

**Constructing Political Actorhood:  
The Emergence and Transformation of AIDS Advocacy in China, 1989-2012**

by

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To My Parents, Shuyu Zhao and Wen Long

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## LIST OF ABBREVIATIONS

|             |  |
|-------------|--|
| ART         | Antiretroviral therapy                                 |
| AIDS        | Acquired Immuno-Deficiency Syndrome                    |
| CASAPC      | Chinese Association of STD/AIDS Prevention and Control |
| CASAPC      | Chinese Association of STD/AIDS Prevention and Control |
| CDC         | Center for Disease Control and Prevention              |
| CSIS        | Center for Strategic and International Studies         |
| CSSSM       | Chinese Society for the Study of Sexual Minorities     |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis, and Malaria   |
| GONGO       | Government-organized NGO                               |
| HIV         | Human Immuno-Deficiency Virus                          |
| IDU         | Injecting Drug User(s)                                 |
| IEC         | Information, education, and communication              |
| IGO         | Intergovernmental Organization                         |
| INGO        | International Nongovernmental Organization             |
| NGO         | Non-Governmental Organization                          |
| NWC         | CCM NGO Working Committee                              |
| PLWHA       | People living with HIV/AIDS                            |
| PLWHAC      | CCM People Living with HIV/AIDS Working Committee      |
| PR          | Principle Recipient                                    |

|        |  |
|--------|--|
| SCAWC  | State Council AIDS Working Committee                   |
| STD    | Sexually transmitted disease                           |
| UN     | United Nations   |
| UNAIDS | Joint United Nations Programme on HIV/AIDS             |
| UNDP   | United Nations Development Program                     |
| UNICEF | United Nations International Children's Emergency Fund |
| UNTG   | United Nations Theme Group on HIV/AIDS                 |
| VCT    | Voluntary counseling and testing                       |
| WHO    | World Health Organization                              |

## ABSTRACT

This dissertation examines the impact of emerging transnational institutions on contentious politics in an authoritarian context. Many theorists have noted that the emerging governing architecture at the supranational level weakens the authority of nation states and opens up political participation to a wider range of non-state actors in areas such as health, environment, labor, and corporate behavior. However, why, how, and with what consequences such changes at the transnational level affect domestic politics remains poorly understood. This dissertation proposes a new conceptualization of the mechanisms that transmit global precepts to domestic politics. It argues that, beyond supplying opportunities and resources to activist actors and punishing coercive states, transnational institutions shape the cultural rules and organizational models that dictate the forms of local mobilization and state repression in domestic institutions.

This dissertation demonstrates this conflict-centered institutional framework through an investigation of the consequences of the growth of transnational AIDS institutions for the AIDS movement in China. Drawing on a combination of institutional ethnography and archival and interview data, this study analyzes the historical trajectory of AIDS activism in China—from the failed early initiatives around male homosexuality of the 1990s, to its dramatic rise surrounding contaminated blood issues in rural areas from 1999–2003, to its expansion from 2004–2007 and finally, to its shift towards a sexual-identity-based activism and decline from 2008–2012. Far from arising



independently, Chinese AIDS activism received substantial support from transnational AIDS institutions against ever tightening state control. Transnational engagement has generated an unprecedented rise of Chinese grassroots community organizations in public health. Rather than simply helping to move this domestic movement forward along its own trajectory, I argue that transnational AIDS institutions transformed the very configuration of AIDS activist actors on the one hand, and the operation of authoritarian state repression on the other hand. This dissertation examines how these two mechanisms: (1) alternately mobilized and demobilized various constituencies of the local AIDS movement along lines of class, gender, and sexuality; and (2) strengthened the political apparatus of authoritarian state power. The shape of those conflicts determined, paradoxically, the surge and decline of China's AIDS movement.

## Chapter 1

### Introduction: The Paradox of AIDS Activism in China

In May 2001, the *New York Times* declared Dr. Gao Yaojie, a 74-year-old physician and activist, an “AIDS Crusader” and described her work:

[She] help[ed] poor farmers in Henan Province who became infected with HIV in the 1990s through selling their blood at collection stations whose unsanitary practices fostered the spread of disease. The HIV infections are a highly sensitive topic, because health officials in Henan often ran the collection stations and profited from them. For the most part, local officials have sought to quash discussion, prohibiting local journalists from covering it and warning Dr. Gao not to speak out. But the HIV-infected farmers have themselves become more vocal. This week, a group of seven patients, including three children, traveled from Wenlou Village to Beijing, hoping for treatment and publicity about their plight.<sup>1</sup>

Around the early 2000s, China’s blood contamination scandal became widely publicized by international media and human rights groups who criticized the Chinese state’s indifference towards HIV/AIDS, its attempts to conceal the scale of the epidemic, violation of the rights of people living with HIV/AIDS, and repression of their grassroots action. The Chinese government came under further unusually harsh critique by the Joint United Nations Programme on HIV/AIDS (hereafter, UNAIDS), which publicly warned that China’s existing AIDS policy had such as “infinitesimally small impact” that the country was “on the verge of a catastrophe that could result in

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<sup>1</sup> “AIDS Crusader’s International Award Wins Scowls in China,” *New York Times*, May 31, 2001.

unimaginable suffering, economic loss and social devastation,” and called on government officials to loosen restrictions on bottom-up action.<sup>2</sup> Many senior political leaders, like George W. Bush, United Nations Secretary Kofi Annan, and World Bank President Sir James Wolfensohn, expressed similar concerns through direct communications with China’s President Jiang Zeming at the time.

This was just the first of an unprecedented series of external interventions. Major transnational AIDS institutions—from intergovernmental organizations, international financial entities, foreign governments, international nongovernmental organizations, human rights groups, private companies, to private philanthropists<sup>3</sup> — brought an explosion in material resources, technical support and activist guidance for Chinese AIDS activism. Foreign donors invested at least 28 million USD in Chinese civil society groups working in the HIV/AIDS area between 2005 and 2009.<sup>4</sup>

The remarkable domestic impact of transnational AIDS institutions presents the most significant case of external intervention in China. With support from abroad, the number of grassroots AIDS nongovernmental organizations (NGOs) reached 413 in 2009 from 54 in 2004 (see Figure 1.1). The AIDS movement thus became one of a few national-level social movements in post-socialist China against a backdrop of ever tightening state control especially since the early 2000s.

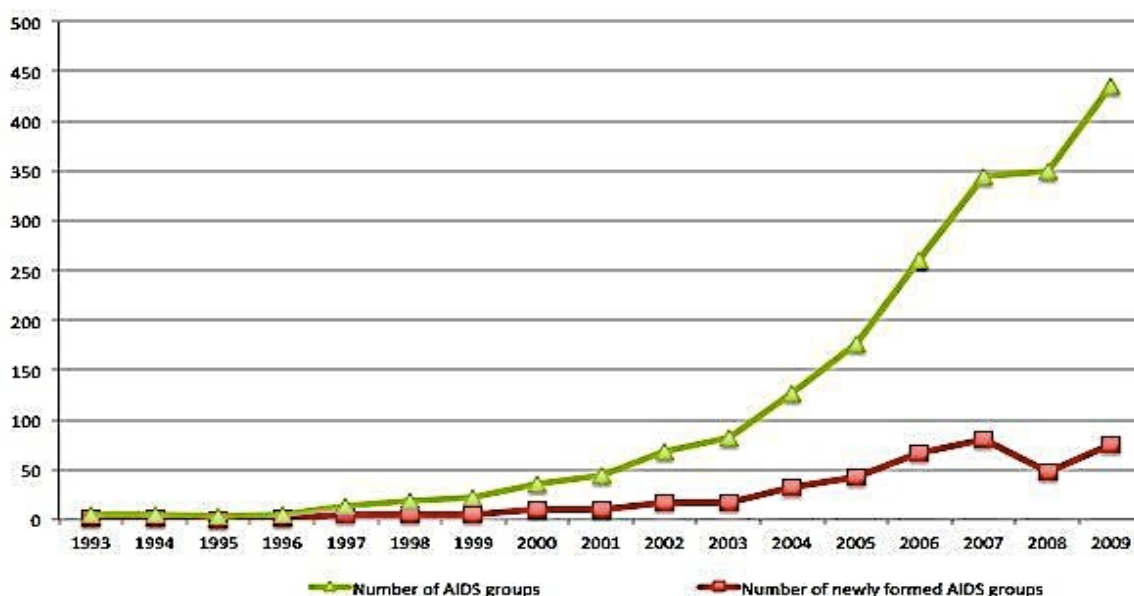
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<sup>2</sup> United Nations Theme Group on HIV/AIDS in China, *HIV/AIDS: China's Titanic Peril*, UNAIDS, 2001.

<sup>3</sup> Working internationally on AIDS control, these entities are bound together by sets of formal and informal norms, rules, and decision-making procedures.

<sup>4</sup> This is my estimate based on different NGOs’ annual reports as well as official documents of foreign donors.

**Figure 1.1 The Growth of Grassroots AIDS NGOs in China, 1993–2009**



However, the rise of AIDS activism is only half of the story. When the number of grassroots AIDS NGOs reached its peak in 2009, this was also the year when the whole movement started to decline. If we take a closer look at the configuration of the AIDS movement, among grassroots AIDS NGOs in 2009, close to half were gay male organizations, while only about four and six percent, respectively, worked with commercial sex workers and injection drug users. Yet, among people who were HIV positive in China in 2009, only 3.8 percent were infected through homosexual transmission, while 40 percent were infected through heterosexual transmission, and 20.3 percent through injection drug use. NGOs mainly focusing on contaminated blood issues were marginalized, even though 34.3 percent of HIV positive cases were infected via blood.

Also in 2009, Dr. Gao was the first leading activist who was forced to flee the country. She explained in her personal statement, “I realized that I could not continue my anti-AIDS work in China any more. . . I left not to save my life, but my work.

Chinese people's experience acquired at the cost of blood and life cannot go wasted. I want to finish my books and leave them for later generations with truth about the AIDS epidemic in China."<sup>5</sup> The remaining organizations and activists became either depoliticized by adopting more service-oriented goals to collaborate with the government, or radicalized after becoming marginalized within transnational AIDS advocacy networks.

This dissertation examines the surge and fall of the AIDS movement in China between 1989 and 2012. The story is not a smooth narrative of global civil society development and authoritarian state retreat. My goal was to discover the factors that explain the historical trajectory of China's AIDS activism and, in doing so, identify the general dynamics between transnational institutions, strong authoritarian states, and social movements. I address questions such as: Why do some transnational institutions matter in an authoritarian context, while others do not? When transnational institutions do matter, what determines their impact on domestic conflicts? What changes and what remains constant? Ultimately, the goal of this dissertation was to answer to what extent, in what ways, and with what consequences transnational institutions affect domestic contentious politics in authoritarian contexts.

The AIDS movement in China is an ideal case through which to examine dynamics between transnational institutions and authoritarian contentious politics. It is rare for any transnational institution to have a significant influence in any of China's policy domains, especially concerning political conflict. International relations theorists have noted that the emergence of transnational institutions shook the dominance of

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<sup>5</sup> Yaojie Gao, "My time back in China," Personal statement (Chinese), January 22, 2009.

sovereign states (Keohane and Nye 2001). Many transnational institutions have been involved in a variety of areas in China such as environment, gender, law, labor, poverty relief, and human rights. However, China, like Russia and India, is not susceptible to external impacts due to its size, economies, and military forces (Keck and Sikkink 1998; Levitsky and Way 2005). So, the influence of external interventions has largely been limited to specific campaigns, organizations, or individual activists. It is puzzling, then, why transnational AIDS institutions had such unprecedented impact, especially when global norms in public health—traditionally perceived as “soft/low politics”<sup>6</sup>—do not even have any jurisdictional power in international society.

Furthermore, the paradoxical changes that came from the interventions of transnational AIDS institutions were unexpected. To appreciate how remarkable the impact of transnational AIDS institutions was, one must understand that AIDS activism broke sharply from traditional approaches to mobilizing not only in China, but also in “high-capacity authoritarian states” (Johnston 2012) in general. Similar to its counterparts in Iran and Russia, high-risk resistance in China usually takes episodic, localized, and informal forms because state repression is far more intense vis-à-vis formally organized and/or cross-regional activism (Cai 2002, 2005, 2010; Gallagher 2006; Lee and Seldan 2007; Michelson 2007; O’Brien and Li 2006; Perry 2001). Nonetheless, in the past decade, the AIDS movement is the only social movement that has not only adopted a western advocacy NGO model, but also developed formal networks and alliances across national and local levels covering 22 of 23 provinces,

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<sup>6</sup> Usually international relations scholars group environmental, human rights, labor, and gender issues as part of the low politics domain. It is important to notice that such categorization changes across time and space. High politics usually pertain to economy and military issues.

autonomous regions, and municipalities in China. Given China's unprecedented state capacities and political control, such sweeping changes are nothing less than extraordinary.

But if transnational AIDS institutions account for the rise of the AIDS movement in the early 2000s, why did the AIDS movement suddenly decline in 2009, despite the continuous rise in support from abroad? Broadly speaking, scholars typically emphasize either mechanisms of supply or punishment in explaining the domestic impact of transnational institutions: (1) how transnational institutions facilitate domestic activism by *supplying* political opportunities, material resources, or cognitive frames to local activists; and (2) how transnational institutions constrain national governments by *punishing* their coercive behavior.

Applying these approaches, one would expect to find that transnational AIDS institutions not only expanded Chinese activists' access to political, economic and symbolic power and resources to an unprecedented extent, but also attenuated the Chinese state's repression of the AIDS movement. Starting in 2003, the Chinese state did drastically decrease its show and/or use of physical sanctions such as intimidation, interrogation, detention, and arrest against AIDS activists and their organizations. Current theories have predominantly focused on how transnational institutions empower previously disadvantaged communities into political action; thus, there is scant basis upon which to explain anything but successful cases of external interventions. This makes the fall of the AIDS movement a valuable case for close examination, since it provides a rare window into the nonlinear and contested processes and unintended outcomes of transnational engagement.

## I. Overview of the Argument

These exceptional aspects of the AIDS movement reflect the current literature's deficiencies in conceptualizing the nature and operation of domination and resistance in transnational contentious politics. Too often, this literature overemphasizes the structural conditions under which high-risk activism originates and then focuses only on the *quantity* of such activism that survives. I argue that, beyond supplying opportunities and resources to activist actors and punishing coercive states, transnational AIDS institutions shape the cultural rules that dictate the specific forms of local mobilization and state repression. In other words, the impact of transnational AIDS institutions is reflected not so much in the amount of activism enabled, but the kind and *quality*. Transnational AIDS institutions' interventions accounted for both the rise and decline of the AIDS movement in China by changing the cultural scripts and organizational principles of domestic AIDS institutions, delimiting the range of legitimate or admissible actors and behavior. Those changes served as an engine that drove two processes: the formation and transformation of AIDS activist actors, on the one hand, and the reconstitution and reconfiguration of state repression on the other hand. It was the interplay between these two processes that determined the trajectory of the AIDS movement in China.

This argument is based on three major claims, which I briefly outline here and then elaborate in sections to follow. First, my approach defines institutions as sets of rules and models that do not just influence, but actually constitute local actors. Transnational AIDS institutions can be conceptualized as a partially integrated set of



organizational and discursive structures, resources, and practices regarding HIV/AIDS interventions. They are institutions that, in a sense, determine the cultural rules in specific issue areas. Here, culture refers to institutional arrangements and organizational models. Traditionally, it is authoritarian states that establish rules that govern other institutions of society. Such rules regulate how power is maintained, operated, or lost in a particular issue arena and constitute a focal point of both domination and resistance. The intervention of transnational institutions provides a different set of rules that challenge the monopoly of the state in this arena and put in motion the recombination of institutional logics as repertoires that domestic activists—including the government and challengers—can draw on and utilize.

Second, transnational AIDS institutions have shaped Chinese AIDS activism indirectly by shifting state repressive behavior. In most scholarly models, external intervention only mediates the *level* of a given type of repression. My approach, however, suggests that external intervention does not simply thwart state repression. Rather, the cultural frameworks of transnational institutions—as a set of practices, organizational forms, and repertoires of action—are *constitutive* of the technologies and political models that fashion state repressive practice. The characteristics of repression of AIDS activism have transitioned from direct and overt hard repression related to physical force to covert and indirect soft repression, as the state now develops new semi-state organizations that act in concert with traditional security/police agents within and even outside its territorial jurisdiction.

Third, transnational AIDS institutions have shaped AIDS activism directly by shaping the constitution and transformation of goals, issue-framing, organizing forms

and, indeed, the very constitution of AIDS activist actorhood. By actorhood, I refer to AIDS activist actors and their agency as their motives for conflict in the first place and their choices of methods and resources for engaging in conflict. AIDS activist actors were not rational and unitary adaptive vehicles who made use of resources and chose organizing forms to pursue fixed interests and preferences. Rather, the actorhood of activists—including their goals and the most appropriate means to pursue these goals—was constructed and authorized through institutional rules. This authorization process, in turn, promoted specific organizational forms and marginalized others for local activism.

These two mechanisms—which shaped the configuration of state repression and activist actorhood at different historical moments—determined the trajectory of China’s AIDS movement from the failed early initiatives of the 1990s, to its drastic rise from 1999–2003, and to its expansion and decline from 2004–2012. Initiated by heterosexual men in urban areas, early AIDS activism focused on homosexual men in urban areas and remained in its infancy at best throughout the 1990s. It was not until the intervention of transnational AIDS institutions between 1999 and 2003 that peasants who were infected through selling blood/plasma were able to take action and a movement as such began to coalesce. Instead of simply helping to move this domestic movement forward along its own trajectory, transnational engagement transformed AIDS activist actorhood. Between 2004 and 2012, the framing of the issue shifted from one of blood contamination to an increasingly sexual identity-based focus; the leadership of the movement shifted from rural peasants to the gay male community in urban areas; and NGO building became the dominant organizing form. Along the way,

other incipient groups within the movement—such as those working with female sex workers—were displaced, while the organizing impetus of infected peasants declined. The purpose of this dissertation is to examine how and why this happened.

This research applies a conflict-centered institutional perspective to examine the impact of transnational institutions on domestic contentious politics in an authoritarian context. To contextualize the significance of this approach, it is necessary to identify major theoretical issues and sketch the primary modes of explanation offered by currently prevalent theories. This is not intended to be a comprehensive review; instead, I focus on summarizing the important characteristics of various approaches embodied in a small number of representative works.

## **II. A Conflict-Centered Institutional Approach to Transnational Contentious Politics**

The account I advance in this dissertation differs from conventional perspectives on social movements, authoritarian states, and transnational institutions, though it is indebted to the many insights these perspectives have generated. The difference stems in part from the dissertation's main focus on cultural rules in specific institutional areas as a set of institutional arrangements and organizational models, rather than power, resources, or culture in the traditional sense as a set of substantive values. Mainstream approaches to transnational conflict and authoritarian regimes draw from two paradigms: One is the supplying model from sociology with a focus on mobilization; the other is the punitive model from political science with a focus on repression. Despite their many overlapping themes and concerns, these two bodies of scholarship

are largely separate and barely acknowledge one another. I argue that by shifting attention to actorhood as “a scripted form more than a hard-wired reality” (Meyer 2010, 14), we could bridge the gap between these two literatures and recognize transnational contentious politics as involving both repression and mobilization.

In the following sections, I outline two major perspectives in the sociological “supplying” model: the bottom-up perspective of the contentious politics approach in social movement literature, and the top-down perspective of the institutional approach in world society literature. Then, I outline the punitive model in state theory and international relations studies. I conclude the section by demonstrating how a conflict-centered institutional approach enables a more effective examination of the AIDS movement in China.

#### **i. Contentious Politics Approaches to Social Movements**

An increasing number of scholars have examined the impact of transnational institutions on domestic social movements in non-democratic contexts (Bob 2005; Hemment 2007; Keck and Sikkink 1998; Loveman 1998). Authoritarian countries are characterized by large investments in, and consequently strong capacities for repression and social control in general (Earl 2011). Scholars thus attend more closely to the conditions under which high-risk activism originates and survives than to why specific forms of resistance are chosen and others are not.

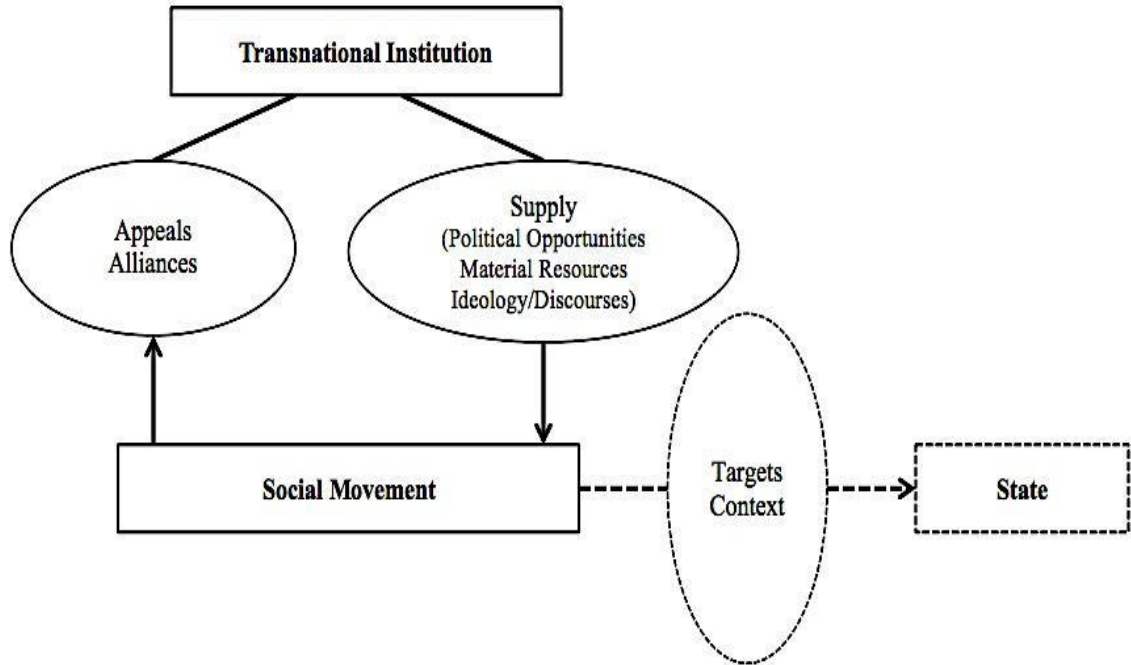
The contentious politics approach explains the impact of transnational institutions in terms of how they expand domestic actors’ access to political, social, or

symbolic sources of power. In this line of research, motives for conflict are typically derived from constellations of actors with given, mutually incompatible preferences and differential access to economic, social, or symbolic power. Likewise, methods of conflict resolution are typically related to actors' preferences that guide their cost-benefit calculus. Existing accounts working from this view conceptualize transnational institutions as supranational polities promoted by global integration that generate transnational political opportunities for national social movements to occur, sustain, and succeed that otherwise could not have developed. Scholars thus concentrate on whether and to what extent transnational institutions may supply movements with structural leverage over opponents (Keck and Sikkink 1998), new material resources (Barr et al. 2005; Henderson 2002; Wapner 1996), or cognitive frames (Longhofer and Schofer 2010; Tsutsui 2008). In this vein, activists' decisions are based on either instrumental adaptation to structural and resource conditions or ideological commitment (see Figure 1.2).

