông, *To Be Made Over: Tales of Socialist Reeducation in Vietnam* (New Haven, CT: Council on Southeast Asia Studies, Yale Center for International and Area Studies, 1988).
44. John Bryant 1998, "Communism, Poverty, and Demographic Change in North Vietnam," *Population and Development Review* 24, no. 2 (1998): 243.
45. Bussarawan Teerawichitchainan and Kim Korinek, "The Long-Term Impact of War on Health and Wellbeing in Northern Vietnam: Some Glimpses from a Recent Survey," *Social Science & Medicine* 74 (2012): 2003. The authors of this study, a multivariate analysis of health outcomes in veteran and nonveteran populations in North Vietnam, found "near absence of military service effects on later-life health" in the cohort of ex-combatants, and note that despite "prolonged exposure to war, veterans and those who served in combat roles are not significantly different from their civilian and noncombatant counterparts on most health outcomes later in life" (p. 1995). The authors speculate that the "hardiness and resilience" (p. 2003) of Vietnamese ex-combatants may have been supported by state provision of social benefits and elevated social status upon the conclusion of hostilities.

46. Hai Anh La, Thi Bich Tran, and Uyen Nguyen, "Housing Gaps between Rural–Urban Migrants and Local Urban Residents: The Case of Vietnam," in *Rural–Urban Migration in Vietnam*, ed. Amy Liu and Xin Meng (New York: Springer, 2019).
47. Lisa B. W. Drummond, "Street Scenes: Practices of Public and Private Space in Urban Vietnam," *Urban Studies* 37, no. 12 (2000): 2377–2391.
48. Andrew Hardy, "Rules and Resources: Negotiating the Household Registration System in Vietnam under Reform," *Sojourn: Journal of Social Issues in Southeast Asia* 16, no. 2 (2001): 187–212.
49. Verdery, *What Was Socialism*, 24–25.
50. Jonathan Pincus and John Sender, "Quantifying Poverty in Viet Nam: Who Counts?" *Journal of Vietnamese Studies* 3, no. 1 (2008): 116. Where the *hộ khẩu* system formerly classified individuals into four different categories of residents, the Law on Residence, which came into effect in 2007, now recognizes individuals only as permanent or temporary residents. Under this law, the requirements to apply for permanent-resident status were simplified: residents need only reside in a new locale for one year, not three, and stable employment and homeownership are no longer mandatory. As Hai Anh La, Thi Bich Tran, and Uyen Nguyen report, however, "concerns about rapid urbanisation led to the Law on Amendments to the Law on Residence No. 81/2006/QH11 in 2013 (No. 36/2013/QH13) to tighten the requirements for applying for permanent *ho khau* in the central cities"; Hai Anh La, Thi Bich Tran, and Uyen Nguyen, "Housing Gaps between Rural–Urban Migrants," 215. The provisions of this law have reinstated preexisting requirements and introduced additional new requirements that increase institutional barriers to migration.
51. Socialist Republic of Vietnam, *Country Report: 15 Years Achieving the Viet Nam Millennium Development Goals* (HCMC: Printing Joint Stock & Truong An Commercial Company, 2015), 43, https://www.vn.undp.org/content/vietnam/en/home/library/mdg/country-report-mdg-2015.html. This impressively low poverty rate is calculated using the government of Vietnam's national poverty line. If the poverty rate were calculated instead using the poverty line from "international methods," which is set by the World Bank and the General Statistics Office (Phung Duc Tung, "Poverty Line, Poverty Measurement, Monitoring and Assessment of MDG in Vietnam," 1, http://www.fao.org/tempref/AG/Reserved/PPLPF/Docs/Saule/VHLSS2002/ldg/Poverty%20lines%20Vietnam.pdf [accessed August 30, 2020]), the decline would appear impressive but somewhat less precipitous, with a reduction from 58.1 percent poverty in 1993 to 28.9 in 2002 and 17.2 in 2012; Socialist Republic of Vietnam, *Country Report*, 44. Multiple metrics are used to identify and quantify poverty in Vietnam, with a national poverty line set by the Ministry of Labor, Invalids