The first line of research argues that it is the reconfiguration of political authorities that reduces the structural power discrepancy between domestic dissidents and political elites so as to shape domestic forms of action (Bob 2002; Risse, Ropp, and Sikkink 1999). It theorizes transnational institutions as a new set of supranational political bodies promoted by global integration that place social movement actors in a triangular structure (Rucht 1999; Smith 2004; Tarrow 2001, 2005). Scholars recognize that the emergence of transnational institutions shook the dominance of sovereign states by establishing "regular interactions across national boundaries when at least one actor

is a nonstate agent” (Keohane and Nye 1971, xii-xvi), thereby offering new venues and resources for domestic contestation.

**Figure 1.2 Contentious Politics Approaches**



The second argument focuses instead on the cultural content of transnational institutions. From this perspective, new organizing forms are explained not only by the existence of sufficient resources, but also by the existence of actors with sufficient resources who recognize those forms as “an opportunity to realize interests that they value highly” (Rao 1998, 913-14). Much work traces mechanisms that shift activists’ ideological commitment. One strand follows a top-down perspective that highlights the principled nature of actions in an emerging transnational civil society, “one that could embody a democratic and redistributive justice for the world-system as a whole” (Bandy 2004b, 425). This line of research concentrates on mechanisms as forming common identities (Bandy 2004a; Brysk 2000; Snow and McAdam 2000) and diffusing

global norms and rules (Bandy and Smith 2005; Benford and Snow 2000; Brysk 1994). The other strand uses a bottom-up approach to argue that social movement groups strategically transform themselves to match agendas, missions, and organizational needs of transnational actors in order to enhance their appeals and gain external assistance (Bob 2005; Hertel 2007).

Both accounts take seriously the idea that transnational institutions matter in shaping local actors and conceiving of new forms of activism as a direct response to the emergence of power and resources made available by transnational institutions. While these accounts are useful for answering certain questions about particular topics, however, they have explanatory limitations. As highly suggestive as they are for demonstrating the empowering and positive effects of transnational institutions, existing accounts are poorly equipped to predict other consequences. Much of this research is characterized by an upbeat tone “as a general rule” (Hafner-Burton and Ron 2008, 9). Empirical studies have challenged this expectation by showing rather ambiguous effects of transnational models such as impermanence, fragmentation, internal cooptation, and external control (Brandy 2004a; Edelman 1999; Henderson 2003; Hrycak 2007, 2010; Mendelson and Glenn 2002; Widener 2007). Existing accounts offer little space within their conceptualization of transnational institutions and their impact for an analysis of the complicated and unexpected effects of transnational intervention.

On the one hand, much of this research privileges macro-political structural shifts as the ultimate determining factor for patterns of mobilization, which is too easily coupled with an overly optimistic and generalized reading of the structural transforming potential of transnational institutions (Imig and Tarrow 2001; Khagram, Riker, and

Sikkink 2002; Kriesi 1995; Tarrow 2001). The primary research question of much work could be framed as: To what extent are a new set of formal supranational political bodies promoted by global integration granted the type of institutionalized power formerly leveraged through and embodied by states? The underlying purpose of many studies has, thus, been to challenge the state-centered conception of transnational politics in political science and of contentious politics in sociology. In contrast, Tarrow (2004) first warned of the danger of ignoring the importance of states, especially strong authoritarian states, in transnational contentious politics. While a changing structural configuration of politics proved to be an effective explanatory factor in Latin America and East Europe, transnational institutions do not have such influence in Africa, Asia and countries in the Middle East (Hafner-Burton and Ron 2008).

On the other hand, because they conceptualize activism as being formed in straightforward strategic terms, both accounts neglect to ask why external opportunities and resources constitute a viable option in authoritarian contexts in the first place. As such, much of the literature ignores an issue critical to understanding the relationship between international support and high-risk social movements—what makes external opportunities and resources a viable repertoire from which domestic activists can draw organizational forms. The literature tends to perceive local activists as “strategic choice makers” (Polletta 2005, 274) and explains the effects of transnational institutions as functionally necessitated by the internal needs of national social movements. Most scholars either assume activists may endorse international agendas and resources as long as they need leverage against repressive states (see Liu 2006), or take for granted the ideological consistency or effectiveness of international frameworks (Hafner-Burton



2008; McAdam et al. 2001). One can discern an underlying assumption that presumes a positive resonance between transnational institutions and national social movements.

In contrast, recent empirical evidence suggests that it is a mistake to presume collaborative relations between international and local actors, especially in authoritarian contexts under conditions of high risk (Bandy 2004b). As Liu demonstrates, we need to “stop assuming that transnational agendas are pre-given systems” and “start theorizing that national movement responses to transnational agendas are context-dependent” (2006, 922). For example, the presence of hard repression makes informal and small groups a prevalent organizing basis of mobilization in authoritarian contexts (Johnston 2006, 2012; O’Brien and Li 2006; Opp and Gern 1993; Perry 2001). Domestic activists might or might not engage with western organizational forms, especially when there is little predictable payoff (Hemment 2004; Wood 2005). This problem begs for a careful analysis of how subnational contexts facilitate or hinder the transmission of global precepts to local actors.

As it currently stands, the contentious politics approach does not provide sufficient analytical traction to explain anything other than the strengthening and amplifying impact of transnational engagement. This largely structural perspective starts with assumptions about domestic actors’ predetermined preferences and relies on their varying access to power to explain the interactions between the state and social movements. As the following section will show, literature from an institutional perspective presents a different causal account to explain the impact of transnational institutions on domestic actors. Scholars in this tradition highlight the significance of

actorhood and conceive of institutions in a fundamentally different way, which can help to illuminate old theoretical dilemmas and open up new avenues for empirical research.

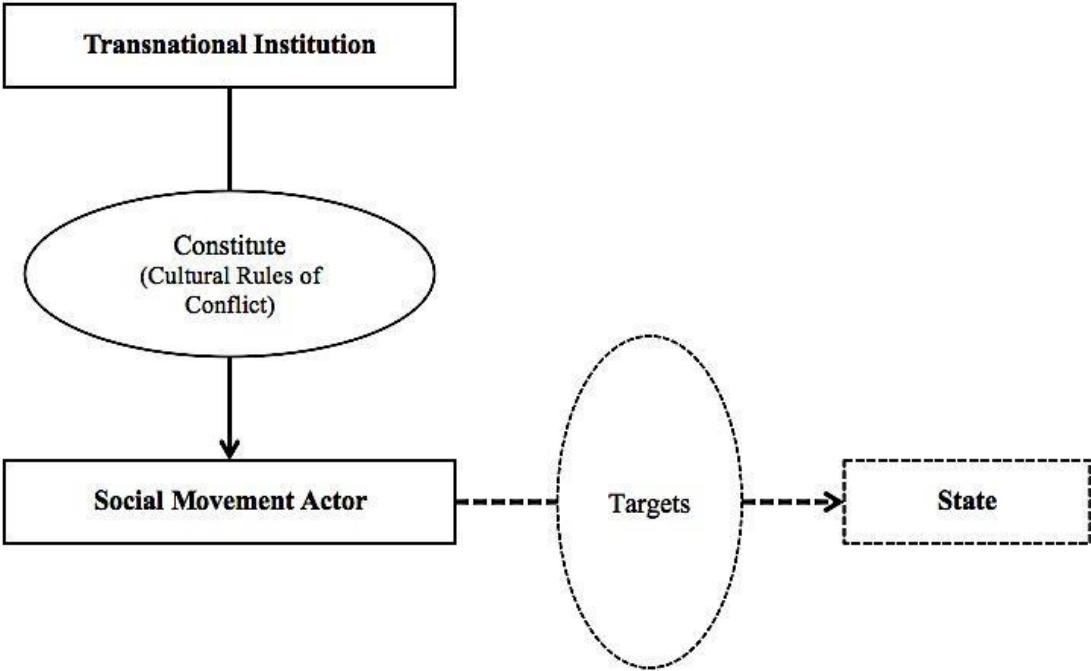
## ii. **Institutional Approaches to Social Movement Organizations**

The world society literature adopts an institutional perspective rooted in organizational studies. Instead of understanding international institutions as indicative of emerging global politics that circumvent the authority and power of national governments, institutional perspectives direct our attention to the logics of international institutions that are available to social movements as local actors to internalize and elaborate. By institutional logics, they refer to cultural scripts and organizational principles as background rules that dictate and justify certain organizational arrangements (Friedland and Alford 1991). Organizational forms, in this sense, translate institutional logics into action and carry them across borders. Accordingly, activist actors are not pre-given rational and unitary adaptive vehicles who make use of resources and choose organizing forms to pursue fixed interests and preferences (Scott 1987). Rather, the actorhood of activists, including their goals and the most appropriate means to pursue these goals, are authorized through the logics of different institutions (Meyer and Jepperson 2000).

Institutional approaches draw distinctiveness and power largely from their explicit rejection of a view presuming the existence, autonomy, and rationality of social movement organizations (Meyer and Jepperson 2000). This approach allows us to depart from a series of assumptions, rooted in American organizational society, about

what social movements should look like, what the carriers of social movements are, and how social movements relate to other actors. Instead of taking social movement organizations as a starting point, it questions why and how activists construct organizations rather than other social forms (see Figure 1.3).

**Figure 1.3 Institutional Approaches**



Social movement studies utilizing the institutional approach often focus on the question of activist actorhood change, and grant explanatory primacy to the cultural substance of institutional logics that are embedded in institutional locations and fields composed of networks of social relations and power (Armstrong 2002b; Clemens 1997; Rao, Morrill, and Zald 2000). Organizational forms of social movements are shaped by institutional logics that govern the legitimate means and ends organizations employ. Therefore, scholars examine logics of various institutions and trace their changes, both in the configuration of their structure and content and in the way that politics evolves to

include ever-shifting actors, values, and processes, in order to understand organizational transformation (Amenta 2006; Armstrong 2002a; Fligstein and McAdam 2012; Rao 1998; Schurman 2004; Walker, Martin, and McCarthy 2008).

The world society literature was the first to map this line of thinking onto the supranational level. Scholars argue that it is the distinctive culture of the world polity enacted through and embodied in international institutions that constitutes local actors, leading to isomorphic outcomes (Frank et al. 1999; Meyer et al. 1997; Schofer and Longhofer 2011). Such culture is a set of generally universalistic principles of rationality and progress, as well as actorhood and empowerment (Meyer 2010). This approach recognizes the global proliferation of formal organizations in advocacy activism and argues that the world polity facilitates collective action in ways that significantly diffuse NGOs as an organization (Watkins, Swidler, and Hannan 2012). Empirical studies have supported this argument by showing how the formation and expansion of international institutions has promoted formal nongovernmental organizations across disparate nations in activism areas such as the environment (Frank, Hironaka, and Schofer 2000; Hironaka 2002; Longhofer and Schofer 2010), gender (Barrett and Kurzman 2004; Boyle 2002), ethnicity (Olzak 2006; Tsutsui 2004), and human rights (Koenig 2008).

Less positively, the world society model is often criticized for its overemphasis on structural isomorphism and lack of attention to the actual mechanisms through which transnational institutions reach local actors (Koenig and Dierkes 2011; Tsutsui unpublished). This perspective is most effective in outlining overall global processes. Its proponents largely share the upbeat tone of most human rights studies, as they are

much more interested in providing strong evidence of the positive and empowering effects of international institutions resulting in a high degree of institutional isomorphism across countries. However, international institutions are formulated in broad, universal, abstract, and sometimes contradictory terms. Recently, anthropologists and Political Scientists especially those in gender and ethnic studies argue that those universal norms' translation and even transformation in domestic contexts should be seen as more problematic than most studies imply, especially in authoritarian contexts (Brysk 2013; Merry 2006; Yashar 2005). As Best (2001) suggests, differences in domestic institutional structures may hinder the diffusion of international models and norms. Statistical scholars have found negative effects of authoritarianism or state repression on the diffusion of international organizational models in cross-national analyses (Schofer and Longhofer 2011). I argue that the cost and barriers involved in transmitting global intercepts to local actors are simply too prohibitive to ignore their mechanisms and consequences. It is necessary to bring authoritarian states into the analytical focus to "develop a dynamic conceptualization of national contexts to facilitate inquiry into processes" (Liu 2006, 922).

However, in opposition to the contentious politics approach, institutional approaches remain largely silent on high-risk activism in authoritarian countries. This is partly due to the fact that scholars first employed institutional approaches to examine social movements that work outside the state. Those studies developed in response to the overly narrow conception of politics as defined by the political process model in contentious politics literature. For example, Armstrong and Bernstein (2008) offer the multi-institutional politics model specifically for social movements that do not involve

the state, as a critique of the Marxist state-centered model that has dominated social movement scholarship since the early 1980s.

But I argue that recent studies of high-risk activism in authoritarian states have developed in ways compatible with an institutional approach. Many scholars have illustrated a strong critique of rational choice assumptions and started to take a cultural turn in examining social movements in authoritarian contexts (O’Hearn 2009). Extant studies highlight the significance of preexisting local communities as the basis of solidarity culture and movement mobilization (Goldstone and Useem 1999; Loveman 1998; Maher 2010). By culture, they refer to moral, emotional, and cognitive substances and values, instead of a strategic organizational tool for consensus formation and action mobilization on the basis of a cost-benefit calculus.<sup>7</sup> Although this body of research largely concentrates on micro-level analysis, it is in line with institutional approaches that evolve around the reinterpretation of social movements from a constructivist view of culture (Armstrong 2002b). The explanatory strength of the cultural approach is that it proposes a more sophisticated conceptualization of the relations between contentious practices and their macro-historical context. This makes it possible to view the content and analytical status of concepts like the political, culture, structure, and agency as historically unsettled and open questions for empirical study in authoritarian contexts.

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<sup>7</sup> See Sewell 1999 for more on the difference regarding the definition and operationalization of the term “culture.”

### iii. Globalization Approaches to Authoritarian Regimes

Examining the impact of external forces on authoritarian states is hardly new, but it is also more theoretically challenging now that authoritarianism has become more sustainable (Magaloni and Kricheli 2010). Since the “third wave of democratization” (Huntington 1991), the survival of one-party authoritarian regimes<sup>8</sup> primarily rests on how governing institutions handle two principal sources of danger: one from dissidents within the society, and one from outsiders abroad (Tullock 2005). In the post-Cold War era, external pressure on authoritarian regimes increased as the influence of democratic countries grew (Strange 2012), the ties of authoritarian countries to world political economic systems has also intensified (Levitsky and Way 2005), and the strength of transnational institutions has enhanced (Franklin 2008). However, as human rights scholars point out, state repression against social movements has not yet decreased amidst the “turbulence” of world politics (Rosenau 1990).

Studies of globalization and authoritarian regimes emerged out of the intersection of two analytical shifts: first, the frustration of democratization scholars with dominant regime theories, namely those focusing on domestic polity in order to explain the transition of post-communist countries following the end of the Cold War (Way 2005); and second, a growing interest in constructivist approaches at the global level (Checkel 1998; Finnemore and Sikkink 1998) that contend that normative institutions like global human rights have the potential to alleviate political repression and promote democratic institutions (Risse and Ropp 1999; Simmons 2009).

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<sup>8</sup> Here, I am mainly using research on single-party and dominant-party regimes that are both treated as one-party regimes in literature (Magaloni and Kricheli 2010).

This body of scholarship finds that states, especially strong states, have continued to be active participants in transnational politics, and concentrates on one specific form of state behavior—repression. While numerous studies confirm that the growth of transnational institutions *matters* vis-à-vis state behaviors, most studies adopt what I call a *punitive* model to explain how and with what consequences it matters (see Figure 1.4). The punitive model has concentrated on how transnational institutions—embodied by actors ranging from states, to international organizations, to transnational advocacy networks—pressure recalcitrant governments to reduce their level of repression (Hafner-Burton and Tsutsui 2005; Risse et al. 1999; Thomas 2001) through bilateral aid withdrawal (Neumayer 2003), multilateral and/or unilateral political and economic sanctions (Wood 2008), or “naming and shaming” (Krain 2012). While these means are interrelated,<sup>9</sup> they constitute the empirical foci of two distinct camps: statist versus constructivist scholars.

Statist and constructivist approaches diverge regarding the driving forces and mechanisms of top-down effects on state repression. Statist researchers are mainly concerned with sanctions as material means of enforcement (Allen 2008; Kaempher et al. 2004) in a hegemonic world system (Wallerstein 2000). Most statist studies take as their starting assumptions: (1) that the force of transnational institutions depends on the endorsement of strong western states; and (2) that states are unitary actors with stable interests and motives that are sensitive to the distribution of power in world politics. So, repressive behaviors are explained by changing constraints (Lektzian and Souva 2007), while authoritarian states are assumed to have a pathological preference for political

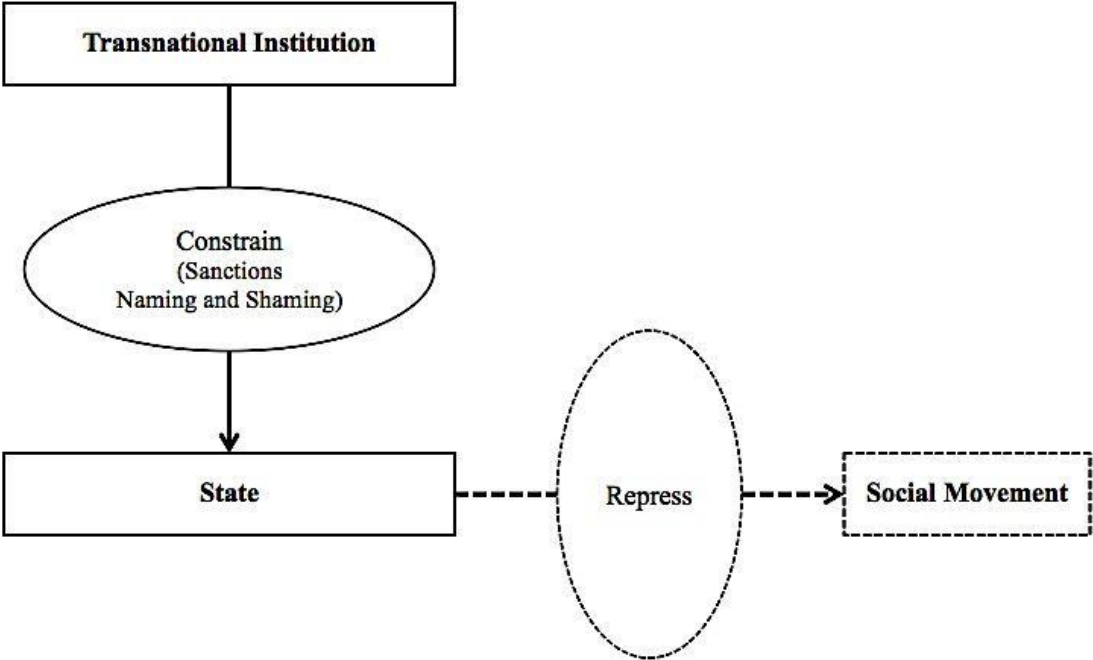
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<sup>9</sup> For example, some empirical studies show that the effect of naming and shaming is conditioned by the allocation of economic aid.



repression (Davenport 1995). Sanctions are used to augment targeted authoritarian states' repressive resources and destabilize their governing elite coalitions.

**Figure 1.4 Globalization Approaches to Authoritarian Regimes**



Current literature suggests two major factors in determining the success of sanctions. One is the position occupied by human rights on the agenda of international donor communities (Nielsen 2012). For example, the degree of sanctions varies across issue areas. The other is the leverage of sanctions relative to the targeted state's power (Escriba-Folch and Wright 2008; Kaempfer et al. 2004). China, Russia, and India are not susceptible to sanctions due to their respective sizes, economies, and military forces. The empirical results with regard to the application of material punishments has been mixed. Only some empirical studies find evidence to support the theoretical argument, while others have found that sanctions actually lead to a deterioration of human rights conditions in authoritarian contexts (Wood 2008). Under what conditions does money

work? This question challenges a narrow interest-based explanation referring to a traditional international world centering on nation states.

Constructivist scholars concentrate on the transnational advocacy campaigns that publicize rights violations and pressure governments to change their behavior, known as naming and shaming, respectively (Keck and Sikkink 1998). Risse et al. (1999) posited a spiral model to trace the influence of global norms and rules on domestic repression. This model led to a boom in empirical studies preoccupied by three assumptions: first, that transnational institutions have been ceded legitimate authority (Simons and Martin 2003); second, that non-state actors including transnational social movements started to emerge in certain issue-specific arenas as competing locations of authority (Tarrow 2002); and third, that states are no longer the only actors with independent symbolic power or final legitimate authority (Keohane and Nye 1989). These studies locate naming and shaming as part of a larger project of normative socialization that either alters the authoritarian state's repressive preferences or increases the cost of repression. Many theorists ascribe the effectiveness of such measures to the variation in the strength of norms (Schmitz and Sikkink 2003), while some studies show naming and shaming along with economic sanctions achieves greater success (Murdie and Davis 2011; Zartner and Ramos 2011). However, empirical data has generated conflicting findings in regard to the effectiveness of naming and shaming on political repression (Franklin 2008; Young 2009). Constructivists are presented with a similar challenge as that faced by realists: transnational interventions do not lead to a broad improvement in human rights when states decrease the use of

targeted coercive tactics, but rather, increase other covert and indirect forms of repression with less cost (Conrad and DeMeritt 2011).

Both statist and constructivist approaches point out that the behaviors of authoritarian states cannot be understood in isolation. This is a healthy corrective to contentious politics studies' fixation on the domestic sources of state's preferences and policy choices. But both statist and constructivist approaches also adopt a similar structural perspective and tend to perceive the state as a coherent unity. More recently, authoritarianism theorists in political science suggest that authoritarian states' reactions to external pressure cannot be reduced to a simple dichotomy of compliance and rejection. Authoritarian governments often actively engage with international frameworks in response to external pressure so as to gain access to foreign aid and international legitimacy, and to shield themselves from more pressure for further substantial policy change (Bates 2001). These studies are turning to a more institutionalist definition of the state as a complex organization, which is helpful in highlighting dynamics between transnational institutions and the state.

#### **iv. Towards a Conflict-Centered Institutional Approach**

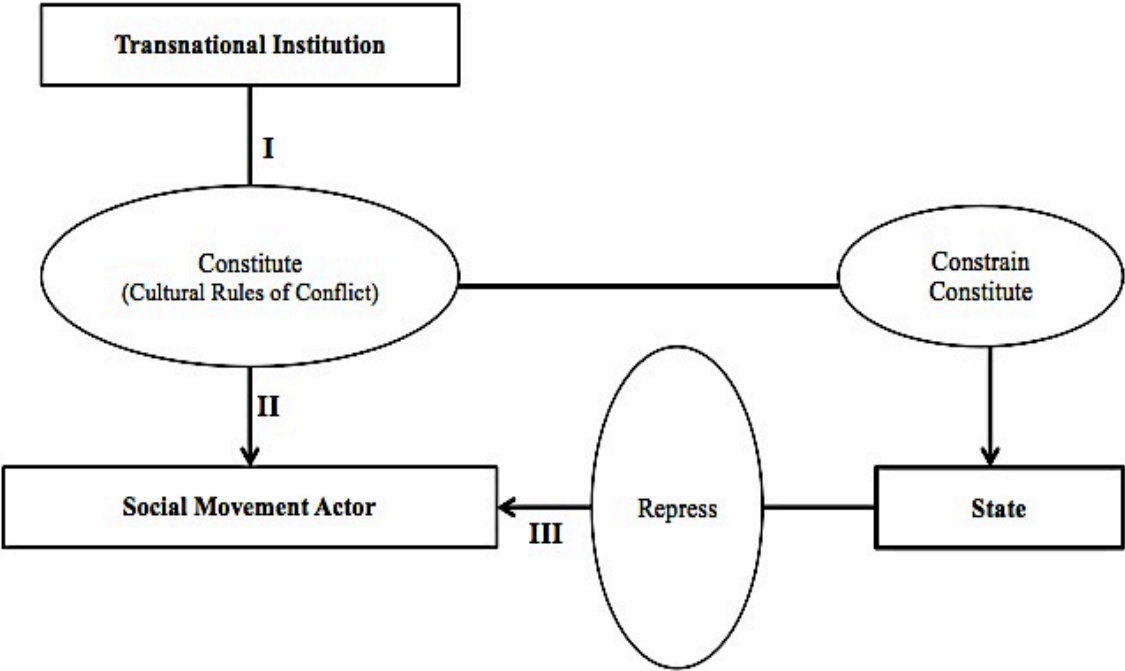
I develop a conflict-centered institutional approach by integrating existing efforts to bring power and conflict into institutional theory. Even though such efforts are mainly concentrated in economic and organizational studies, they offers a vantage point from which to understand how varying modes of activist actorhood may arise through the multiple and complex dynamics between transnational institutional forces and

domestic actors. Research in this vein is critical of existing transnational institutional research that usually stops once transnational institutions enter into domestic contexts and pays little attention to their actual operation. Scholars further suggest that the formation and expansion of transnational institutions and their domestic implementation are driven more by conflict than consensus (Bartley 2005a, 2007; Drori, Meyer, and Hwang 2006; Weber, Davis, and Lounsbury 2009). As Zelner, Henisz, and Holburn have argued (2009, 380), local implementation of transnational institutions is “an ongoing sociopolitical process, in which the domestic proponents and opponents of a globally diffusing policy continue to struggle against each other.” This line of research follows institutional theory in arguing that institutions constitute actors. But as scholars highlight the presence of multiple transnational and domestic institutions, they explain actors and their action as a result of contradiction and competition between various institutional logics. While this perspective has gained traction in research on global business regulation (Vogel 2008), I extend it to studying the impact of transnational AIDS institutions on the activist actorhood of high-risk activism.

The conflict-centered institutional approach, as summarized in Figure 1.5, conceptualizes the impact of transnational institutions as a context-based process in which no global precept is a pre-given object to be taken hold of and utilized by domestic activists in a vacuum. Instead, the impact of transnational institutions is processual in the sense that it involves evolving and interactive dynamics between transnational institutions, the state, and social movement actors. These dynamics are ignited by political contentions over the local interpretation and modification of global precepts, as transnational institutions penetrate domestic contexts and affect the

organizing forms of domestic social movements. Accordingly, changes in activist actorhood do not take place in direct response to the availability of transnational resources or internal development needs. Rather, they are shaped by specific transnational institutional conditions that impact the cultural rules of conflict, including domestic actors' motives for conflict and their choice of methods and resources for engaging in conflict.

**Figure 1.5 The Conflict-Centered Institutional Approach**



Transnational institutions are institutions that, in a sense, set the cultural rules that delimit “the range of legitimate or admissible behavior” (Rittbertger 1993, xii) in specific issue areas (Arrow I). Culture refers to organizational forms and practice. Specifically, transnational institutions can be defined as “sets of implicit or explicit principles, norms, rules and decision-making procedures around which actors’ expectations converge in a given area of international relations” (Krasner 1983, 21).

The underlying purpose of much literature on transnational institutions is to challenge the state-centric and domestically-contained conception of politics. Many scholars thus define transnational institutions as constituting a polity at the supranational level that reveals the extent to which emerging global politics circumvent the authority and power of national governments. My study moves away from this structural perspective and directs our attention to the specific substance of institutional arrangements and organizational models that guide the construction and practice of various domestic actors, and dictate the relationships among those actors including social movements and the state.

Specifically, this conflict-centered institutional approach examines two intertwined mechanisms that account for the divergent and especially unintended impact of transnational institutions. Arrow II (see Figure 1.5) shows that transnational institutions directly shape and reshape goals, issue-framing, mobilization forms, and, indeed, the very constitution of activist actorhood in local contexts. This impact can be further divided into three levels: (1) culturally, transnational institutions define the nature of the policy issue at stake and authorizes a set of norms and manners in governing the issue effectively; (2) structurally, transnational institutions translate those rules into a structure of legitimate organizations and their roles, positions, and relations with a problem-solving focus; and (3) technically, transnational institutions construe those norms in a series of agendas, standards, and models, as well as proper and effective techniques and strategies to govern the issue. In the process, transnational institutions promote specific organizational forms and marginalize others.

Arrow III (see Figure 1.5) illustrates the indirect impact of transnational institutions on domestic activism through shifting state repressive behavior. My approach perceives the state not as a political apparatus that passively accepts or opposes global norms, but as a dynamic actor participating directly in transnational contention. I argue that three organizational principles of state repression are subject to the impact of transnational institutions and their construction of activist actorhood. First, transnational institutions shape the state's definition and perception of the threat posed by domestic social movements. The motives for and options of repression cannot be derived only from the power of the state given structurally given preferences, as the current literature would suggest. Rather, it is important to look at the distinctive meanings of the activism upon which the state acts. Examining the threat perception of activism bears on how the state's diagnoses and explains specific activism and, in turn, selects a particular set of repressive agents and actions.

Second, transnational institutions give rise to new repressive agents and interests with variable connections with the central state authorities. Authoritarian states play an active role in transnational contentions given regimes' increasing interest in engaging in transnational institutions and adopting external institutional models and organizational practices since the end of the Cold War (Gleditsch and Ward 2006; Levitsky and Way 2012). Not only do authoritarian governments continue to restrain transnational ties (Wiest 2007), they also strive to play transnational interests to their advantage and mobilize transnational material and symbolic resources to sustain one-party regimes (Magaloni and Kricheli 2010). This process promotes the formation of new repressive actors. Third, transnational institutions open up new battlegrounds of conflict beyond

the state's jurisdictional territory, which shapes what action should and can be taken in which domain.

The configurations of these two mechanisms (Arrows II and III) at different historical moments determine the creation and/or reproduction of particular forms of collective actorhood at the local level.

### **III. Research Design**

This study employs a research design attentive to both shifts over time and to actors and processes connecting various political levels. My empirical analysis compares three activist sub-groups in one country across the time period of 1989–2012: female sex workers, gays, and peasants infected via blood. For each group, I seek to identify relationships between transnational institutions, the state, and local groups that explain the rise of the AIDS movement in China in general, the success of gay groups within that movement, and the decline of other groups such as female sex workers and peasants infected via blood.

In particular, I adopt the incorporated comparison method developed by McMichael, which “analyzes a cumulative process through time- and space-differentiated instances of a historically singular process” (1990, 392). Incorporated comparison views social changes as outcomes of historical processes unfolding across local, national, and global levels. This method was proposed to address the shortcomings of conventional research design in historical comparative studies that discounts the significance of changes at the supranational level. It calls for the in-depth



study of a strategically selected case, situated in historical and comparative perspectives. China presents a unique case through which to examine globalization theories that deal with transnational institutions and the state. China's strong state presence could act as a potential barrier to external influences. In contrast, public health is a weak regime without jurisdictional power. There exists only quasi-legislation or soft laws concerning AIDS governance, and a global AIDS treaty has yet to be brokered. I chose this pairing of context and issue in order to explain the strong impact of transnational institutions and to trace "within-case" changes across three time periods (Mahoney 2004).

China also provides an ideal case in which both successful and failed sub-group activism exists, which allows me to overcome the difficulties inherent in social movement studies that are typically built only on successful cases. All three sub-groups of activists were formed when China entered into the era of transnational AIDS governance. By studying the variation in AIDS activist actorhood across time periods, I am able to hold constant the national political and cultural contexts that have served as the major analytical foci of previous literature.

I consider various stages of AIDS activist actorhood transformation as outcomes or moments of the evolving institutionalization process of transnational AIDS institutions across time, and utilize a multi-sited research design, attentive both to shifts over time and to actors and processes connecting various political levels. I define the cases under study as four instances of activist actorhood evolution. I draw on a combination of historical and institutional ethnography fieldwork at three different sites in order to examine three clusters of actors: transnational institutions, the state, and grassroots organizations.

My analysis focuses on four historical periods between 1989–1998, 1999–2003, 2004–2007, and 2008–2012. These divisions are based on an analysis of the evolution of the impact of transnational AIDS institutions in China, referred to as the “effectiveness” of transnational institutions in international relations literature (Keohane et al. 1993). The more effective the implementation, the more influential transnational AIDS institutions are in China, and the more changes they solicit in activist actorhood. The effectiveness of transnational institutions evolves along two dimensions (Levy 1995): one is the formality of rules, and the other is the shared normative expectation of acceptable behavior in AIDS governance. Extensive archival research was conducted between 2009 and 2010 to establish a historical document dataset that traces the evolution of the principles, norms, rules, and decision-making procedures of the institutions. I also use secondary sources to describe this historical process. This is followed by an analysis of the specific implementation of transnational AIDS regimes in China. The next chapter goes into the details of this process.

My analysis relies on archival research combined with ethnographic work conducted at the Chinese Secretariat for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (hereafter, Global Fund) in Beijing in 2009. The Global Fund is the most influential transnational AIDS institutional entity, providing 25 percent of all international funding for AIDS intervention. Supplementary interviews were conducted with officers of three international organizations and three international NGOs in 2013.

**Table 1.1 Multi-Level/Sited Data Collection Summary**

| <b>Actor Cluster</b>                   | <b>Analytical Focus</b>  | <b>Method</b>   | <b>Location</b>                              |
|--|--|---|--|
| <b>Transnational AIDS Institutions</b> | The structures, norms, and intervention programs of transnational institutions | Archival research   | Ann Arbor                                    |
|  | Operation at the international and national level                              | Archival research<br>Participant observation<br>In-depth interviews | Ann Arbor,<br>Beijing,<br>Shanghai,<br>Henan |
| <b>Chinese State</b>                   | Domestic HIV/AIDS governance institutions                                      | Archival research<br>In-depth interviews                            | Central state:<br>Beijing                    |
|  |  |   | Local State:<br>Four provinces <sup>10</sup> |
| <b>Grassroots Advocacy Groups</b>      | Historical evolution of AIDS activism  | Archival research<br>In-depth interviews<br>Participant observation | Beijing,<br>Shanghai,<br>Henan               |
|  | Grassroots networks working on blood issues                                    | Participant observation<br>In-depth interviews                      | China, Chicago,<br>Ann Arbor                 |
|  | Grassroots networks working with gays  | Participant observation<br>In-depth interviews                      |  |
|  | Grassroots networks working with female sex workers                            | In-depth interviews   |  |

After this analysis to establish the historical instances as four cases, I turn to the comparison of AIDS activist actorhood across these cases by combining comparative historical and institutional ethnography (see Table 1.1 for a summary of research methods). To study the behavior of the Chinese state, I conducted interviews with government and semi-government agents involved in regulating AIDS and repressing AIDS activism. First, in-depth interviews were conducted in 2009 and 2013 with 42 officials in charge of regulating and policing NGO activities at 24 government and

<sup>10</sup> These four provinces were chosen because they enjoy high statuses among all the local states. As my research subjects requested, no specific information is released here to protect their identity information.

Communist Party (hereafter, simply Party) organizations, including the Ministry of Health, Bureau of Civil Affairs, Foreign Affairs Office, Police Department, and the Homeland Security Department at the central government and provincial levels in four provinces. Additionally, officials in two major government-organized social organizations were interviewed. Most interviews were recorded and transcribed in Chinese.

To study domestic activist groups, I use data collected via archival and ethnographic research focusing on peasants infected via contaminated blood, gay males, and female sex workers based on a total of two years of fieldwork conducted at the transnational, national, and local levels. I observed and participated in the campaigns and daily activities of three grassroots organizations, and interviewed 94 grassroots organizational leaders, members, people living with HIV/AIDS and independent activists with no organizational affiliation in 19 cities and villages in China as well as the United States between 2007 and 2013.

#### **IV. Overview of the Dissertation**

This chapter establishes the conceptual foundations for the whole dissertation, while Chapter 2 provides an introduction to the broader historical context of both transnational AIDS institutions and the Chinese state. It first delineates how AIDS became a political problem via a historical process of institutionalization at the transnational level. It was through this process that a new set of institutional logics were established and introduced into China. The rest of the dissertation demonstrates the

outcome of this process as the mobilization and repression of AIDS activism in China has shifted. Chapter 2 also considers two potential domestic explanations of the evolution of AIDS activist actorhood. The first explanation focuses on changes to the AIDS epidemic itself, while the second hinges on shifts in the political opportunity structure of the Chinese state. This chapter pushes the historical explanation of my conflict-centered institutional approach a step further, beyond standard structuralist modes of analysis, by specifying the historical processes by which conditions of domestic health institutions were transformed.

The following chapters delve into the empirical body of this dissertation. Chapter 3 examines the failed advocacy initiatives in China before transnational AIDS institutions were established. This chapter orients the reader to the obstacles to mobilization around AIDS, specifically the socialist disease control model of AIDS as an immoral western disease. Although China's two major AIDS outbreaks occurred during this time period, the examination illustrates that without external intervention, not only did the AIDS movement fail to emerge in a bottom-up way, it was also impossible for local communities to recognize transnational resources and opportunities as viable options in a highly repressive environment.

Chapters 4, 5, and 6 explain the historical emergence, transformation, and decline of the AIDS movement in China, respectively, before Chapter 7 summarizes the practical and theoretical contributions of the dissertation. In Chapter 7, I will also explore the applicability of this work to a broader context of transnational contentious politics.

## **Chapter 2**

### **Building AIDS Governance in China: The Dictator's Dilemma**

Examining activism in a strong authoritarian country requires attention to the larger historical context in which the AIDS movement is situated. This chapter considers two potential explanations of the rise, transformation, and decline of China's AIDS movement. The first explanation focuses on changes to the AIDS epidemic itself, while the second hinges on shifts in the political opportunity structure of the Chinese state. While these two approaches help explain mobilization around AIDS, they are only effective in recognizing and explaining features of specific contentious episodes. To understand the overall trajectory of the AIDS movement, it is necessary to shift attention from domestic factors to transnational structures and processes.

This chapter argues that neither the epidemiology nor political structure of AIDS alone accounts for the patterns of mobilization and repression around AIDS in China because they both fail to answer a basic question: what political interests were at stake? Conventional social movement studies, especially those examining authoritarian contexts, usually study activism taking place in domestic domains where states have already established administrative and political control. The existence of actors with conflicting interests is assumed as a given starting point of those studies. However, AIDS is not a political issue because of something inherent in the nature of the disease

itself. It did not become a political issue in China until the early 2000s, when the Chinese state finally started to build an administrative apparatus around the epidemic after simply attempting to ignore or deny it for more than a decade. Applying the institutional approach developed in Chapter 1, this chapter examines how AIDS became a site of *political* struggle among actors with an interest in AIDS intervention. I use the term “political” here in a narrow sense to refer to activity related to “formal governance by nation-states” (Armstrong and Bernstein 2008, 77). This chapter thus demonstrates the political content of the AIDS movement and its links to transnational AIDS institutional changes, as well as to larger political institutions in China.

The first section evaluates the adequacy of existing theories for explaining the evolution of the AIDS movement in China. The second section sketches the institutionalization of transnational AIDS regimes between the late 1980s and 2012, showing how this process placed AIDS on the global political agenda, generated a civil society institutional model, and undermined the authority of nation states in AIDS governance. The third section then turns to a more detailed historical illustration of how these institutional changes at the supranational level, combined with domestic factors, impacted the shape of domestic AIDS institutions in China. This process transformed the nature and operation of power and domination around AIDS, which served as an engine driving the dynamics of mobilization and repression as examined in the following empirical chapters.

## **I. Domestic Factors: Disease and Authoritarian Power**

### **i. AIDS Epidemics**

The evolution of AIDS epidemics contributes to, but cannot fully account for the trajectory of AIDS activism. China's first AIDS case was identified in 1985 in a tourist. After the first indigenous AIDS case was identified in 1989, two major AIDS outbreaks occurred in China in the late 1980s and the mid-1990s. The first AIDS outbreak featured an infection pattern via injecting drug use in the southwest border areas of the country. The second major outbreak of AIDS occurred among commercial plasma donors in rural areas in east-central provinces between the early and mid-1990s. The number of annual reported HIV infections in China increased steadily every year between 1995 and 2000, at an average rate of 30% (Cui et al. 2009). The state, however, denied the existence of an AIDS epidemic and did not release any epidemic information. This caused yet another epidemic among people who were using blood and plasma products. The conservative estimate shows that blood contamination caused around 300,000 cases of HIV infection (Ministry of Health 2010). By 1998, HIV infection had been documented in every region of China (Wu et al. 2007) and was in a phase of exponential growth.

The year 2004 marked a watershed in AIDS governance. It was in this year that the central government first publicly acknowledged the existence of a severe AIDS epidemic caused by blood contamination. This opened the door for other HIV/AIDS cases, especially those infected via contaminated blood, to be reported, and led to a spike in the number of annual reported cases (See Figure 2.1). Chapter 4 discusses this



scandal in greater detail. The magnitude of HIV/AIDS epidemics in China has not dramatically changed since then. According to the joint reports by the State Council AIDS Working Committee Office and the UN Theme Group on AIDS, China's HIV/AIDS epidemic has remained one of low prevalence with clusters of high infection in certain areas and specific sub-populations. Currently, the HIV infection rate among China's population is 0.05% (range: 0.04-0.07%), while the new infection rate has been decreasing even as the epidemic continues to expand. At the end of 2011, the estimated number of people living with HIV/AIDS in China was 780,000, of whom 154,000 were living with AIDS. Women accounted for 28.6% of those cases. The six provinces with the highest cumulative number of reported HIV/AIDS cases are Yunnan, Guangxi, Henan, Sichuan, Xinjiang, and Guangdong. They represent 75.8% of the national total.