and Social Affairs (MOLISA) "to implement poverty alleviation programs, based on limited government resources"; Phung Duc Tung, "Poverty Line," 1. An international poverty line is also set by the General Statistics Office in tandem with the World Bank; Phung Duc Tung, "Poverty Line"; Socialist Republic of Vietnam, *Country Report*. This line has historically measured more poverty than the line set by MOLISA; World Bank, *Well Begun, Not Yet Done: Vietnam's Remarkable Progress on Poverty Reduction and the Emerging Challenges* (Hà Nội: World Bank in Vietnam, 2012), 14. The GSO-World Bank poverty line "consists of two components, a food poverty line and an additional allocation to account for essential nonfood needs"; the food poverty line has historically been based on a reference food basket, itself extrapolated from studies of consumption patterns observed in households nationwide. Originally this poverty line was "anchored in a caloric norm of 2,100 Kcals per person per day," a norm which has increased slightly in recent years to reflect changing consumption and demographic trends across the national population; World Bank, *Well Begun*, 47–48. The nonfood items in the additional allocation included in the GSO-WB poverty line are described as a "consumption aggregate" made up of durables consumption, expenditure on education and health, utilities and electricity, and housing; World Bank, *Well Begun*, 44.

52. Pincus and Sender, "Quantifying Poverty," 110.
53. Kamal Malhotra, *Basic Health Services for Vulnerable Families in Vietnam: Should User Fees Be the Way Forward?* (Hà Nội: UNICEF and Save the Children, 1999), 14.
54. Erik Harms, *Luxury and Rubble: Civility and Dispossession in the New Saigon* (Berkeley: University of California Press, 2016); Christina Schwenkel, "Spectacular Infrastructure and Its Breakdown in Socialist Vietnam," *American Ethnologist* 42, no. 3 (2015): 520–534.
55. Van Nguyen-Marshall, Lisa B. Welch Drummond, and Danièle Bélanger, eds., *The Reinvention of Distinction: Modernity and the Middle Class in Urban Vietnam* (New York: Springer, 2012); Christina Schwenkel and Ann Marie Leshkowich, "How Is Neoliberalism Good to Think Vietnam? How Is Vietnam Good to Think Neoliberalism?" *Positions: Asia Critique* 20, no. 2 (2012): 379–401.
56. Martha Lincoln, "Tainted Commons, Public Health: The Politico-Moral Significance of Cholera in Vietnam," *Medical Anthropology Quarterly* 28, no. 3 (2014): 342–361.
57. See David Nally, "The Biopolitics of Food Provisioning," *Transactions of the Institute of British Geographers* 36, no. 1 (2011): 37–53.
58. Quan Xuan Dinh, "The Political Economy of Vietnam's Transformation Process," *Contemporary Southeast Asia* 22, no. 2 (2000): 378.

59. World Bank Group, "Public Spending on Social Assistance Programs, Percent of GDP," in *The Atlas of Social Protection: Indicators of Resilience and Equity*, http://datatopics.worldbank.org/aspire/indicator/social-expenditure.
60. John Harriss, "Bringing Politics Back Into Poverty Analysis: Why Understanding Social Relations Matters More for Policy on Chronic Poverty Than Measurement," CPRC Working Paper 77, Chronic Poverty Research Centre, London (2007), 4, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1752973; Pincus and Sender, "Quantifying Poverty," 123.
61. World Bank, *Well Begun.* In September 2010, new poverty lines were set in Vietnam by both MOLISA and the World Bank. MOLISA raised the "official" poverty line for urban areas by raising it from "VND260,000 per person per month (US$1.34 person per day, 2005 PPP) to VND500,000 per person per month (US$1.61 per person per day, 2005 PPP)." The official line for rural areas "was raised from VND200,000 per person per month (US$1.03 per person per day, 2005 PPP) to VND400,000 per person per month (US$1.29 per person per day, 2005 PPP)"; World Bank, *Well Begun*, 15. The same year, the General Statistics Office and the World Bank also adjusted their poverty line in Vietnam to better reflect the living conditions of the poor. "Based on the new poverty line (equal to VND 653,000/person/month or $2.25/person/day, PPP 2005) and updated monitoring system, the national poverty rate in 2010 is 20.7 percent vs. an official poverty rate of 14.2 percent in 2010 using official MOLISA urban and rural poverty lines of VND 500,000/person/month and VND 400,000/person/month, respectively"; World Bank, *Poverty Reduction in Vietnam: Remarkable Progress, Emerging Challenges* (Washington, DC: World Bank Group, 2013), https://www.worldbank.org/en/news/feature/2013/01/24/poverty-reduction-in-vietnam-remarkable-progress-emerging-challenges. Headcount poverty based on the GSO/World Bank's adjusted poverty line found the national prevalence of poverty in 2010 to be 20.7 percent versus an officially reported poverty rate of 14.7 percent; World Bank, *Poverty Reduction in Vietnam*.
62. Gabriel Demombynes and Linh Hoang Vu, *Vietnam's Household Registration System* (Hà Nội: Hong Duc Publishing House, 2016), 8, http://documents.worldbank.org/curated/en/158711468188364218/pdf/106381-PUB-P132640-ADD-ISBN-ON-BACK-COVER-PUBLIC.pdf.
63. Chaudhry, "The Struggle to Be Poor," 8. Peter Chaudhry describes directly observing mandatory reductions of reported headcount poverty in the process of local surveying: "[C]ommune officials are in fact given very particular quotas for how many poor people they are expected to take off the poverty list each year.…[C]ommune officials disclosed that they do indeed receive specific targets from the district for how many people in poverty they are allowed to

have each year, and I have seen such written instructions—confirming this to be the case"; Chaudhry, "The Struggle to Be Poor," 216.

64. Oxfam and ActionAid-Vietnam, *Participatory Monitoring of Urban Poverty in Vietnam: Fourth Round Synthesis Report–2011* (Hà Nội: Oxfam and ActionAid Viet Nam, 2011), 54.
65. Keetie Roelen, "Social Welfare in Vietnam: A Curse or Blessing for Poor Children?" *Asian Social Work and Policy Review* 4 (2010): 67.
66. Vo Thang and Pham Hoang Van, "Can Health Insurance Reduce Household Vulnerability? Evidence from Viet Nam," *World Development* 124 (2019).
67. Martin Evans and Susan Harkness, "Social Protection in Vietnam and Obstacles to Progressivity," *Asian Social Work and Policy Review* 2 (2008): 30.
68. See Evans and Harkness, "Social Protection in Vietnam"; Qin Gao, Martin Evans, and Irwin Garfinkel, "Social Benefits and Income Inequality in Post-Socialist China and Vietnam," paper presented at the Conference on Asian Social Protection in Comparative Perspective, National University of Singapore, Singapore, January 7–9, 2009, https://doi.org/10.1093/acprof:oso/9780199990313.003.0003 (accessed January 4, 2023); Pincus and Sender, "Quantifying Poverty"; Roelen, "Social Welfare in Vietnam."
69. Evans and Harkness, "Social Protection in Vietnam," 46.
70. Gao, Evans, and Garfinkel, "Social Benefits," 18.
71. Cuong Viet Nguyen and Anh Tran, "Poverty Identification: Practice and Policy Implications in Vietnam," *Asian-Pacific Economic Literature* 28, no. 1 (2014): 116.
72. Laurence Monnais and Noémi Tousignant, "The Colonial Life of Pharmaceuticals: Accessibility to Healthcare, Consumption of Medicines, and Medical Pluralism in French Vietnam, 1905–1945," *Journal of Vietnamese Studies* 1, no. 1–2 (2006): 134.
73. Jonathan London, "Rethinking Vietnam's Mass Education and Health Systems," in *Rethinking Vietnam,* ed. Duncan McCargo (London: RoutledgeCurzon, 2004), 130.
74. Jonathan London, "Historical Welfare Regimes and Education in Viet Nam," in *Education in Viet Nam,* ed. Jonathan London (Singapore: ISEAS Press, 2011), 81; M. Nguyen, "Vietnam's 'Socialization' Policy."
75. M. Nguyen, "Vietnam's 'Socialization' Policy," 629.
76. Ari Kokko, *Vietnam: 20 Years of Doi Moi* (Hà Nội: Thế Giới Publishers, 2008), 219. This shift toward self-responsibility is also reflected in local rates of income composition. A recent report by the International Labour Organization suggested that among both low-income and upper-income families, household income came primarily from the market in the form of wages and/or self-earned income, with limited contribution in the form of social transfers.