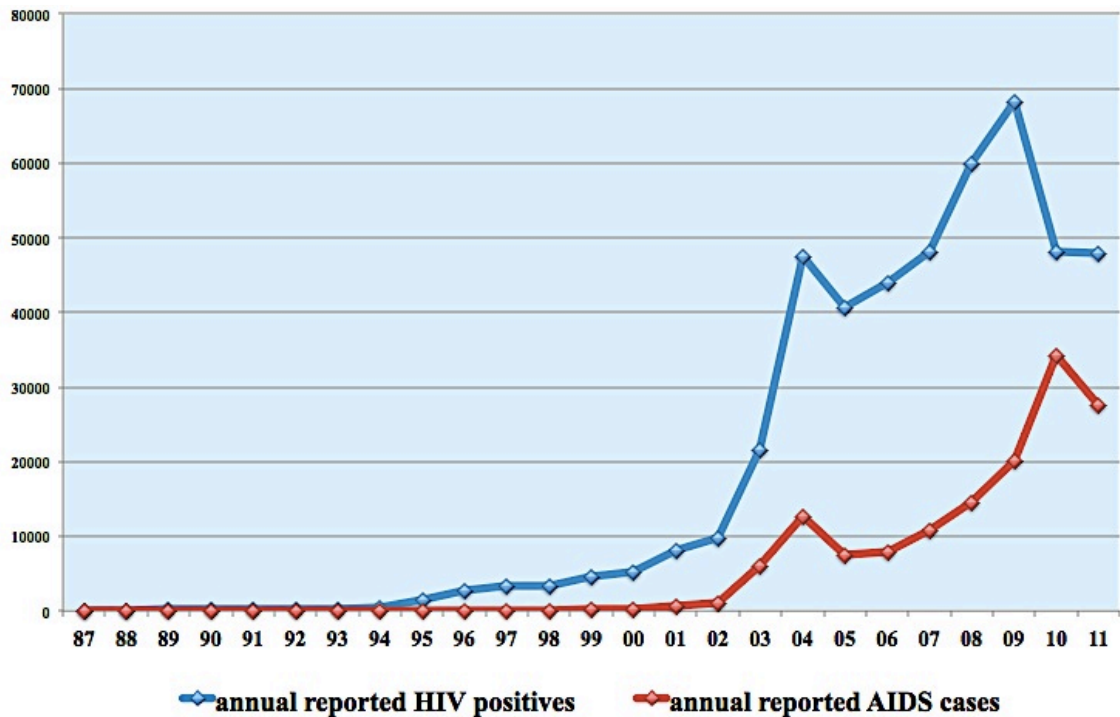
Overall, the rate of increase in the growth of the AIDS epidemic has slowed and new HIV infections have been contained at a low level. Among newly reported cases, sexual transmission has slowly increased since 2004, replacing injecting drug use and blood contamination to become the primary mode of transmission of new infection in 2009. Among Chinese people living with HIV/AIDS in 2011, 46.5% were infected through heterosexual contact, 28.4% through injecting drug use, 17.4% through homosexual contact, and 6.6% through contaminated blood.<sup>11</sup> Of those infected through heterosexual transmission, around one third were infected through spousal transmission, and two thirds through non-spousal transmission.<sup>12</sup>

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<sup>11</sup> People's Republic of China Joint United Nations Programme on HIV/AIDS World Health Organization, "2011 Estimates for the HIV/AIDS Epidemic in China," Ministry of Health, November 2011.

<sup>12</sup> Ministry of Health, "China 2010 UNGASS Country Progress Report (2008-2009)," April 2, 2010.

**Figure 2.1 Annual Numbers of Reported HIV-positive and AIDS Cases in China, 1987-2011<sup>13</sup>**



However, there has been an upward trend in the number of AIDS patients, both among newly reported AIDS cases and in HIV-infected persons who progressed to AIDS. There were 154,000 AIDS cases in 2011, compared to 75,000 in 2005. Among 154,000 Chinese people living with AIDS in 2011, 46.8% contracted HIV through heterosexual contact, 26.6% through contaminated blood, 18.8% through injecting drug use, and 6.5% through homosexual contact.

<sup>13</sup> Ministry of Health, Joint United Nations Programme on HIV/AIDS, World Health Organization, 2011.

**Figure 2.2 The Distribution of Reported AIDS Cases in China, 2002-2009<sup>14</sup>**

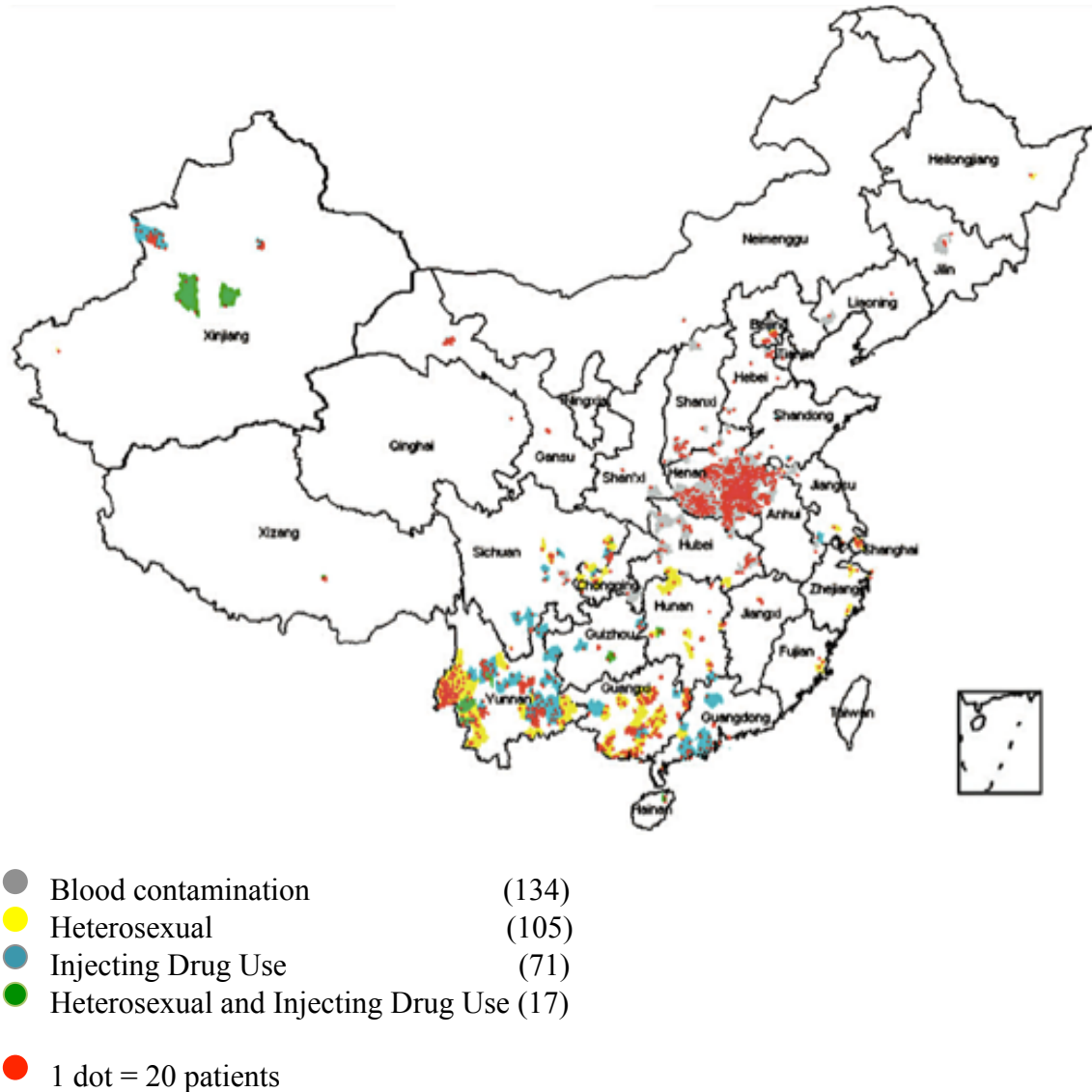


Figure 2.2 shows the geographic distribution of AIDS patients who received treatment between 2002 and 2009, with each county/district stratified by predominant modes of HIV transmission. At the same time, the mean annual mortality rate increased by 44% between 1999 and 2008, when the mortality rates of most other communicable

<sup>14</sup> Taken from Zhihui Dou, Ray Chen, Jiahong Xu, et al., “Changing Baseline Characteristics among Patients in the China National Free Antiretroviral Treatment Program, 2002–09,” *International Journal of Epidemiology* 2010 (39): 56–64.

diseases actually decreased in China (Zhang and Wilson 2012). Between 2002 and 2008, treatment failed for 25% of patients, with the cumulative treatment failure rate increasing to 50% at 5 years (Zhang et al. 2009). Currently, the most concerning emerging challenge is increased future transmission of drug-resistant strains of HIV, which have caused a continuous increase in AIDS-related mortality. AIDS-related deaths were estimated at 25,000 in 2005, 20,000 in 2007, 26,000 in 2009, and 28,000 in 2011.<sup>15</sup>

HIV/AIDS is only one of the many challenges faced by China's health system. 80% of deaths in China are caused by non-communicable diseases such as heart disease, strokes, diabetes, and chronic lung disease (WHO 2012). Even among communicable diseases, both viral hepatitis and bacterial infections such as tuberculosis have much higher prevalence rates than HIV.<sup>16</sup>

In summary, the evolution of HIV/AIDS epidemics does not explain the trajectory of the AIDS movement in China. The mobilization of infected peasants was almost ten years later than the AIDS outbreak caused by blood contamination, and injecting drug users and female sex workers have not developed substantial activism. In contrast, gay male communities in urban areas took action one decade *before* the epidemic actually took place among gay men.

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<sup>15</sup> Ministry of Health, Joint United Nations Programme on HIV/AIDS, World Health Organization, 2011.

<sup>16</sup> UN Health Partners Group in China, *A Health Situation Assessment of the People's Republic of China*, 2005; WHO, *Country Cooperation Strategy: WHO China Strategic Priorities for 2009-2013*, 2009.

## ii. Political Opportunity Structure

The trajectory of AIDS activism has not been not characteristic of the Chinese political regime. Existing studies note that the Chinese state apparatus has been becoming more stable and increasingly repressive against dissidents in general after 1989, especially between 2004 and 2012 (Ching and Zhang 2013)—making the rise and development of AIDS activism, in particular, all the more puzzling.

The current literature on high-risk activism in authoritarian regimes usually starts by examining the polity's relative accessibility. Such literature is mainly influenced by the political process model that focuses on political opportunity structures<sup>17</sup> to explain when and how protests arise and succeed at certain times and places, as well as their development over time, their forms of action, and their outcomes (Kurzman 1996; McAdam 1999; McAdam et al. 2001; Tarrow 1994). Political opportunity structures can be broadly defined as “consistent but not necessarily formal, permanent, or national signals to social or political actors which either encourage or discourage them to use their internal resources to form social movements” (Tarrow 1994, 54). More specifically, the concept refers primarily to the degree of democratization and state oppression capacity (McAdam, Tarrow, and Tilly 2001).<sup>18</sup> This form of conceptualization makes the state a powerful factor in explaining cross-national differences in mobilization over a long period of time. As political opportunity

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<sup>17</sup> For a critical review of the concept of political opportunity structures along with its application, see McAdam (1996).

<sup>18</sup> The most identifiable dimensions of the political opportunity structure at the national level can be listed as follows: the relative openness or closure of the political system, the stability or instability of the set of elite political alignments, the presence or absence of elite allies, and the state's capacity and propensity for repression (McAdam 1996; Tarrow 1994).

expands, it reduces the power discrepancy between dissidents and political elites, and hence improves the prospects for the movement's emergence and success (McAdam 1986). In the context of authoritarian states, the power of political elites manifests itself in terms of infrastructural power, the capacity of the state "to penetrate civil society and to implement logistically political decisions throughout the realm" (Mann 1986, 113).

When we look at China's political structure and its changes over the past two decades, we find that China has been a continuously high capacity authoritarian state, well-equipped to established a monopoly of violence, regulate institutions, and extract resources. As many scholars agree, China has become one of the most enduring dictatorships since "it has remained remarkably stable in the face of mounting domestic social unrest for more than a decade" (Ching 2013, 1476). The year 1989 brought the now infamous crackdown on the Tiananmen Democracy Movement that stands as the watershed in China's political history since market economic reform first started in the late 1970s. Whereas the pre-Tiananmen period featured a shift from China's planned economy and radical socialist ideology, the Tiananmen turmoil generated the problem of ensuring political stability and set a conservative tone for the political atmosphere in general.

The current political apparatus to maintain social stability was founded in the early 1990s in the wake of the collapse of the Soviet Union. The major goal was to perpetuate the Party's monopoly of power by enhancing its capacity to rule. After two years of planning, the Party officially placed maintaining social stability at the center of

its agenda in 1991<sup>19</sup> and wrote it into the General Program of the CCP Constitution in 1992 as follows:

The Party will strengthen comprehensive measures to maintain law and order, and resolutely combat criminal activities that endanger national security and interests, social stability and economic development and bring criminals to justice in accordance with the law, so as to maintain lasting social stability.<sup>20</sup>

“Comprehensive measures of public security” (*SheHui ZhiAn ZongHe ZhiLi*) thus replaced the “people’s dictatorship”<sup>21</sup> (*RenMin ZhuanZheng*) to become the political apparatus to institute surveillance and repression of social unrest. Developed in the Mao era, the principle of people’s dictatorship provided the legitimacy for the state to use coercive violence to repress dissidents in order to defend the Party’s power. This system, primarily based on socialist ideology, mainly relied on mass campaigns combined with the army, police, and courts. The founding of the Central Committee for Comprehensive Management of Public Security in 1991 marked a transition to a coercive institution constituted primarily by the police and courts. This Committee serves as the national leading body of the Party to direct various levels of government to manage forms of social instability.<sup>22</sup> Since the Party issued the regulation “On Enhancing Comprehensive Measures of Public Security,” this newly strengthened

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<sup>19</sup> CPC Central Committee and the State Council, *Decision on Intensifying the Improvement of Public Security by Taking Comprehensive Measures* (Chinese), February 19, 1991. This was erected into law as the *Decision of the People’s Congress on Intensifying the Improvement of Public Security by Taking Comprehensive Measures*.

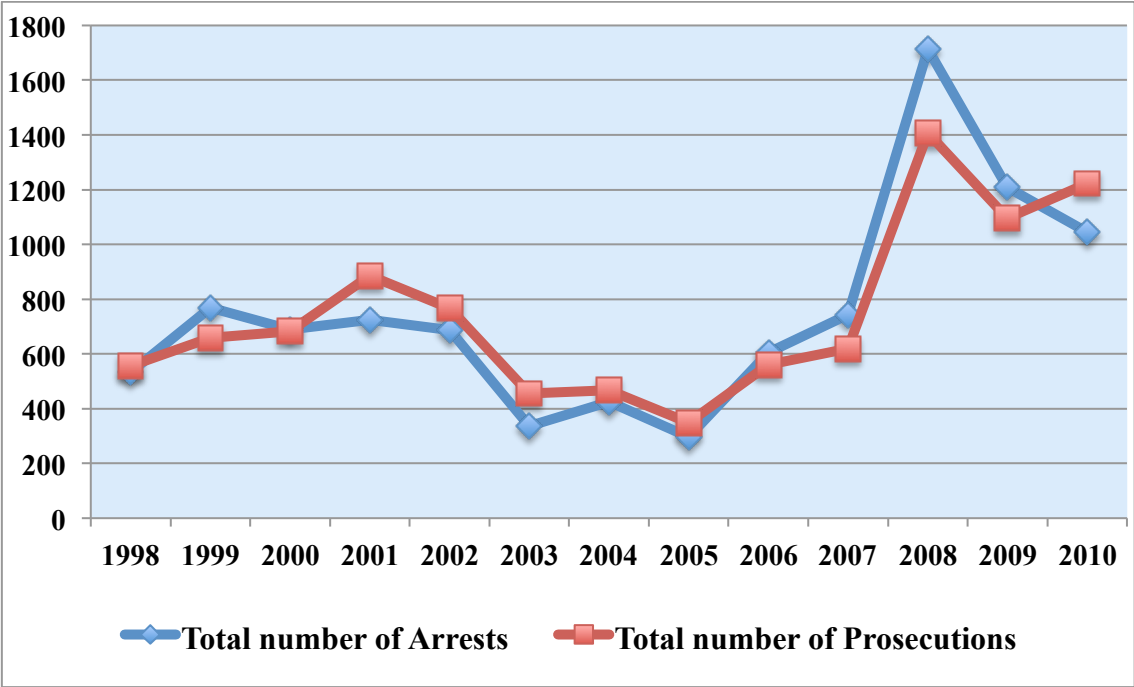
<sup>20</sup> “General Program,” *Constitution of the Communist Party of China*, amended and adopted at the Fourteenth National Congress of the Communist Party of China (Chinese), March 1991.

<sup>21</sup> Mao Tse-Tung, “On the People’s Democratic Dictatorship,” June 30, 1949.

<sup>22</sup> “The Central Committee for Comprehensive Management of Public Security Established,” *Xinhua News Agency*, March 22, 1991; “The First Meeting of the Central Committee for Comprehensive Management of Public Security was Held in Beijing,” *Xinhua News Agency*, March, 22, 1991.

apparatus has been adopting an increasingly hardline policies towards dissidents (See Figure 2.2).

**Figure 2.2 Number of Political Crimes-related Arrests (unit: individual) and Prosecutions (unit: case),<sup>23</sup> 1999-2010<sup>24</sup>**



One of the factors that helped to consolidate Hu Jintao’s Leninist governance line<sup>25</sup> was the Orange Revolution in the Ukraine. Top Chinese leaders were convinced by the explanation that the Orange Revolution resulted from the collaboration of western agencies and aspiring domestic NGOs in east European countries. A central coordinating institution was thus established to strengthen the political apparatus in

<sup>23</sup> According to China’s new criminal code (1997), political crimes were redefined as endangering state security, replacing the previous offense of contra-revolution (1979). It includes charges against subversion, inciting subversion, secession, and leaking of state secrets.

<sup>24</sup> *China Statistical Yearbook*, 1999-2010.

<sup>25</sup> Internal Party struggle and debate have never stopped. Neither the Central Committee nor the central government has achieved unity in terms of general principles and policies. Officials from police and security departments complained about the inconsistency and weakness of policies in interviews.



targeting transnational activism after Hu came back from his visit to east European countries in 2004.<sup>26</sup> Tasked with “anti-penetration” and “risk prevention,”<sup>27</sup> this institution was created as a joint committee of the Ministry of Civil Affairs, Foreign Affairs, State Security, and Public Security. This committee attempts to extend the scope of regime capacity by intensifying scrutiny of Chinese society and Sino-western transnational networks. The joint committee meets every month and invites specific functional departments to attend meetings regarding their specific issue areas. With State Security and Public Security playing leading roles, the committee focuses on coercive strategies.

In 2006, the Chinese Central Military Commission issued a directive that allowed the mobilization of the military in support of local governments when incidents are deemed to threaten local social or political stability. Moreover, the easy escalation of collective petitions into more disruptive modes of action has also led the central and local governments to re-emphasize the five-person limit in collective petitions since 2005, when a new directive on petitions took effect.

Despite the relative decentralization that accompanied market reforms, the Party-State has retained, although not always enforced, much of the coercive capacity built up during the Maoist totalitarian period. The public security expense of the central government increased from RMB 61,340,000 in 2005 to RMB 875,770,000 in 2008, and to RMB 1,475,420,000 in 2010.<sup>28</sup>

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<sup>26</sup> Interview 3144 (Government), June 16, 2009.

<sup>27</sup> Interview 31122 (Government), July 29, 2009. “Anti-penetration” means preventing the penetration of western forces into the socialist regime.

<sup>28</sup> The listed numbers are only a small part of the national government’s expenditure on public security. The Fourth Session of the Tenth National People’s Congress, *Annual Report on the*

Had AIDS activism been determined by the political opportunity structure, we would not have expected the rise of the AIDS movement around the early 2000s, let alone its expansion to the national level after 2004. To produce a completely systematic evaluation of the Chinese state's capacity would require a more extensive analysis than can be presented here. Nevertheless, the discussion is intended primarily to orient the reader to the domestic mobilization challenges faced by Chinese activists.

## **II. Challenging Dictators: The Institutionalization of Transnational AIDS Regimes**

### **i. Transnational AIDS Institutions: Civil Society as an Organizational Model**

Transnational AIDS institutions see AIDS as much more than a health problem, and as such, they advocate a comprehensive and coordinated set of measures involving all sectors of society—government, civil society, business, and communities (see Table 2.1). They are characterized by non-state actors' direct involvement in and contribution to not only policymaking and implementation, but also the provision of public goods. At the center of transnational AIDS institutions' normative framework is that national health ministries do not have central authority over AIDS governance. Rather, AIDS

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*Budgetary Performance of the Central and Local Governments in 2005 and the Draft Expenditure Budget in 2006* (Chinese), March 6, 2006; The Second Session of the Eleventh National People's Congress, *Excerpts from the Annual Report on the Budgetary Performance of the Central and Local Governments in 2008 and the Draft Expenditure Budget in 2009* (Chinese), March 15, 2009; The Fourth Session of the Eleventh National People's Congress, *Annual Report on the Budgetary Performance of the Central and Local Governments in 2010 and the Draft Expenditure Budget in 2011* (Chinese), March 17, 2011.

programs must include civil society actors, especially people living with HIV/AIDS, as equal partners with governments (Buse and Walt 2000; Dodgson et al. 2002).

**Table 2.1 Comparison of International and Transnational AIDS Institutions**

|                                  | <b>International AIDS Institutions</b> | <b>Transnational AIDS Institutions</b>  |
|----------------------------------|--|---|
| <b>Funding Year</b>              | 1985                                   | 1996  |
| <b>Framing of AIDS</b>           | A domestic health matter               | A global political concern  |
| <b>Key Actors</b>                | National health ministries<br>WHO      | National health ministries<br>International governmental organizations<br>Private sector<br>Civil society |
| <b>Governance Structure</b>      | State-centric                          | Decentralized   |
| <b>Policy Effectiveness</b>      | State leadership                       | Local community strengthening   |
| <b>Norm(s) of Rule</b>           | Sovereignty                            | Deterritorialization<br>Human rights<br>Multisectoralism  |
| <b>Nature of AIDS Governance</b> | Top-down                               | Bottom-up   |

Transnational AIDS institutions represent a significant shift from traditional international health institutions, which were first and foremost *state-centric*. This previous system considered AIDS as a domestic health issue of certain countries. In fact, international health, by definition, referred to “health issues of countries other than one’s own, especially those of low-income and middle-income” (Koplan et al. 2009, 1993). International health institutions only recognized national health ministries, the World Health Organization (hereafter WHO), and a relatively small group of national medical research agencies as major actors. Following a traditional approach to

communicable disease control, international institutions defined AIDS in terms of individual risk behaviors and designated intervention programs focused around information, education, and clinic services.<sup>29</sup> Within the international health system, every matter related to AIDS had to be handled with or through national health ministries. This approach was represented by the Global Program of AIDS (GPA) of the World Health Organization. GPA focused on the ramifications of infectious diseases for the health service delivery of national governments. It identified “national governments [as] central to the response”<sup>30</sup> and stated that the success of the fight against AIDS relied on the performance of national health ministries. Accordingly, the GPA not only confined its goal to providing technical assistance to national governments, but also limited its partners to national ministries. Within this institutional arrangement, local NGOs did not occupy autonomous subjectivities or have sufficient political power to effect social change. In a more extreme statement, local NGOs—especially those in developing countries—were only considered to be playing “the receptor-site role” through “receiving and transmitting signals from world society to state authorities and thus catalyzing policy adoption” (Frank 2007, 289).

In contrast, transnational AIDS institutions largely rest upon three principal norms: (1) a deterritorialization that locates the AIDS epidemic in a global context, thereby legitimating global policy intervention (Dodgson et al. 2002); (2) a human rights framing of AIDS-specific concerns as related to broader social justice issues (Gruskin et al. 2007); and (3) a form of multisectoralism that emphasizes the inclusive

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<sup>29</sup> World Health Organization, “The Global AIDS Strategy,” *WHO AIDS Series* (Series 11), 1992.

<sup>30</sup> Jonathan M. Mann, Daniel J. M. Tarantola, and Thomas W. Netter, eds., *AIDS in the World*. (Cambridge, MA: Harvard University Press, 1992), 365.

participation of non-state actors as a way to bolster the effectiveness of intervention (Buse and Walt 2000).

These three norms constitute the pillars for a particular organizational model of civil society participation. While many other issue-oriented transnational institutions—such as those concerned with human rights and the environment, for example—recognize the significance of civil society engagement, transnational AIDS institutions are the only ones to build the financial infrastructure to channel substantial resources *directly* to civil society organizations at the local level. This financial infrastructure is composed of three transnational health initiatives—the World Bank's Multi-country HIV/AIDS Programme (MAP), the Global Fund, and the President's Emergency Plan For AIDS Relief (PEPFAR). These initiatives provide “a blueprint for financing, resourcing, coordinating and/or implementing disease control across at least several countries in more than one region of the world” (Brugha 2008, 72), and they contribute more than two thirds of all direct external funding for AIDS. Not only do they circumvent national health ministries and deliver resources directly to civil society organizations, these initiatives also play a significant role in promoting civil society engagement at the national level.

It is important to note that civil society refers to “a recognized area of institutional life” (DiMaggio and Powell 1991, 65) as an essential constituent part of the organizational model promoted by transnational AIDS institutions. This definition is related to, but not the same as the view of civil society commonly held in political sociology literature. Usually civil society is treated as an autonomous sphere of social power independent of the state. Scholars and policy makers are particularly enthusiastic

about associational life in authoritarian contexts because civil society presumably generates autonomy from traditional politics, whereby “citizens can pressure authoritarians for change, protect themselves from tyranny, and democratize from below” (Foley and Edwards 1996, 46). This conception of civil society does not designate who can be included as a civil society actor or what form that actorhood must take; nor does it require civil society to fulfill certain functions.

In contrast, in transnational AIDS governance, civil society is a distinctive *institutional model and organizational form* based on *policy effectiveness*. Civil society is defined as a collective of community organizations

who act at the community level to deliver community-based services and activities, and to promote improved practice and policies. This includes many civil society organizations, groups and individuals that work with communities, particularly community-based organizations, nongovernmental organizations and faith-based organizations (FBOs), and networks or associations of people affected by particular challenges such as HIV.<sup>31</sup>

This model of civil society integrates a wide range of non-state actors, especially people living with HIV/AIDS. It operates according to the premise that the old approach relying on a centralized national government does not work. The locus of AIDS policies and decision-making shall be decentralized to affected communities through the representation of NGOs. AIDS is not just a disease, but a crisis associated with citizens’ rights and access to decision-making. Any effective response to AIDS must expand beyond the traditional confines of the health sector and employ a combination of health- and non-health-based interventions.

This institutional model of civil society has two important consequences. First, it defines the legitimate characters and scripts of local organizational actors, and outlines

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<sup>31</sup> Global Fund, “Community Systems Strengthening Framework,” August 2011.

how local groups can transform to resemble the general and abstract concept of NGOs. This model recognizes that the spread and impact of AIDS is shaped by various asymmetrical social relations and forms of inequality. It thus emphasizes that AIDS-related issues must be resolved in the local political contexts in which the disease grows and spreads. On the other hand, this model focuses on promoting certain organizational arrangements and behaviors linking *inputs* provided by transnational AIDS institutions to *performance* as improved health outcomes. NGOs are designated to perform specific functions in a country's health system, from delivering services and monitoring government behavior to advocating on behalf of particular communities. NGO organizational capacity is understood in terms of leadership, networking, accountability, and possession of management skills, information, and resources, all of which can be clearly defined, operationalized, and measured by numbers. For example, the Global Fund has compiled a detailed list of indicators of NGO working process and output indicators, one of which is organization training, measured as:

[The numerator] as total number of targeted community-based organizations that have at least one staff member or volunteer who received training or retraining according to nationally recommended guidelines (where such guidelines exist) in management, leadership or accountability during the last 12 months and who is still working for the community-based organization at the time of reporting” and “[denominator] as total number of community-based organizations in a targeted area.<sup>32</sup>

Second, this model circumscribes the ways in which transnational AIDS institutions, states, and local NGOs shall interact with each other as “equal” partners. This is represented by the Global Fund, which was created as a new transnational institution to embrace multisectoral partnership between government, civil society,

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<sup>32</sup> Global Fund, “Community Systems Strengthening Framework,” August 2011, 101.

private sector, and affected communities. The Global Fund’s international constituency board is comprised of representatives of donor and recipient governments, NGOs, the private sector, and affected communities. Among board members, there are 9 regional seats, 6 donor countries, 2 NGOs, 1 private foundation, 1 private company, 1 representative of someone living with the disease, and 4 non-voting advisory seats representing the WHO, UNAIDS, the World Bank and a Swiss member, respectively. At the national level, the Global Fund has a country coordinating mechanism (CCM) to administer its operation within the country, composed of representatives from governmental, civil society, and private sector groups. The country coordinating mechanism is meant to be the governing body by which local stakeholders deliberate and collectively design grant proposals, design new health programs in line with current infrastructure, and tailor program implementation strategies in order to specifically allow “national ownership and [to] respect country-led formulation and implementation processes.”<sup>33</sup>

Such a model of civil society is political by nature because it delineates the roles and boundaries of responsibility held respectively by international organizations, states and non-state actors, as well as the relationships between them “for the conditions that constrain or enable health and for delivery of health and related services” (Hein et al. 2007, 132). At the same time, it strives to address AIDS-related vulnerability and powerlessness from a more technical perspective and within a framework that designates the role of NGOs in operational terms. The next section sketches the rise and expansion of this model, before turning to how this process has impacted China.

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<sup>33</sup> Global Fund, *Global Fund Framework Document*, 2.



## ii. Institutionalization of Transnational AIDS Regimes

Transnational AIDS institutions have evolved through institutionalizing the participation of non-governmental organizations and people living with HIV/AIDS. By institutionalization, I refer to the process by which the norms of deterritorialization, human rights, and multisectoralism are translated into organizational structures and decision-making procedures.<sup>34</sup> Using terms from international relations studies, we can describe this as a process to turn norms as “standards of behavior defined in terms of right and obligations” (Keohane 1984, 4) into rules to “forbid, require, or permit particular kinds of actions” (Simmons and Martin 2002, 194). These rules provide specific prescriptions and proscriptions for organizations with an AIDS-intervention focus, including both national governments and NGOs, and expectations regarding their roles, positions, and inter-relations.

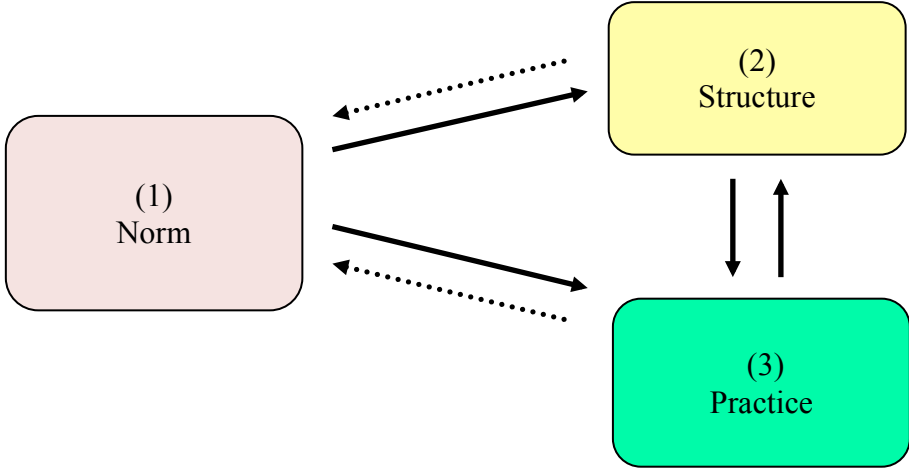
The emergence (late 1980s–early 1990s), formation (1995–2002), and consolidation (2003–2012) of transnational AIDS institutions was driven by three underlying processes: the establishment of norms, the development of organizational structures, and the development of effective techniques and strategies in treatment and prevention (See Figure 2.3). While the norms of deterritorialization and human rights were created in the mid-1980 and mid-1990s, respectively, the formal institutional structures were not put in place at the same time. For a long period, then, transnational AIDS institutions remained largely declaratory and promotional, without binding

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<sup>34</sup> Given limited space, this section can only highlight certain aspects of this process. It is important to note that the development of transnational AIDS institutions did not follow a linear path, but was filled with conflicts and contradictions. Transnational AIDS institutions are not a unitary and cohesive entity with a single dominant culture.

structures or implementation procedures that provided more specific injunctions for appropriate state action (Donnelly 1986). Figure 2.4 displays the evolution of transnational AIDS institutions and highlights major events in this process.

**Figure 2.3 A Schematic Model of Transnational AIDS Institutions**



This situation started to change in the mid-1990s with the emergence of multisectoralism, which officially placed civil society in AIDS governance structures and created formal links to channel the influence of transnational regimes into domestic policy domains. Multisectoralism refers to “public-private partnership between governments, civil society, the private sector and affected communities” to “attract, manage and disburse resources.”<sup>35</sup> Two groups of actors played major roles in this process: activists, primarily those in the global North working from the bottom-up, and the United Nations working from the top-down. Because of the early perception of AIDS as a “western gay disease” (Adam et al. 1999; Epstein 1994; Norman 1985), African governments denied the existence of AIDS and blamed the western media for

<sup>35</sup> Global Fund, *Global Fund Framework Document*, Section 3.

inventing AIDS-related issues in the 1980s.<sup>36</sup> western industrial countries were on the front lines of the early fight against AIDS, and the United States played a vanguard role in the emergence and mobilization of AIDS movements (Adam et al. 1999; Altman 1994, 1999). American activists were also among the first to become aware of the unprecedented expansion of AIDS in the South (Merson et al. 2008).

These activists succeeded in turning AIDS into an important issue in the American political landscape and established a political advocacy model of NGOs with three important characteristics. First, this model featured community-based organizations and American volunteerism associated with doubt about state control (Altman 1986; Epstein 1998). Second, preexisting gay and lesbian movements served as a foundation and stimulus to this new form of organizing. For example, most organizations were concentrated in the same large coastal cities where such movements were concentrated. Thirdly, organizations were mainly led by white, middle-class, and educated gay men (Kayal 1993; Wilton 1994), who were already equipped with an advanced awareness of politics, along with other forms of cultural capital, which they used to challenge the medical profession. Overall, the development of AIDS NGOs was closely related to gays as a particular social category and was defined by gay communities' experiences and struggles in relation to the particular forms of domination in the U.S. This civil society participation model thus developed around identity building and AIDS politicization (Adam et al. 1999), which put the engine of worldwide AIDS movements into motion.

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<sup>36</sup> John Grauerholz, "From Alma Ata to AIDS: the Russian's WHO Operation to Destroy Africa," *Executive Intelligence Review* 12, no. 49 (December 13, 1985): 13–14.

Marking the formation of transnational AIDS institutions, UNAIDS was launched as an innovative “joint and co-sponsored” institution in 1996. Its creation was largely driven by frustration with the old state-centric system represented by the WHO. While other UN programmes<sup>37</sup> mainly concentrated on the coordination of national governments, UNAIDS was the first UN agency to include NGOs on its executive governing board,<sup>38</sup> thus granting them a status that far exceeded the formal or informal consultative status endowed by other UN bodies. UNAIDS also became one of the main advocates for constructing a multisectoral framework as the guiding model for building national AIDS governance architectures. The objective of a multisectoral response to AIDS was first suggested by UNAIDS.<sup>39</sup> Its major goal was to achieve and promote global consensus on multisectoralism and to provide leadership in the fight against AIDS.

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<sup>37</sup> Those programmes included the environment, education, poverty eradication, and food security, among others.

<sup>38</sup> UNAIDS operates under the authority of an executive board called the Programme Coordinating Board (PCB), which brings together 22 member states, the ten co-sponsoring organizations, and five representatives of NGOs. It means NGOs are granted formal participation as well as decision and voting rights.

<sup>39</sup> UNAIDS/PCB (2), July 1995.

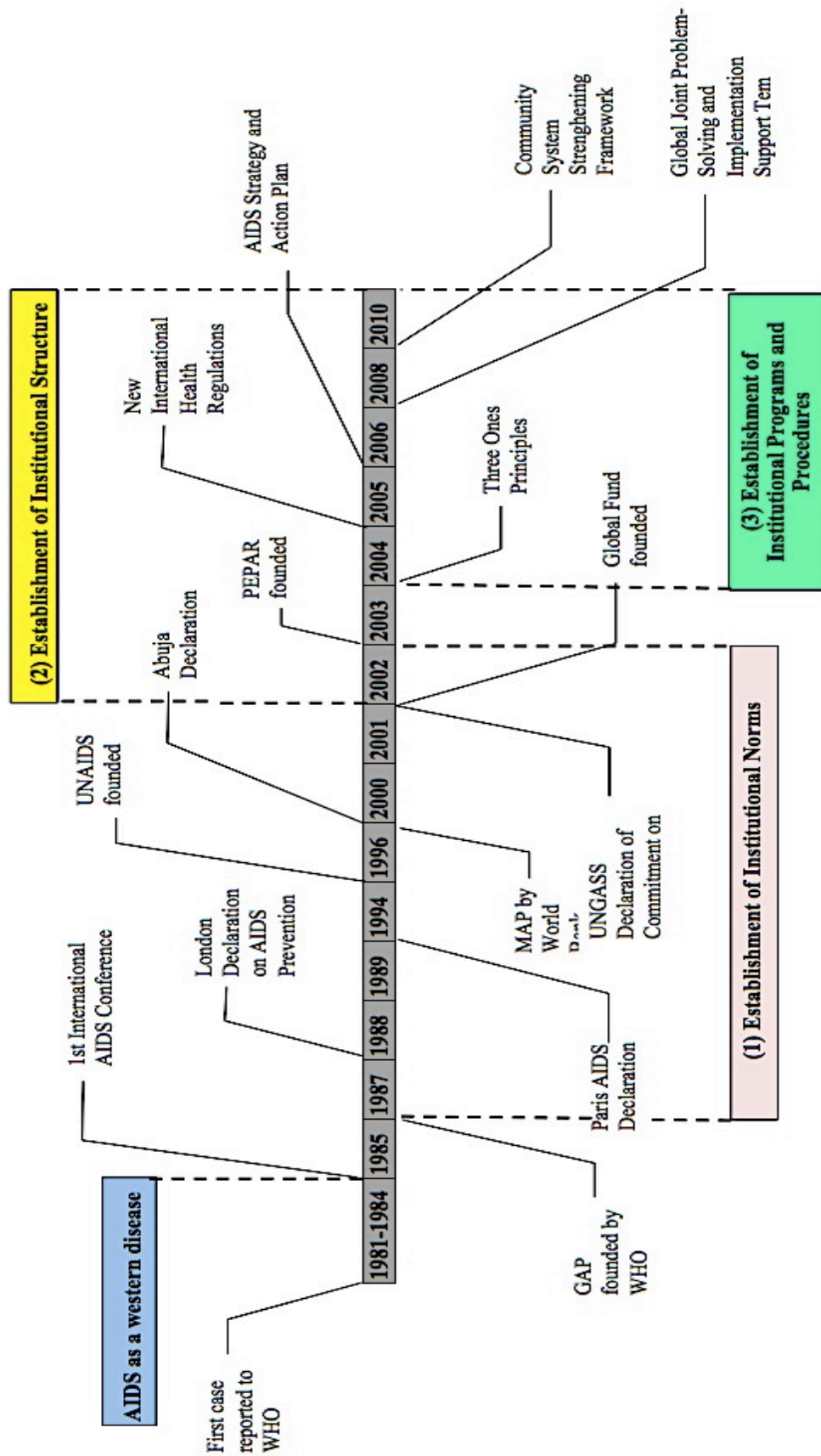


Figure 2.4 Transnational AIDS Institutions Timeline

Transnational AIDS institutions were further advanced around 2000, when the significance of AIDS was finally established on the global political landscape.<sup>40</sup> Not only was AIDS the major disease included in the Millennium Development Goals (MDGs),<sup>41</sup> the term “multisectoral governance” was also put forth as the primary legitimate model for combating AIDS in the Declaration of Commitment on HIV/AIDS at the 2001 UN General Assembly Special Session.<sup>42</sup> More than a rhetorical statement, the Declaration explicitly granted legitimacy to NGOs to participate in policy-making, program implementation, and reviewing processes at both of the UN and country levels.<sup>43</sup> It also specified their roles and positions relative to states:

A strong civil society flourishes in an environment in which the state allows for such nongovernmental organization participation. In an activist mode, civil society organizations must be empowered by law and daily practice to organize, publish and collect information, which having legal resources to the courts and, if necessary the option to demonstrate. As active participants in policy and programming design and implementation, they must be at the table, right from the beginning.<sup>44</sup>

A new transnational entity, the Global Fund, was introduced at the meeting to establish an institutional infrastructure that would build and diffuse multisectoral governance at the country level, designating the institutional blueprint for multisectoral architectures and activities. Along with the World Bank's Multi-country HIV/AIDS

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<sup>40</sup> UN Security Council, “UN Security Council Holds Debate on Impact of AIDS on Peace and Security in Africa,” SC/6781, January 8, 2000; UN General Assembly, “Review of the Problem of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome in All Its Aspects,” A/RES/54/283, 2000.

<sup>41</sup> It is noted that the health sector as a whole was largely marginalized within the UN during that period of time (Hulme 2009).

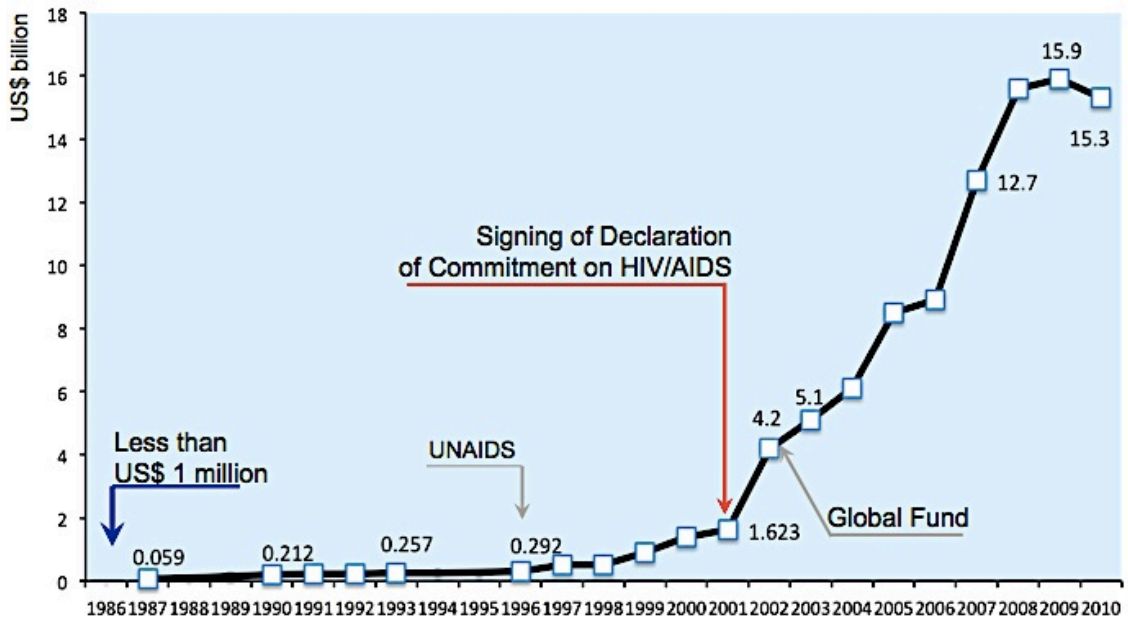
<sup>42</sup> A/RES/S-26/2, 2001.

<sup>43</sup> UN Non-Governmental Liaison Service, “Voice from Africa 10: NGO Responses to HIV/AIDS,” 2001.

<sup>44</sup> UNAIDS, “Report on the Global HIV/AIDS Epidemic,” 2002, 179.

Programme (MAP) and the President's Emergency Plan For AIDS Relief (PEPFAR), the Global Fund marked the consolidation of transnational AIDS institutions and jump started resources available for AIDS programs at the supranational level. Together, these three programs contributed more than two-thirds of all external funding to AIDS programs in resource-poor countries (see Figure 2.5). All of them emphasized delivering resources directly to local NGOs in order to substantiate civil society participation.