Notably and paradoxically, the income of wealthier households includes a far larger share of social transfers than the income of poorer households, where most earnings come from informal self-employment. As this suggests, the allocation of entitlements across social groups in Vietnam is not coherently oriented towards poverty reduction. International Labour Organization, *Global Wage Report 2014/2015: Wages and Income Inequality* (Geneva: International Labour Office, 2014), https://www.ilo.org/global/publications/books/WCMS_324678/lang—en/index.htm.

77. Kokko, *Vietnam*, 222.
78. Sri Wening Handayani, *Measuring Social Protection Expenditures in Southeast Asia: Estimates Using the Social Protection Index* (Manila: Asian Development Bank, 2014), 1, https://www.adb.org/sites/default/files/publication/42753/sdwp-032.pdf.
79. Tim Karis, "Unofficial Hanoians: Migration, Native Place, and Urban Citizenship in Vietnam," *Asia Pacific Journal of Anthropology* 14, no. 3 (2012): 256–273; Pincus and Sender, "Quantifying Poverty."
80. Ken MacLean, *The Government of Mistrust: Illegibility and Bureaucratic Power in Socialist Vietnam* (Madison: University of Wisconsin Press, 2013), 35.
81. While certain types of poverty or deprivation are indeed valorized in state accounts, other forms of poverty are understood to be out of step with contemporary ideological priorities. Poverty in the post-reform period has been little celebrated in public culture, and the difficult "subsidy period" has also received little public memorialization—in part because, as MacLean argues, the events of that era diverge from more inspiring narratives of the "militarized past" and the "commercial present"; MacLean, *The Government of Mistrust*, 286.
82. Celine Tan, "The New Biopower: Poverty Reduction Strategy Papers and the Obfuscation of International Collective Responsibility," *Third World Quarterly* 32, no. 6 (2011): 1039–1056.
83. Socialist Republic of Vietnam, "The Comprehensive Poverty Reduction and Growth Strategy (CPRGS)," Socialist Republic of Vietnam (2002), https://www.imf.org/External/NP/prsp/2002/vnm/01/053102.pdf, 1.
84. Socialist Republic of Vietnam, "The Comprehensive Poverty Reduction and Growth Strategy," 3.
85. Tan, "The New Biopower," 1039.
86. Tan, "The New Biopower," 1040.
87. Socialist Republic of Vietnam, "The Comprehensive Poverty Reduction and Growth Strategy," 6.