**Figure 2.5 Annual Resources Available for AIDS in Low- and Middle-income Countries, 1986–2010<sup>45</sup>**



All three multisectoral initiatives have enabled local NGOs to gain direct access to financial resources, and boosted the diversification of non-state actors in AIDS governance. The Global Fund has the tightest conditions, stimulating that all the country coordinating mechanisms must include NGOs in preparing proposals and applying for

<sup>45</sup> UNAIDS, “Using Strategic Information to Optimize Outcomes and Resources,” A Presentation at the 1<sup>st</sup> International and 5<sup>th</sup> National HIV Congress, October 24, 2012; UNAIDS, “2008 Report on the Global AIDS Epidemic,” 2008.

funding. For example, the Global Fund's China program started in 2003. Since then, it has approved over 800 million dollars to AIDS intervention in China, 30% of which was meant to be allocated to NGOs.

### **III. Challenging Authoritarian Rule: AIDS Governance, the Chinese State, and Transnational Institutions**

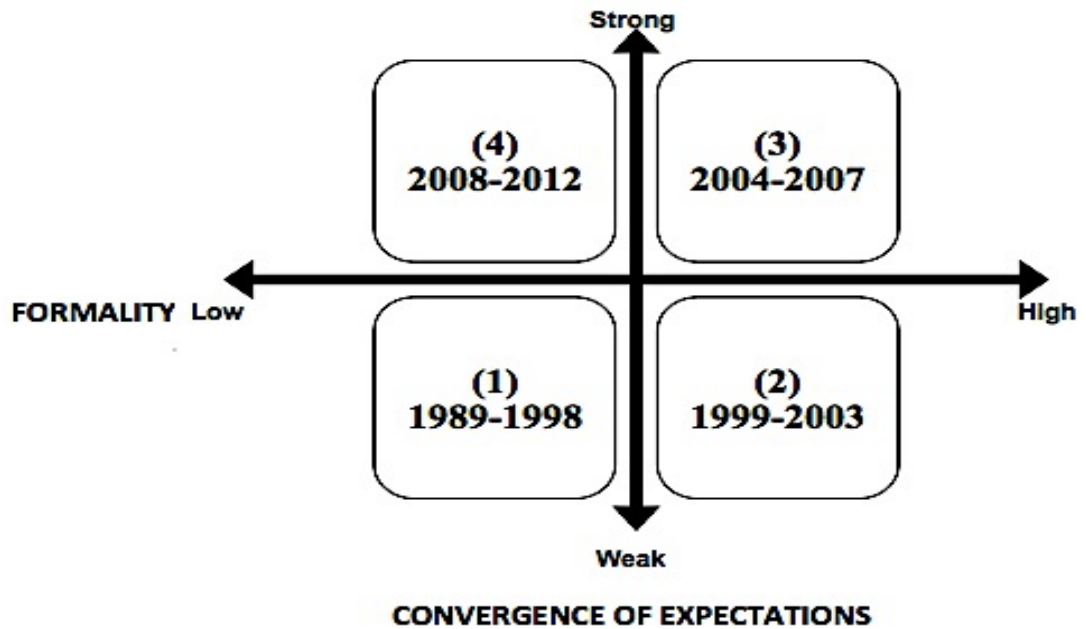
How did the institutionalization of transnational AIDS regimes impact China when the authoritarian state was striving to strengthen its rule? It was not until AIDS was placed on the international political agenda that AIDS governance began to emerge as an independent policy domain in China, almost ten years after the first major epidemic outbreak. Transnational AIDS institutions put the issue of AIDS squarely on the government's agenda, despite the state's efforts since the early 2000s to simply avoid the issue. Importantly, the particular governance model promoted by transnational AIDS institutions decenters the role of states in public health and grants legitimacy to grassroots self-organizing. The fact that AIDS politics described by transnational institutions are no longer confined to state regimes, but are characterized by increasing inclusion of non-state actors fundamentally challenge the primary principle of authoritarian rule—that the Party is the sole actor with legitimate final authority in *every* domain of social life.

Generally speaking, as the institutionalization of transnational AIDS regimes has increased, so too has the impact of these regimes on China. As discussed in Chapter 1, the various impacts of transnational AIDS regimes can be understood as their collective “effectiveness” in China. The more effective the implementation, the more influential



transnational AIDS institutions are in China, and the more changes they solicit in domestic AIDS politics manifested in state and activist action.<sup>46</sup> The effectiveness of transnational institutions evolves along two dimensions (Levy 1995): one is the shared normative expectation of acceptable behavior in AIDS governance, while the other is the formalization of rules (see Figure 2.6). Effectiveness relies on the degree of a transnational regime's institutionalization.

**Figure 2.6 The Effectiveness of Transnational AIDS Institutions in China**



Initially, between 1989 and 1998, transnational AIDS institutions had barely any impact on domestic politics in China, as the institutions remained at an embryonic stage. AIDS as a policy issue domain simply did not exist at the national level when the

<sup>46</sup> As debatable as it is in current literature, effectiveness and compliance are two different concepts. Only compliance constitutes a necessary condition of a transnational regime's significance to a state, while effectiveness indicates changes in state behavior no matter whether they are rule consistent or not. In other words, as long as transnational AIDS institutions provoke reactions from the Chinese state, they are effective even when the state reacts by breaking the rule.

central government was convinced that AIDS as a western disease would not threaten China. When AIDS cases were first diagnosed, the central government took an attitude of avoidance. Throughout the 1990s, the Chinese state was not interested in building its institutional capacity to exercise control and develop policy choices in AIDS governance. For example, a monitoring and surveillance system did not exist in Beijing throughout the 1990s, and the Center for Disease Control and Prevention lacked a specialized unit to administer AIDS. Indeed, two officers in the gonorrhea unit under the sexually transmitted disease office were responsible for handling matters related to AIDS.<sup>47</sup> This lack of interest was compounded by the fact that public health as a whole had been politically marginalized since the late 1980s (Cook 2007; Wang 2008). Following the marketization of health services following the 1994 tax reform and 1995 healthcare reform, public health systems suffered from a lack of political commitment and financial investment. The major theme of those reforms was to commercialize medical services and transfer responsibility for health financing to local, especially county and township, governments. Disease control and prevention were hurt most when public funds from local fiscal avenues could barely cover administrative expenditure since local governments had little incentive to invest in long-term health development.

In the second stage, 1999–2003, transnational AIDS institutions took notice of the AIDS epidemics in China and this led to attention from foreign media, international organizations, international NGOs, and western governments. The formalization of multisectoral frameworks drew international attention to the AIDS epidemic in China,

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<sup>47</sup> Interview 335 (Government), July 15, 2013.

as it was primarily bilateral and multilateral funding that supported China's AIDS programs (Sun et al. 2010; Wu et al. 2007). The sudden surge of attention was first triggered by the blood selling and contamination scandal and then intensified by the state's repression of AIDS activists. A variety of entities publicly condemned the Chinese government's inaction surrounding blood contamination, and stated that China's AIDS-related strategies were not up to international standards. The emergence of AIDS as an international political issue captured the Chinese state's attention, but still not enough for the state to agree to put an AIDS governance infrastructure in place with formal organizations and procedures. The Chinese state could not entirely dismiss the new transnational norms surrounding AIDS governance, but neither could it accept them. Instead, the state continued to insist on a monopoly over disease control, deny the severity of the epidemic, and ignore the demands for an independent AIDS governance domain.

The third stage, 2004–2007, can be described as a period of “tactical concession” (Risse and Sikkink 1999), during which the central government made concessions in the face of a spike in international pressure, especially after the SARS crisis in 2003.<sup>48</sup> This moment constituted a “tipping point,” when the three major norms of transnational AIDS institutions were recognized and embraced by a critical mass of states (Finnemore and Sikkink 1998). The Chinese state was forced to make its first display of political commitment to fighting AIDS,<sup>49</sup> by launching a process of domestic

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<sup>48</sup> “China Shows It Is Responsible,” *China Daily* (Chinese), June 30, 2003.

<sup>49</sup> Political commitment refers to the extent to which top-level government leaders acknowledge the HIV/AIDS crisis and support AIDS as a priority on the national agenda. While it is considered one of the most crucial elements in the AIDS Program Effort Index (API), political commitment is commonly indicated by whether the head of the state and/or other senior officials publicly mention AIDS issues (USAID, UNAIDS, WHO and the Policy Project 2003)

AIDS governance-building. This process had several facets: accepting the framing of AIDS as a political issue, starting to develop a domestic AIDS issue domain by setting up agendas; establishing governing organizations; and formulating policies and procedures. Transnational AIDS institutions displaced the authority of nation-states and the Chinese state now faced the challenge of how to control this new space created by transnational regimes. From the state's perspective, establishing an AIDS policy area was simultaneously about building organizational structures and practices that could increase the authoritarian regime's ability to withstand external pressure. Far more than in any other areas, transnational AIDS institutions had already obtained a high degree of autonomy, robustness, and legitimacy by 2003. The central government had no choice but to start to working with various transnational entities. This stage was characterized by strategic bargaining and instrumental adaptation on the government side, and normative and persuasion via economic and normative means on the transnational side.

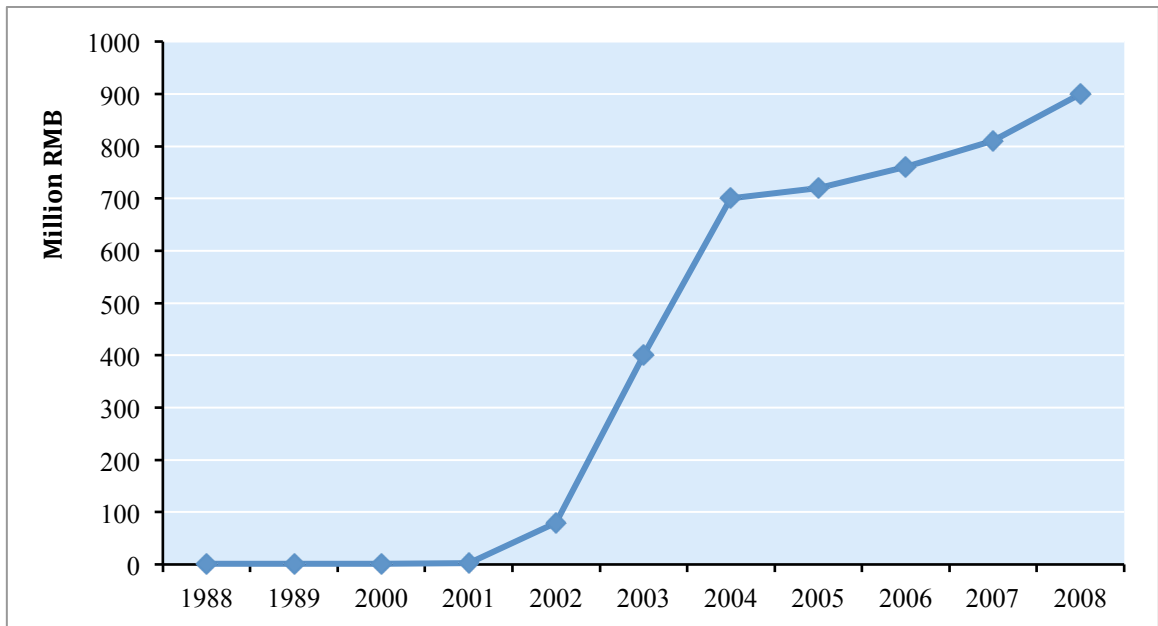
The year 2004 was also when the process of bureaucratic administration started to develop and expand in AIDS control. The Beijing Center for Disease Control and Prevention set up a dedicated department with nearly thirty officers to conduct AIDS monitoring and intervention work. As one government officer described, "all of sudden money was dropping from the sky. Projects related to AIDS sprang up all over the place in the past 10 years."<sup>50</sup> Figure 2.7 shows the national AIDS program budget from the central government, which takes up almost half of all the funding in public health from the central finance between 2003 and 2008 (Cheng 2008). This shift of attention, as another government officer explained, was "due to political reasons. It hardly had much

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<sup>50</sup> Interview 335 (Government), July 15, 2013.

to do with AIDS epidemics. We have many other important public health issues but only AIDS became a political hot button at the time.”<sup>51</sup>

**Figure 2.7 National AIDS Program Budget from the Chinese Central Government, 1988–2008<sup>52</sup>**



The fourth stage, 2008–2010, was not marked by norm socialization of the Chinese state, as human rights scholars had hoped (Risse and Sikkink 1998), but neither did the Chinese state simply go back to public non-compliance. This period was characterized instead by “decoupling” (Meyer and Rowan 1977) as the state sought to balance the approval of transnational AIDS institutions with its actual (un)willingness to implement transnational norms. The impact of transnational AIDS institutions was further scaled up to the national level when a variety of actors—including multisectoral initiatives, international organizations, western countries, and private foundations—

<sup>51</sup> Interview 44 (Government), July 17, 2013.

<sup>52</sup> Yan Cui, Adrian Liau, and Zunyou Wu, “An Overview of the History of Epidemic of and Response to HIV/AIDS in China: Achievements and Challenges,” *Chinese Medical Journal* 112 (2009): 2251–257.

invested heavily in building a multisectoral governance structure in China. They did this by attempting to cover nearly every aspect of AIDS-related activities: planning and budgeting, HIV/AIDS surveillance, primary prevention, testing and counseling, antiretroviral therapy treatment, case management, monitoring and evaluation, administrative capacity building, and promotion of grassroots NGO involvement. Not only did these projects contribute to one-third of the resources provided for the AIDS response (Sun et al. 2010), they also extended over two-thirds of Chinese territory. In particular, around 13 million USD was invested to increase civil society participation in AIDS governance between 2005 and 2009.<sup>53</sup> These projects promoted activities among new subpopulations in China, such as homosexuals,<sup>54</sup> and penetrated into new areas of social life beyond state-delineated space. Such projects were, thus, seen as representing a disruptive new potential to the authoritarian order. Yet, at the same time, the intervention of external actors inadvertently turned AIDS into an important target for the political power of the authoritarian state.

#### **IV. Conclusion**

This chapter describes the shifting character of AIDS politics both in China and in the transnational realm, and tracing their interaction in a broader historical context. It examines a basic question: Why does AIDS matter? This analysis is a response to recent

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<sup>53</sup> International Cooperation Programs (China), 2010. International Co-operation Programme Management Office of the National Center for AIDS/STD Control and Prevention (China), 2005, 2009. Global Fund Annual Reports, 2006-2010.

<sup>54</sup> I don't mean "new" in the sense that homosexuals were a new phenomenon in China, but rather, they were a subpopulation that became newly active and recognized as an object for governance during this period.

appeals for returning to an earlier tradition in political sociology and understanding why social movements assume various political contents (Fligstein and McAdam 2010; McAdam and Boudet 2012; Oliver 2012). Some scholars have raised concerns that current studies often reduce the actual substance of social movements to a historical background “that was implicitly set aside as a separate matter—preconditions that provided the raw material for mobilization, but were outside the scope of the theoretical problem” (Walder 2009, 398). As Walder further points out, social movement studies have become so narrowly preoccupied by the question of participation and mobilization that “we have ended up with a subfield that aims to explain the conditions under which a movement—of any type—can grow and succeed, but we no longer have explanations to offer about variation in the substantive content of a movement—the type of politics that it represents” (2009, 398). It was AIDS politics, rather than the disease of AIDS or domestic political opportunities, that generated a movement.

While the rest of this dissertation explores the evolution of AIDS activist actorhood, this chapter has sought to explain the clash of interests that has driven AIDS-related political contention in China. AIDS politics in China have emerged in a context within which multiple overlapping but conflicting processes of institutional building processes coexist and interact with one another. While the Chinese state did not initially consider AIDS to be an area important to its political power, the increasing impact of transnational AIDS institutions turned this formerly unnoticed domain into something that directly challenged the authoritarian regime, and then, ironically, into an arena in which the regime could attempt to expand its control. AIDS governance has become a battleground on which the Chinese state now competes with transnational institutions

and domestic activists for authority. Without the intervention of transnational AIDS institutions, neither the trajectory of the AIDS epidemic itself nor the political opportunity structure alone would have led to AIDS activism developing as it did in China.

This chapter also shows how the civil society model, rooted in the global North, was imported from the top-down throughout transnational institutional channels in the global programming against HIV/AIDS. NGOs' organizational and political intentions, behaviors, and actions are constructed and maintained by the multisectoral norms of transnational AIDS institutions, and play an important role in the monitoring and advocacy of global health policy at the country level. Therefore, NGOs are capable of producing social change as a result of the growing impact of transnational AIDS institutions. However, as the politicization of AIDS took place outside the local context within which the epidemic and its related problems were produced, local communities were subsumed into the role of forming NGOs in order to fulfill the role of representing civil society in opposition to both the state and the market. The following chapters examine how the changing influence of transnational AIDS institutions has further shaped mobilization and repression.



### **Chapter 3**

#### **Resisting Transnational Diffusion: Failed Early AIDS Advocacy Initiatives, 1989–1999**

Between 1986 and 1999, there were major outbreaks of HIV/AIDS in China among injecting drug users in borderland regions and among commercial plasma donors in rural areas. Yet, these outbreaks were largely met with silence and indifference on the part of both the Chinese government and society. It is not unusual for government reactions to lag behind the spread of HIV/AIDS (Padamsee 2007), but such delays in other countries have served to mobilize the affected communities therein (Epstein 1998; Gruskin 2007; Richardson and Seidman 2002). In China, by contrast, early AIDS activism in the 1990s was not among the most affected populations; rather, early activism focused on homosexual men and was initiated by heterosexual men in urban areas. What is more puzzling is that, despite a relatively relaxed political environment, advocacy initiatives remained in their infancy during the 1990s and did not constitute a “movement.” This chapter examines this early phase of AIDS organizing prior to 1999, and explores what shaped its trajectory and hindered its development.

The focus here is on AIDS activist actorhood in China between 1989 and 1999, before transnational AIDS institutions intervened. The predecessors of later key advocacy organizations and activists appeared during this period. They pioneered a

repertoire of goals, tactics, and actions that had a far-reaching impact on later mobilization. However, they were not able to transform their individual efforts into a broader form of mobilization, especially as activists disagreed about the validity of an international sexual-identity-based AIDS movement model. An analysis of this time period is critical because it illuminates, by contrast, the dramatic nature of the rise of the Chinese AIDS movement that was to embrace transnational resources and norms in the subsequent period.

This chapter focuses on four empirical questions: Why did early AIDS initiatives only emerge around homosexual men, a population that was relatively unaffected by AIDS at the time? Why did these initiatives take on a domestic, fragmented, and non-confrontational form that focused on homosexuality or sexuality in general? Why did such sexuality-focused activities choose to reject the international agendas of identity politics? And why did the state respond to such nonthreatening activism with coercion?

China's AIDS activism in the 1990s appears exceptional because existing literature tends to assume that domestic actors always endorse international resources (Liu 2006). The purpose of this chapter is, thus, to highlight the problem with such an assumption, and to examine the particularity of domestic AIDS governance that circumvented the formation of AIDS politics in China in the 1990s. The chapter also describes the domestic institutional context in which transnational AIDS institutions would, indeed, have a significant impact—but not until later than existing theories would have predicted.

This focus on the particularity of domestic factors in China cannot be separated from an understanding of how they related to transnational actors and actions. Empirical studies in this area often start with preexisting local actors and focus on how they respond to international and domestic structural shifts (Shin and Tsutsui 2007). Instead, I focus on the ways in which power and domination were organized in public health and how this shaped the construction of AIDS activist actorhood, including its constituencies of heterosexual institutional elites, its goal of de-pathologizing homosexuality, its decision to conduct nonpolitical and non-confrontational action, and its preference against drawing on international resources and norms.

Between 1989 and 1999, China's domestic AIDS institutions defined AIDS as a nonpolitical, immoral, western issue associated with promiscuous sex, and adopted what I call the "socialist contagious disease model." Ironically, it was precisely because transnational AIDS institutions were relatively weak at this time that the Chinese state was willing to develop and maintain ties to the world health system, and it was these ties that provided the institutional conditions for the diffusion of transnational agendas among professionals within public health institutions.<sup>55</sup> This, in turn, put into motion the formation of institutional activist actorhood. However, transnational norms only became relevant because of existing domestic AIDS institutional antecedents. Therefore, it was AIDS activists' interaction with the Chinese state that determined their choice to reject transnational norms, which were considered not viable at the time.

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<sup>55</sup> As world society scholars have noted, two factors circumscribe the impact of global models. First, the impact of global models is stronger for countries that are more tightly linked to international society. Second, global models with stronger legitimacy at the international level are more likely to have domestic impact.

This chapter is structured as follows. First, I present a narrative of the emergence of early AIDS activist actorhood in the 1990s. Second, I analyze the model of AIDS governance in China in the 1990s and its links to emerging transnational AIDS institutions. This is followed by an analysis of how this particular model shaped the form of early AIDS activist actorhood and the response it received from the state, both of which led to an unsuccessful quest for broader mobilization.

## **I. The Emergence of AIDS Advocacy Initiatives**

### **i. Early Institutional AIDS Activism, 1989–1993**

Despite the fact that the sexual transmission rate was very low at the time,<sup>56</sup> initial AIDS-related grassroots organizing in the early 1990s focused on male sexuality in urban areas.<sup>57</sup> AIDS prompted action first, not among affected communities, but among public health officials and academics. These were insiders or “institutional activists” whom social movement literature identifies as “[occupying] formal statuses within the government and who pursue movement goals through conventional bureaucratic channels... in that they have routine, low-cost access to decision-makers” (Santoro and McGuire 1997, 504). Institutional activists rely primarily on non-confrontational contained/conventional strategies. McAdam, Tarrow, and Tilly (2001) define differences between what they call “transgressive” and “contained” contention

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<sup>56</sup> It should be noted, however, that the national sentinel surveillance system did not collect data on the prevalence of HIV among gays or men who have sex with men until 2002.

<sup>57</sup> It should be noted that homosexuality or same-sex love was often used to refer to gay men in China at that time, as gay identity as such had not yet developed.

based on whether all parties to the conflict are established political actors and whether innovative means of collective action are employed. Institutional activists depended on institutional channels and utilized strategies that were already accepted by the government without incurring extra cost and higher risks. With the goal of “[convincing] the government of the need to tackle the gay issue in order to deal with urgent practical matters like AIDS,”<sup>58</sup> they mainly targeted the Ministry of Health and adopted strategies affirming the gay community, de-pathologizing homosexuality, opposing discrimination, raising consciousness, and lobbying for a better public health response.

The first institutional AIDS activist was the director of the National Health Education Institute,<sup>59</sup> Chen Bingzhong, who also served as the vice president of the Chinese Association of Health Education and an adjunct professor at Beijing Medical University. In 1990, Chen launched the first STD/AIDS education program in Beijing amidst widespread disagreement among Chinese medical specialists. This education program allowed one of Chen’s assistants, Wan Yanhai, to establish the project, “Investigation into the Knowledge, Beliefs, Attitudes and Behavior of Gay Men and AIDS Education Research” in 1991. The goal of the project was to study homosexual

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<sup>58</sup> Tiffany Bown, “Hostile Society Keeps China’s Gay Community Cowed,” *Chinese Cultural Studies: Homosexuals in Modern China – Recent Press Report*, December 13, 1994. Available at: <http://academic.brooklyn.cuny.edu/core9/phalsall/texts/c-gays.html> (accessed February 11, 2012).

<sup>59</sup> The National Health Education Institute is a unit directly under the National Patriotic Health Campaign Committee, one of six authorities at the ministry level in public health. At the same time, the institute also received instructions from the Ministry of Health. Compared to many other institutions like education, the public health system within China features a lack of effective central control and coordination, arising from the fragmentation of responsibilities and authorities among different agencies within central government, and between the central and provisional municipal councils. It was renamed the Chinese Center of Health Education/Communication Center of the Ministry of Health in 2008.

men's social behaviors in relation to HIV/AIDS.<sup>60</sup> Wan focused on the “underground” parks, public restrooms, and bathrooms where homosexual men would meet and have sex. He later became one of the most famous leading AIDS activists, but he emphasizes how he started his advocacy career by accident and describes his original intentions as purely academic:

I was only doing a research project [since AIDS was not studied in China]. All I wanted was to publish several good articles and then go abroad pursuing my doctoral degree in the U.S. just like most of my classmates. ...I was a researcher who followed his professionalism.<sup>61</sup>

Chen and Wan launched the first AIDS Helpline on April 7<sup>th</sup>, 1992 and began to build an advocacy network,<sup>62</sup> marking the beginning of AIDS activism in China. Wan recruited and trained forty to fifty young volunteers to carry out public health campaigns, provide phone support and consultation for those infected, and disseminate information related to AIDS prevention.<sup>63</sup> Most volunteers were college students in education, law, public health, sociology, and psychology, many of whom participated with enthusiasm to “fix homosexual men's problems.” Homosexual men were actually only a portion of the various marginal and underground groups that Chen and Wan originally planned to target. Nonetheless, the campaigns mainly focused on homosexual men in Beijing and the helpline became “the only open official source for [homosexual men] to get any sort of consultation.”<sup>64</sup>

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<sup>60</sup> Yanhai Wan, “A Petition Letter to the Ministry of Health,” Personal Statement (Chinese), February 20, 1999.

<sup>61</sup> Interview 342 (Activist), July 1, 2007.

<sup>62</sup> “Beijing Opens AIDS Hot-line,” *Xinhua News Agency*, April 9, 1992.

<sup>63</sup> Bingzhong Chen, “A Resignation Letter to the Minister Chen Mingzhang and Ministry Party Committee” (Chinese), May 18, 1993.

<sup>64</sup> Interview 342 (Activist), July 1, 2007.

The AIDS Helpline received extensive attention and praise from the propaganda system, which quickly excited great interest among homosexual men. Many official press agencies, such as People's Daily, China Youth Daily, China Radio International, and People's Public Security Newspaper, reported the opening of the AIDS Helpline and applauded its work. As the head of the state's news service Xinhua News Agency stated, the helpline was a part of efforts "helping young souls in a changing world,"<sup>65</sup> with AIDS understood as something that was caused by extra-marital sex and homosexuality, both of "which are illegal and contrary to Chinese morality."<sup>66</sup> Ironically, the AIDS Helpline helped the terms "homosexuals" and "sex" to enter public and media discourse. As Wan explained in one interview:

The more media coverage we got, the more phone calls we received from homosexuals. ...They (homosexuals) had no way of dealing with any of their problems. We were the only public hotline available for them. Once media reports approved our legitimacy, homosexuals welcomed us with joy.<sup>67</sup>

The helpline received 1126 phone calls in the first eight months, over 75% of which came from homosexual men.<sup>68</sup> The high number of calls was remarkable, given the limited access most Chinese people had to telephones during this time period. Of these calls, 75.59 percent were from homosexual men, 20 percent were from heterosexual men, and only 2.39 and 1.82 percent pertained to prostitution and injected drug use, respectively, the other transmission routes emphasized in the media. Positive responses from homosexual groups further encouraged Wan and his volunteers' outreach activities

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<sup>65</sup> "Helping Young Souls in a Changing World," *Xinhua News Agency*, May 25, 1992.

<sup>66</sup> "AIDS Unlikely to Spread in China," *Beijing Review* (Chinese), August 8, 1987.

<sup>67</sup> Interview 342 (Activist), July 19, 2007.

<sup>68</sup> Bingzhong Chen, Yanhai Wan, Bocheng Zheng, and Qun Wang, "AIDS Helplines in Development," *Health Education on Tuberculosis* (Chinese), 1 (1994): 27–29; "Opens Hotline for AIDS and Venereal Disease Victims," *Xinhua News Agency* (Chinese), March 9, 1993.

and kept those activities focused on locations where homosexual men were concentrated.

Inspired by the success of the helpline, Chen completed a landmark article on World AIDS Day in 1992, entitled, “Homosexuality, AIDS, and Health Education,”<sup>69</sup> describing how AIDS intervention should be combined with advocacy activities. For the first time in China, Chen explicitly proposed and discussed the concept of human rights and asserted that “homosexuals’ personal dignity and rights must be respected.” He even stated:

Homosexual culture... is the foundation for the whole harmonious society. We call on our society to take a more open and helpful attitude towards individuals who are morally and legally disadvantaged in order to prevent AIDS and reduce its harmful impact.

The very concept of human rights was foreign and far-fetched to most Chinese people. This article, along with Wan’s article, “Nongovernmental Organizations Shall be of Great Use for AIDS Control,”<sup>70</sup> broke risky new ground by publicly advocating for the rights of people living with HIV/AIDS and marginal groups such as homosexuals, sex workers, and injecting drug users to organize and participate in AIDS intervention. Even sixteen years later, a major AIDS activist Zhang Beichuan described Chen’s work as “so ahead of his time and even our time” that it continued to provide guidance for AIDS activism in 2008.<sup>71</sup>

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<sup>69</sup> All copies of the August issue of the *Chinese Journal of Health Education* that included this article were recalled by the Ministry of Health. The editorial office later published a new August and September combined issue without the article.

<sup>70</sup> Published in the same recalled *Chinese Journal of Health Education* in 1992.

<sup>71</sup> Beichuan Zhang, “Professor Chen Bingzhong,” Personal memorandum (Chinese), 2008.



Activists such as Chen and Wan largely relied on institutional tactics; when not focused on interacting with the general public, their activities catered exclusively to institutional elites and intellectuals. The outreach activities of the AIDS Helpline were mainly conducted in Dongdan Park, a known gathering place of homosexual men, and eventually led to China's first gay men's club in November of 1992, Men's World, which hosted monthly gatherings for homosexual men to engage in free discussion in Beijing. Although the goal was to educate Beijing's general homosexual population about HIV/AIDS, the salon turned into a cultural event for scholars, writers, government officials, and reporters. Bioethicist Qiu Renzong gave a speech at the first meeting that subtly appealed to those with a more international perspective:

A lot of problems were created by the repression of the majority against minority such as the problems of women and black people. So is the problem of homosexuality. There is no ground for regarding homosexuality as a morbid psychology, crime or immorality. ...Sex is for pleasure, not for reproduction. Even one child policy promotes birth control. ...The government should not intervene since homosexuality is a private manner. In fact, government regulations may force citizens to go underground, which creates social problems. We have to promote a more tolerant attitude towards and more assistance to those who are in a morally and legally unfavorable position in order to protect the health of the public.<sup>72</sup>

Men's World achieved great success among educated professionals and captured significant attention from national and international media.<sup>73</sup> Domestic mainstream media described this salon as "an earthshaking event."<sup>74</sup> Helplines and discussion groups were rapidly extended to big cities such as Shanghai, Shenyang, Shijiazhuang,

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<sup>72</sup> Yanhai Wan, "Sow Seeds on Fertile Land – for the Seventh Anniversary of the Men's World," Personal memorandum (Chinese), 2000.

<sup>73</sup> Reports appeared in the *People's Daily (Renmin Ribao)*, in *New World (Xin Shijie)* magazine (1993, 2), and on the BBC, Radio Australia, and Radio China.

<sup>74</sup> Zien Cui, "The History of *Tongzhi*, 1981–2000," An Unpublished Talk at the 1st Chinese Homosexual Cultural Festival (Chinese), 2001.

and Kunming, which together comprised the first national network of voluntary counseling and services for infected persons. Shenyang and Shanghai later became two of the most important bases in the AIDS movement in the 2000s. By 1993, AIDS activism had evolved into advocacy initiatives predominantly focusing on homosexual men in urban areas.

## ii. “Homosexualizing” AIDS Activism, 1994-1999

Between 1994 and 1999, institutional activists continued to play a leading role in AIDS activism and decided to focus all of their efforts on homosexuals. In 1994, Qiu Renzong convinced the Chinese Society for Dialectics of Nature/Philosophy of Nature, Science and Technology<sup>75</sup> to convene a national symposium on homosexuality and AIDS education, called Special Issues and AIDS Education. Qiu invited forty scholars and government officials to attend the conference and introduced them to five homosexual men and women. For some officials, it was their first time meeting homosexual people. While this was the first open official discussion about homosexuality at the national level, some participants were strongly opposed to AIDS intervention strategies such as condom promotion, insisting that homosexuality should be punished in order to prevent AIDS and safeguard socialist morals.<sup>76</sup> The symposium eventually reached a consensus and submitted a proposal to the Ministry of Health. The

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<sup>75</sup> The Chinese Society for Dialectics of Nature/Philosophy of Nature, Science and Technology was funded by the central government in 1978. It is affiliated with the China Association for Science and Technology as a constituent member of the Chinese People’s Political Consultative Conference, where it participates in policy-making and consultation.

<sup>76</sup> Ge Tong, “The Past History and Present Situation of Chinese Homosexual Activities” (Beijing Gender Health Education Institute, 2007).

proposal captures the priorities of AIDS activism in the 1990s: (1) The state shall recognize the presence of homosexuality in China since ancient times; (2) homosexual desires are not immoral, deviant or abnormal; (3) legal and medical prosecution of homosexuality must stop as discrimination causes harm to social order.<sup>77</sup>

During this period, a unprecedented number of books on homosexual men were published in China: *Their World* (1992) by Li Yinhe and Wang Xiaobo,<sup>78</sup> *Homosexual Love* (1994) by Zhang Beichuan,<sup>79</sup> and *Homosexuality in China* (1995) by Fang Gang.<sup>80</sup> Li Yinhe, Wang Xiaobo, and Fang Gang were important members of the Men's World club. All three were heterosexuals with prestigious institutional affiliations. Thus, they focused mainly on demonstrating that homosexual conduct was not an illness or immoral, and they stopped short of supporting the concept of "claiming homosexuals' rights."<sup>81</sup> Zhang, for example, explicitly stated in his book that "I do not approve of homosexual sex" (1994, 4).

As limited and problematic as this approach was, these early forms of AIDS activism were a huge improvement on the existing relationship of non-recognition

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<sup>77</sup> Chinese Society for the Study of Sexual Minorities, "Special Issues and AIDS Education Symposium," *Tao Hong Man Tian Xia* (Chinese), 1997.

<sup>78</sup> Yinhe Li and Wang Xiaobo, *Their World* (Taiyuan: Shanxi People's Press, 1992). Li and Wang respectively received doctoral and master degrees in Sociology and East Asian Studies at the University of Pittsburg. Li was an assistant professor at Beijing University and Wang was a lecturer at Renmin University while they were working on the book. Wang later became one of the most important writers in China.

<sup>79</sup> Beichuan Zhang, *Homosexual Love* (Shandong Technology Press, 1994). Zhang Beichuan was a dermatologist working at the Center for Sexual Health of Qingdao Medical University Hospital.

<sup>80</sup> Gang Fang, *Homosexuality in China* (Changchun: Jilin People's Press, 1995). Fang Gang was a reporter of the *Tianjin Worker Newspaper* at the time. He was forced to resign after the book was published.

<sup>81</sup> Field notes, July 11, 2007

between homosexual populations and official health institutions. Institutional activists opened up a channel through which homosexual men were allowed to interact with public health officials and take part in official policy programs and open dialogues in medical and health fields—a key advance not achieved in political and legal institutions, where homosexuality remained invisible. Institutional activists strove to provoke discussion around homosexuality among public health professionals and promote conversations between public health institutions and homosexual men through the latter’s involvement in various research projects and conferences. For example, between 1997 and 1998, Zhang Beichuan and his colleagues researched high-risk behaviors of homosexual men in 31 provinces. Their research results were compiled in the collection, “Strategies to Combat HIV/AIDS in China”<sup>82</sup> and presented at the 131th Xiangshan-Science Conference in 1999.<sup>83</sup> Zhang and several homosexual men gave a talk at the conference and submitted a petition letter to the Minister of Health, in which they appealed to the central government to acknowledge the significance of involving homosexual men in AIDS intervention.

Although early AIDS activism mainly utilized contained strategies, it started to mutate into transgressive action when previously unrecognized actors emerged. Those

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<sup>82</sup> Other articles published later include: Beichuan Zhang, Hu Tiezhong, Li Xiufang, Liu Dianchang, and Cao Ningxiao, “The Relationship between AIDS High Risk Behaviors and Childhood Status, Attitude/Perception to Gender/Sex Orientation and Rare Experiences/Psychology among Homosexuals in China,” *Chinese Journal of STD and AIDS Prevention and Control* (Chinese), 8, no. 2 (2002): 148–50; Beichuan Zhang, Liu Dianchang, Liu Xiufang, and Hu Tiezhong, “Study on HIV/AIDS High Risk Behavior and Its Factors among Men Who Have Sex with Men,” *Chinese Journal of STD and AIDS Prevention and Control* (Chinese) 7, no. 1 (2001): 7–16; Beichuan Zhang, Liu Dianchang, Liu Xiufang, and Hu Tiezhong, “Study on HIV/AIDS High Risk Behaviors among Men Who Have Sex with Men in Mainland China,” *Chinese Journal of Epidemiology* 22, no. 5 (2001): 7–10.

<sup>83</sup> The Xiangshan Science Conferences was initiated by the State Science and Technology Commission (now the Ministry of Science and Technology) in 1992. It is one of the highest level academic workshop series with the objective of providing consultations to top leaders.

actors fell into two categories. One was exiled former institutional activists. Wan Yanhai was such an example. After being fired for taking part in AIDS activism, Wan formed the AIZHI Action Project in 1994, which has since become a pillar of the AIDS movement. The project was the predecessor of the Aizhixing<sup>84</sup> Institute of Health Education that later became the largest advocacy organization in the 2000s. AIZHI, meaning love and knowledge in Chinese, was used by many activists in East Asia to name AIDS. As Wan described it, the AIZHI Action Project was the result of his efforts to “explore approaches outside the institutional structure.”<sup>85</sup>

New activist subjects in homosexual communities emerged as a second category of actors. Even though early AIDS activism afforded new roles for homosexual men who had previously been excluded from the polity, those roles remained secondary or subordinate, with the men serving as either research objects or assistants for institutional activists. Nonetheless, by advocating for the rights of gay people before a category even existed acknowledging such persons, early activism not only mobilized preexisting actors to take action, but also contributed to the process of gay identity formation. In March 1997, a diverse group of Chinese and western gays, both men and women, contributed funds to buy a pager and opened a gay hotline to provide counseling and disseminate AIDS-related knowledge. They named the hotline “Beijing *Tongzhi* Hotline.” The term was adopted by activists in Hong Kong as a reference to homosexuals and same-sex desire in the early 1990s.<sup>86</sup> *Tongzhi* became increasingly

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<sup>84</sup> *Xing* means action in Chinese.

<sup>85</sup> Interview 342 (Activist), July 19, 2007.

<sup>86</sup> Originally used in Chinese communist discourse, *Tongzhi*, or comrade in English, was a general term to address the masses with similar communist ideas that fell into disfavor after the 1980s given its revolutionary connotation in China. As Chou Wah-Shan (2000) demonstrates,

popular and widespread as an identity concept as this hotline rapidly formed a national network that “enabled conversations across China and the world” (Rofel 2007, 87). As the first hotline initiated, funded, and operated by homosexual individuals, it received tens of thousands of phone calls from every Chinese province except Tibet.<sup>87</sup> The hotline also hosted discussion groups that generated a core group of activist leaders, especially women.<sup>88</sup> It was transformed into the Beijing Gender Health Education Institute, a major NGO conducting AIDS advocacy in 2002. In 1998, the Beijing *Tongzhi* Hotline hosted a secret underground meeting for Chinese gay activists from all over the country and abroad to meet in Beijing and discuss how to mobilize the *Tongzhi* Hotline to combat AIDS and how to build *tongzhi* communities and culture. This first national meeting of homosexuals was initiated by Zhou Huashan and Lu Jianxiong, two activists from Hong Kong. Preparing for this meeting in a manner that would avoid attracting police attention took a whole year.<sup>89</sup> The conference reiterated the theme of apolitical and non-confrontational strategies in developing *tongzhi* communities. Unlike institutional activists, this new group highlighted both homosexual men and women, with women *tongzhi* equally involved in AIDS activism. He Xiaopei and Shi Tou, two female gay activists, played important roles in developing the Beijing *Tongzhi* Hotline

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the term *tongzhi* was reappropriated for its “positive cultural references, gender neutrality, desexualization of the stigma of homosexuality, [and] politics beyond the homo-hetero duality” (2). By using *tongzhi* instead of queer, gays were able to “expresses both the sexual identity of difference and a political identity of sameness” (Wah-Shah 2000, 2).

<sup>87</sup> “A Brief Introduction of Beijing Tongzhi Hotline,” (Chinese), 1999.

<sup>88</sup> He, Xiaopei, “Chinese Queer (*Tongzhi*) Women Organizing in the 1990s,” in Ping-Chun Hsiung, Maria Jaschok, Cecillia Milwert, eds., *Chinese Women Organizing: Cadres, Feminists, Muslims, Queers* (Berg, 2001), 41-60.

<sup>89</sup> Ge Tong, “Some Memorable Pieces about the Gathering at the Temple Dajue in 1998,” A Personal Memoir (Chinese). Available at: <http://tongge2005.blog.sohu.com/157915897.html> (accessed June 28, 2012)

and the national meeting. They then joined eight other women *tongzhi* in organizing the first mainland Chinese Convention of women *tongzhi* and starting a women's *tongzhi* Group in 1998.

Nonetheless, towards the end of the 1990s, AIDS still remained confined to a loose collection of groups and events that did not yet constitute a major force for policy change in China. The significance of AIDS as an important issue was not established within *tongzhi* communities. Although AIDS activism played a crucial role in stimulating *tongzhi* communities and activities, most AIDS advocacy initiatives were still met with little response among homosexual men outside the middle class and failed to provoke any full-scale mobilization across the country. Indeed, the AIDS activism of this period was generally fragmentary, informal, and non-confrontational, as activists were still engaging in self-censorship. Wan confessed in an interview that he believed that an AIDS movement driven by *tongzhi* and organized around sexuality issues was so unlikely to happen that he was planning to give up.<sup>90</sup> The rest of this chapter examines what generated and shaped these early initiatives and why they did not successfully evolve into a movement.

## **II. AIDS as a Foreign Sexual Disease: State-Centrist AIDS Governance in China**

Between 1989 and 1999, the Chinese state had exclusive political authority over AIDS governance. Domestic public health institutions restricted the impact of external forces on the nature and characteristics of AIDS activism, as transnational AIDS

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<sup>90</sup> Field notes, July 15, 2007.

institutions remained at an embryonic stage. Here, I delineate the state-centrist model of domestic AIDS governance in China and its interactions with transnational AIDS institutions during this time period. Examining AIDS governance reveals that power and domination was exercised less through direct force or oppression and more through the state's denial and inaction around AIDS, which was justified by the link between AIDS and western sexual immorality. Indeed, it was this silence surrounding AIDS and its total absence from mainstream political agendas that was the biggest hurdle AIDS activists would need to overcome (Gamson 1989).

### **i. Socialist Contagious Disease Control**

As long as the Chinese central government enjoyed a monopoly over public health, it applied a preexisting socialist contagious disease control model that simply added AIDS to the list of notifiable infectious diseases regulated by the 1989 Infectious Disease Prevention and Control Law.<sup>91</sup> In opposition to the governance model of transnational AIDS institutions discussed in Chapter 2, this socialist contagious disease control model defined and stigmatized AIDS as a foreign disease, ascribed the problem to infected people's individual conduct motivated by poverty or immorality, refused to develop a national response to the epidemic, and assigned local governments responsibility for AIDS control.

The socialist contagious disease control model was centered on the state's refusal to admit the existence and prevalence of the AIDS epidemic in China. This

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<sup>91</sup> Article 24, Chapter 4, Law of the People's Republic of China on the Prevention and Treatment of Infectious Diseases, adopted at the Sixth Meeting of the Standing Committee of the Seventh National People's Congress on February 21, 1989.



model employed a tropical approach to treat AIDS as a relatively minor, specifically spatialized disease confined to foreigners and minority borderlands and, consequently, focused on simply preventing AIDS from “getting into” the country. The first known AIDS-related death took place in China in 1985. Two months later, the Ministry of Health announced that China had banned all blood products from abroad in order to prevent AIDS from entering China.<sup>92</sup> HIV/AIDS epidemic reports were categorized as foreign news in the state propaganda system throughout the 1990s.