88. Tim Conway, "Politics and the PRSP Approach: Vietnam Case Study," Working Paper 241, Overseas Development Institute (2004), viii, http://citeseerx.ist.psu.edu/viewdoc/download?Doi=10.1.1.576.7285&rep=rep1&type=pdf.
89. Hai-Anh Dang, "Vietnam: A Widening Poverty Gap for Ethnic Minorities," in *Indigenous Peoples, Poverty and Development*, ed. Gillette H. Hall and Harry Anthony Patrinos (New York: Cambridge University Press, 2012), 304; see also Ann Marie Leshkowich, "Standardized Forms of Vietnamese Selfhood: An Ethnographic Genealogy of Documentation," *American Ethnologist* 41, no. 1 (2014): 154. MacLean describes his surprise at a Vietnamese researcher's attribution of socialist-era poverty to a popular "lack of consciousness of their civilization"; MacLean, *The Government of Mistrust*, 139.
90. Nguyễn Trung Thuận, "Công tác xã hội đối với người nghèo dân tộc thiểu số - Giải pháp thoát nghèo bền vững" [Social Work with Poor Ethnic Minority People: Solving Poverty Sustainably], Ministry of Labor, Invalids and Social Affairs, August 22, 2017, http://www.molisa.gov.vn/Pages/tintuc/chitiet.aspx?tintucID=26850.
91. Lincoln, "Tainted Commons, Public Health."
92. Martha Lincoln, "Medical Stratification in Vietnam," *Medicine Anthropology Theory* 1, no. 1 (2014): 21–33.
93. Interview with Nguyễn Thị Xuân Thơm, February 1, 2010, Định Công Ward, Hoàng Mai District, Hà Nội.
94. This income level fell well below the already quite low poverty line for urban residents—set by MOLISA at US$1.34 per person per day up until September 2010 and subsequently raised to US$1.61 per person per day.
95. Interview with Trần Văn Việt, March 7, 2010, Tương Mai Ward, Hoàng Mai District, Hà Nội.
96. Though we never asked study participants to provide evidence in support of any of their assertions, many families we interviewed spontaneously produced documentation—including medical records, bills, property documents, and photo albums—to substantiate their claims about poverty, illness, the cost of living, work history, and family life. For a fuller exploration of the role of documents and other "technologies of self" in constructing personhood and identity in Vietnam's socialist and post-transition eras, see Leshkowich, "Standardized Forms of Vietnamese Selfhood."
97. Interview with Nguyễn Thị Gái, April 13, 2010, Đống Mác Ward Hai Bà Trưng District, Hà Nội.
98. Lauren Berlant, *Cruel Optimism* (Durham, NC: Duke University Press, 2011).
99. David Harvey, "The Body as an Accumulation Strategy," *Environment and Planning D* 16, no. 4 (1998): 401–421.

100. Jasbir Puar, *The Right to Maim: Debility, Capacity, Disability* (Durham, NC: Duke University Press, 2017), 139.
101. For a critically contextualized discussion of the ethos of "sacrifice" as well as "pity" in Vietnamese women's experiences of romantic love and moral subjectivity, see Merav Shohet, "Troubling Love: Gender, Class, and Sideshadowing the 'Happy Family' in Vietnam," *Ethos* 45, no. 4 (2017): 555–576.
102. Though a household's oscillation on and off the official poor households list can be the result of documented changes in material resources, this can also be the outcome of an administrative strategy. In his research in Lào Cai, Chaudhry observed officials rotating households on and off the poverty lists annually as a way for village heads to maintain social networks of individuals who will receive state assistance in the future; Chaudhry, "The Struggle to Be Poor," 220.
103. A report on a five-year study of urban poverty in Hà Nội, Hồ Chí Minh City, and Hải Phòng published similar findings regarding the limited cash transfers provided to poor households and the perception of recipients that these "gifts" were inadequate. One man was quoted as saying, "My grandmother is more than 80 years old. The state gives her 180,000 VND a month; just enough for her to buy her favourite betel nut and sometimes breakfast. There's nothing you can do with this money"; Oxfam and ActionAid-Vietnam, *Participatory Monitoring of Urban Poverty in Vietnam*, 54.
104. For further discussion of beliefs and practices related to pregnancy and fetal development, see Tine Gammeltoft, *Haunting Images: A Cultural Account of Selective Reproduction* (Oakland: University of California Press, 2014).
105. Interview with Đoàn Thị Kim Liên, April 29, 2010, Quỳnh Mai Ward, Hai Bà Trưng District, Hà Nội.
106. Schwenkel and Leshkowich, "How Is Neoliberalism Good to Think Vietnam?" 379.
107. Jo Inge Bekkevold, Arve Hansen, and Kristen Nordhaug, "The Socialist Market Economy in China, Vietnam and Laos: A Development Model to Embrace?" *Development Economics*, January 21, 2021, https://developingeconomics.org/2021/01/11/the-socialist-market-economy-in-china-vietnam-and-laos-a-development-model-to-embrace/.
108. Joe Dumit, "Illnesses You Have to Fight to Get: Facts as Forces in Uncertain, Emergent Illnesses," *Social Science & Medicine* 62, no. 3 (2006): 577–590.
109. Jonathan London, "Viet Nam and the Making of Market-Leninism," *The Pacific Review* 22, no. 3 (2009): 375–399.