Two types of discourse concerning AIDS have tended to prevail internationally over the years: epidemiological thinking and tropical thinking (Patton 2002). Epidemiological thinking frames AIDS as restricted to particular bodies with specific behaviors. Influenced by the United States, most countries in the 1980s and early 1990s applied the epidemiological model and defined the boundaries of AIDS by identifying certain categories of people, such as gays or sex workers, as risk groups (Patton 2002). In contrast, tropical thinking confines AIDS not to particular groups, but to well-delineated geographic spaces. This was the discourse that the Chinese government adopted first. For example, the Ministry of Health required that all foreigners planning to live in China be tested for AIDS and forbade sexual contact with foreigners.<sup>93</sup> It was further stated in the Regulations Concerning the Monitoring and Control of AIDS issued in 1988 that people infected with HIV/AIDS would be denied entry into China. Meanwhile, the frontier province of Yunnan was the only area that received central financial support to combat AIDS (Hyde 2006). Although HIV/AIDS had reached all of China’s provinces by 1998 (Wu et al. 2007) and was in a phase of exponential growth,

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<sup>92</sup> “China Bans Import of Blood Products,” *Xinhua News Agency*, September 3, 1985.

<sup>93</sup> “China Makes Efforts to Prevent AIDS,” *Xinhua News Agency*, September 27, 1987.

the national government continued to deny its existence and many local officials referred to AIDS as an “unknown fever” as local outbreaks took place (Li 2012). Local health departments would send migrants back to their home provinces of residence after they were found to be HIV positive. As a result, the Chinese state was ten years behind many other countries in responding to the AIDS epidemic (Huang 2005).

Accordingly, AIDS as a policy issue domain did not exist at the national level since AIDS was perceived as “the bitter fruit of a decadent society... in a grotesque and gaudy society like the West’s, lots of people have become dispirited and addicted to drugs.... Now in addition there has been a booming current of homosexuality.”<sup>94</sup> The central government was not interested in HIV/AIDS epidemics. There were no nationwide comprehensive efforts at constructing a reliable estimate of HIV/AIDS cases in the 1990s. China’s Ministry of Health has admitted that little was known about the epidemic before 2003.<sup>95</sup> Traditional quarantine was viewed as the solution to the problem (Settle 2003). According to the law, names and address of all individuals with HIV/AIDS had to be reported to the local health authority within 6 hours in cities and 12 hours in the countryside<sup>96</sup> and AIDS patients were quarantined.<sup>97</sup> Existing policies granted local authorities the power to test any Chinese citizen for AIDS.<sup>98</sup> Measures aimed at prohibiting the involvement of people with HIV/AIDS from various social

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<sup>94</sup> “AIDS Anxious China Tightens Health Rules,” *Globe and Mail*, May 29, 1987.

<sup>95</sup> National Expert Group on HIV/AIDS Estimation, “Estimating the Number of People Living with HIV/AIDS in China: 2003-09,” *International Journal of Epidemiology*, Suppl. 2 (2010): ii21-ii28.

<sup>96</sup> Measures of Implementation of the Infectious Disease Prevention and Control Law, adopted by China Ministry of Health in December, 1991.

<sup>97</sup> Frontier health and quarantine law, Standing Committee of the National People's Congress, Order number 46 of the President of the People's Republic of China, 1987.

<sup>98</sup> “China Bans Import of Blood Products,” *Xinhua News Agency*, September 3, 1985.

arenas. HIV/AIDS patients were denied rights to marriage and parenthood,<sup>99</sup> schooling, health-care service, and equal employment opportunities, especially in governments, education, and service sectors.<sup>100</sup>

The socialist contagious disease control model was a reactive emergency system. It did not develop a national regulatory response involving any measures or infrastructure for prevention or even surveillance. There were only 42 HIV sentinel surveillance sites in 23 provinces for monitoring HIV infection (Su et al. 2007), with no voluntary counseling and testing (VCT) available. Local governments were largely left to their own devices to tackle AIDS. This state (non)response coincided with a drastic downturn in China's health performance<sup>101</sup> as the government focused almost exclusively on economic growth in the 1990s. There was little fiscal support from the central government for AIDS intervention. The Chinese state believed that AIDS would not become a public health problem in China; as the Minister of Health explained, "homosexuality and promiscuity...which is how AIDS spreads are limited in China because they run counter to public opinion, moral standards, and laws."<sup>102</sup>

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<sup>99</sup> Law of the People's Republic of China on Maternal and Infant Health Care, adopted at the Tenth Meeting of the Standing Committee of the Eighth National People's Congress in June, 1995; Law of Marriage, adopted at the Third Meeting of the Standing Committee of the Fifth National People's Congress in September, 1980, revised in 1989.

<sup>100</sup> Circular of China Ministry of Health on the Administration of Sexually Infected Diseases, adopted on August 12, 1991.

<sup>101</sup> World Bank, "Country Report: China," 1996.

<sup>102</sup> "AIDS can be Checked in China – Experts," *Xinhua News Agency* (Chinese), July 22, 1987.

## ii. Impact of Emerging Transnational AIDS Institutions

The socialist contagious disease control model was not implemented in isolation. It took place at a moment in time when the concepts of global disease, global politics, and global solutions were beginning to develop. Transnational AIDS institutions first took form in 1987 when the Global Programme on AIDS (GPA) was created to oversee the joint efforts of United Nations agencies to defeat AIDS. After the first AIDS cases were found, most national governments initially responded to the epidemic with avoidance or denial (Adam et al. 1999; Norman 1985). The early perception of AIDS as a “western gay disease” obstructed the construction of the “globality” of the epidemic around the mid-1980s. For example, African governments denied the existence of AIDS and blamed the western media for inventing it.<sup>103</sup> As discussed in Chapter 2, the founding of the GPA established two of the major frameworks of transnational AIDS institutions: deterritorialization and human rights, both which contributed to the process of turning AIDS into a new issue domain.

The Chinese government was not completely inactive or absent from these developments. As discussed in Chapter 2, AIDS, or even public health in general, belonged in “low politics” pertaining to economic and social issues versus “high politics” pertaining to political and national integrity and security during the 1990s. As low politics were considered less threatening to state sovereignty, the Chinese state was willing to display formal and symbolic ratification of transnational AIDS rules at the *international* level as a way to facilitate and encourage foreign ties and obtain external

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<sup>103</sup> John Grauerholz, “From Alma Ata to AIDS: The Russian’s WHO Operation to Destroy Africa,” *Executive Intelligence Review* 12, no. 49 (December 13, 1985): 13–14

legitimacy. Since health was considered apolitical, public health institutions in China remained in contact with international organizations.

Shortly after indigenous AIDS cases were identified, the Ministry of Health set up a professional team to follow the development of AIDS in the world.<sup>104</sup> The 38th plenary meeting of the United Nations General Assembly in 1987 called on member states to establish national AIDS programs in line with the global strategy for the prevention and control of AIDS by the WHO.<sup>105</sup> As part of the effort to implement this solution, Dr. Jonathan Mann, the director of the Global Program of AIDS (hereafter, GPA), visited China in 1988.<sup>106</sup> The central government showed interest in accepting the WHO's technical and financial assistance and collaborating with foreign experts on HIV/AIDS control.<sup>107</sup> This tie was maintained even when the Chinese government's ties with the outside world soured in other areas after the Tiananmen event in 1989. In the same year, four days after the May Fourth Demonstration, Chen Minzhang, the Minister of Health, delivered the opening speech as the President of the 42nd World Health Assembly in Geneva. In his speech, the Minister demonstrated how the national, regional, and globally-tiered structure was intensified through WHO collaboration with individual countries. Chen indicated that the Chinese state acknowledged the early response to the HIV/AIDS epidemic represented by GPA. The next year China

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<sup>104</sup> "First AIDS Monitoring and Prevention Team Set Up," *BBC Summary of World Broadcasts*, November 5, 1986.

<sup>105</sup> UN General Assembly, "Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)," A/RES/42/8, October 26, 1987.

<sup>106</sup> I am not denying the inconsistency or conflict between Mann, the director of GPA and other officials of WHO. But those tensions were located at the international level, which limited the GPA's collaboration with other UN agencies as well as departments other than the Ministers of Health at the national level.

<sup>107</sup> "WHO and China Join Hands in Fight against AIDS," *Xinhua News Agency*, March 2, 1988.

delivered its promise to Dr. Mann, drafted its first National Plan to Prevent and Control AIDS, and set up the National AIDS Committee with the assistance of the WHO. China had also hosted a number of international seminars and conferences on AIDS since 1990. Starting in 1992, the state sent delegates to the International AIDS Conference every year. In an effort to repair its relationship with the West, China was one of only 42 countries to attend the World AIDS Summit and to sign the Paris AIDS Declaration in 1994.<sup>108</sup> The central government even pledged funds for the founding of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1996.<sup>109</sup>

Staged for the international audience, such compliance did not have direct effects on domestic practices as transnational AIDS institutions did not have the capacity to proscribe, prohibit, or forbid various actions (Hafner-Burton and Tsutsui 2005). China's socialist contagious disease control came to external actors' attention as early as the late 1980s. Right after its founding, the GPA publicly criticized the Chinese government's measures to screen foreigners for AIDS as "useless" and pointed out that "there are no geographic 'safe zones'."<sup>110</sup> In 1988 China's mandatory testing was criticized repeatedly at major international forums such as the first World Summit of Ministers of Health on Programmes for AIDS Prevention in London and the 5<sup>th</sup> International Conference on AIDS.<sup>111</sup> But nothing changed.

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<sup>108</sup> "China's Public Health Minister on AIDS Prevention and Control," *BBC Monitoring Service*, December 7, 1994.

<sup>109</sup> China Ministry of Health and UN Theme Group on HIV/AIDS in China, *China Responds to AIDS: HIV/AIDS Situation and Needs Assessment Report* (1997).

<sup>110</sup> "Aggressive Prevention Efforts Proliferate; WHO Official Calls for World Cooperation, Warning There Are No Geographic 'Safe Zones'," *Washington Post*, June 5, 1987.

<sup>111</sup> "AIDS Montreal Conference: Little Protection for Human Rights in AIDS Laws, Global Study Found," *Globe and Mail*, June 6, 1989.

Transnational AIDS institutions lacked the capacity to target China, let alone exert pressure, as transnational norms were still not widely embraced. Russia even defended China's attempt to resist a western disease. The WHO was the only external actor that noticed the ongoing AIDS epidemic in China and urged the central government to take action. In the early 1990s, the WHO was concerned about the epidemic's development in China when researchers were convinced that Asia might confront the next wave of AIDS outbreaks after Africa.<sup>112</sup> But as Arthur Holcombe, Beijing representative of the United Nations Development Program (UNDP) said, "there is little chance that the present Chinese system will stop criminalizing homosexuals, prostitutes, and drug users"<sup>113</sup> because "homosexuality and casual sex are illegal and contrary to Chinese morality."<sup>114</sup> Even as China was signing the Paris AIDS Declaration in 1994, its delegate claimed that AIDS would only threaten western countries since there were no homosexuals, drug users, or prostitutes in China (Garrett 1994). Therefore, the Chinese state had no intention of enacting the transparency or accountability required by transnational rules. Nor did it implement those rules at the domestic level, especially once the WHO shifted its attention away from China after the mid-1990s.

All this was further compounded by the Communist Party's traditional hostility to multilateralism. The socialist contagious disease control model was based on the principle that the Party's absolute control would not be compromised under any circumstance. China's AIDS policies were largely opaque, and epidemiological

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<sup>112</sup> "Asian AIDS Cases Soon to Pass Africa's," *New York Times*, November 18, 1992.

<sup>113</sup> "Time is Running Out for China to Fight AIDS," *Agence France Press*, December 1, 1992.

<sup>114</sup> "AIDS Unlikely to Spread in China," *Beijing Review* (Chinese), August 8, 1987.

information was withheld from intergovernmental organizations (IGOs). For example, the Ministry of Health refused to collaborate with the WHO to survey and estimate the scale of the AIDS epidemics.<sup>115</sup> Moreover, the central state limited the presence of international actors, including intergovernmental organizations and international nongovernmental organizations, to borderland areas, particularly the Yunnan province.

Although the Chinese state was not vulnerable to external pressure in the public health domain in the 1990s, its ties with the external world would have unexpected effects on the development of AIDS activism in China.

### **III. Politics of Inclusion and Visibility**

Current social movement studies usually focus not on grievances per se, but the mediating mechanisms leading grievance to action. Scholars tend to assume that grievances are in constant supply and, thus, are not sufficient for mobilization. Chinese AIDS activism in the 1990s was an extreme case. Injected drug users and peasants who were selling blood were the infected groups on the top of the “suffering list” (Feldman and Crowley 1997) of those harmed by the denial and inaction of the Chinese state. But as the first section of this chapter discussed, early AIDS activism did not originate from the bottom-up in response to the grievances of these groups; neither did they originate from any preexisting entity reacting to political or social changes. Instead, grievances were defined and, in a sense, constituted in the process of AIDS advocacy initiatives constructing AIDS activist actorhood itself. The question is thus: If those initiatives

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<sup>115</sup> The WHO usually came up with much a higher estimate of the epidemic’s scale than did the Chinese state.



were not the expression of already defined groups and grievances, how did they originate? And why did they take on a fragmented and non-confrontational form that focused on homosexuality or sexuality in general?

In this section, I analyze how state-centric AIDS governance gave rise to early AIDS activism. With transnational AIDS institutions still weak, AIDS contention in China was largely organized by and around the Chinese state as the single source of power and domination. This state-centric governance model was characterized by the denial and inaction of the state, which positioned itself as the ultimate and only authority for regulating AIDS without complying with transnational norms.

While the state perceived and framed AIDS as an immoral western disease with “homosexuality, drug addiction and pre-marital sex as the root,”<sup>116</sup> its policies dismissed the relevance of AIDS to China. Accordingly, the institutional silence around AIDS became the primary “enemy” and target of AIDS activism. How to bring AIDS into mainstream policy discussion and engage meaningfully with institutional decision-making was the driving logic underlying the first failed attempts at grassroots organizing.

### **i. Becoming AIDS Activists**

Although the 1990s was a crucial period for the spread of HIV in China, HIV/AIDS was not a salient social issue that received any attention during this time. National case studies share a common premise that the epidemic involved a variety of

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<sup>116</sup> “Sino-American AIDS Symposium Opens in Beijing,” *Xinhua News Agency*, November 8, 1990.

marginalized social groups as it continued to shift and concentrate in different vulnerable subpopulations, all of whom could make claims on the state. Meanwhile, scholars observe how AIDS as a disease of the disadvantaged made it too difficult for high risk social groups to mobilize and advocate around this disease (Cohen 1999; Fee and Fox 1992; Johnson 2005). As such, the absence of mobilization among affected Chinese communities is not surprising, but the question remains: why did institutional activists emerge from *unaffected* communities?

The institutional activists who mobilized around AIDS in China did not match the traditional assumption that social movement actors “who are economically and politically disadvantaged in relationship to the state are expected to participate in movements” (Armstrong and Bernstein 2008, 77). Wan Yanhai was a typical example. As a heterosexual man whose parents are both Communist Party members, Wan graduated from the School of Public Health at Shanghai Medical University in 1987 and had no intention becoming an AIDS activist.

Q: How did you start to work in this (AIDS) area?

A: You see, AIDS was discovered in 1983 and later reported in western newspapers as a global problem. I was in college at that time. I read all kinds of materials published by [the] WHO because my major was health education. ...It was in the late 1980s when the Ministry of Health asked me to translate a book, *Health Education Planning and Evaluation*, for a national workshop. I also helped them translate a pamphlet about psychological issues related to AIDS as well as some research reports about how to conduct AIDS monitoring and consultation. Those documents were only for internal use. ...AIDS was a foreign word to most Chinese. But because I was a professional, I sensed that it would be an important issue.<sup>117</sup>

When Wan joined the National Health Education Institute in 1988, he planned to take on the challenge of studying AIDS to become a successful researcher working for the

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<sup>117</sup> Interview 342 (Activist), July 1, 2007.

central government. Through his research, Wan met female sex workers and homosexual men with whom he came to empathize, and who eventually influenced the kind of activities he decided to pursue. Yet, it is clear that Wan's social position did not translate directly into his political behavior.

Institutional activists' activities did not take place in a vacuum. In the late 1980s, the state's concern was to defend China from the invasion of AIDS from the West, provoking public health officials to invest in building a domestic policy domain around the disease. Interest grew in strengthening popular moral and sex education for young people. While it only lasted for a short time, such impetus provided the institutional conditions for the diffusion of transnational norms into domestic public health institutions.

In 1989, the first Beijing citizen was diagnosed as AIDS positive as a result of engaging in homosexual conduct, triggering concern among some public health officials. Although it was the only indigenous case of infection via sex, the *People's Daily*, the organ of the Central Committee of the Party, published the news.<sup>118</sup> The AIDS victim was detained for committing homosexual acts and the health and public security bureaus intensified their monitoring of "sex criminals."<sup>119</sup> This was the same year that the first AIDS outbreak occurred among injection-drug users in the rural areas of Yunnan province, which borders the drug-producing "Golden Triangle." The

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<sup>118</sup> "AIDS in China," *People's Daily* (Chinese), November 2, 1989

<sup>119</sup> " "First" Chinese AIDS case Discovered in Peking," *Peking Television*, October 31, 1989, quoted in *BBC Summary of World Broadcasts*, November 15, 1989; "AIDS Monitoring Intensified in Peking," *Xinhua News Agency*, November 3, 1989.

Ministry of Health focused on protecting large urban areas of inland China<sup>120</sup> from Yunnan, historically considered a remote barbarian region of ethnic minorities.

Over a span of three years from 1990 to 1992, the Ministry of Health indicated its interest in developing an AIDS governance infrastructure. The Anti-Epidemic Department intended to increase attention to AIDS epidemics and placed it on the priority list of the Ministry of Health. Its director made public comments such as “AIDS in China is no longer a myth. The spread of this disease is in fact very serious,”<sup>121</sup> and “AIDS has become a reality in China and it may develop into a serious problem.”<sup>122</sup> Such statements had some effect. The Ministry of Health was also more open to collaborating with international organizations and, following the WHO’s suggestion, the National AIDS Committee was funded.<sup>123</sup> This committee at least admitted the possibility that even Chinese with no contact with foreigners might be at risk.<sup>124</sup> Meanwhile, the Ministry of Health launched the process making China’s first national plan to prevent and control AIDS.<sup>125</sup> In 1992, *Guangming Daily*, the most influential newspaper in the fields of science and technology, published an editorial entitled “Away the AIDS Phantom that has Entered China – Situation of Prevention and Cure of AIDS on Chinese Mainland.”<sup>126</sup> For the first time, an article highlighted the fact

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<sup>120</sup> “Chinese Health Minister on AIDS Prevention,” *Xinhua News Agency*, November 28, 1989.

<sup>121</sup> Beijing Radio, quoted in “China Reports Having ‘Very Serious’ Problem with AIDS,” *St. Petersburg Times*, February 8, 1990.

<sup>122</sup> “AIDS in China,” *Xinhua News Agency*, October 19, 1990.

<sup>123</sup> “China Sets Up National AIDS Committee,” *Xinhua News Agency*, March 1, 1990.

<sup>124</sup> “China Sees AIDS as Foreign,” *The Age*, November 30, 1991.

<sup>125</sup> “Society and Environment,” *Xinhua News Agency*, Mar 1, 1990.

<sup>126</sup> *Guangming Daily* (Chinese), May 9, 1992.

that most AIDS cases in China involved local residents, rather than overseas infections, and called for the central government to invest in AIDS control.

This shift to reinforce the policing approach of socialist contagious disease control conformed to the Party's needs to ensure political stability during the post-Tiananmen Democracy Movement period. Public health officials' efforts to develop a policy domain around AIDS concentrated in two areas: tightening control of China's southern borders and eliminating "abnormal" sexual behavior in central cosmopolitan areas. While the former focused on venereal disease clinics and drug treatment programs, the latter discussed adopting behavior intervention strategies in high-risk subpopulations. This provided resources and opened up new space for the activities of institutional activists as discussed in the first part of this chapter. Between 1990 and 1992, the Ministry of Health conducted research on the social behaviors of two subpopulations, female sex workers and homosexual men, in Beijing, Shanghai, and the coastal urban province of Guangdong. The project involved multiple research institutes and universities affiliated with central and local governments such as the Chinese Academy of Social Science, the Chinese Academy of Medical Science and Peking Union Medical College, and the Shanghai Health Education Institution. The allocation of material institutional resources not only allowed researchers with a preexisting interest in sexuality studies to engage with AIDS-related activities, but also drew other institutional members into advocacy activities. Participants in Men's World, the first gay club, were able to conduct research because of funding provided by the Ministry of Health. For example, Pan Suiming, a sociologist whose studies of sexual behaviors had previously been marginalized, conducted research on female sex workers and

homosexual men with the support of the Ministry of Health and National AIDS Committee. This process generated a network of interrelated activists located across various institutions, channeling and sharing resources and forming the first mobilizing foundation for AIDS activism.

While most institutional activists were affiliated with the central government, local governments also offered political resources for activists to access local communities. The Public Security Bureau facilitated research and outreach activities when the Ministry of Health emphasized the importance of coordinating with local public security departments to “help prevent and treat AIDS.”<sup>127</sup> Ironically, police officers also played an important role, especially during the early stages, helping institutional activists to locate and make contact with homosexual men.<sup>128</sup>

Meanwhile, institutionalized repertoires of action offered institutional activists means to engage in AIDS initiatives. These repertoires were sets of known routines and familiar interactions between the state and institutional activists that provided “the advantages of being accepted, familiar, and relatively easy to employ by claimants without special resources or willingness to incur costs and take great risks” (McAdam, Tarrow, and Tilly 2004, 41). By employing such repertoires, institutional activists were able to explore the fuzzy boundaries of contained and proscribed activities. The first outreach initiatives followed the style of mass mobilization campaigns invented by the

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<sup>127</sup> “China Curbs Sexually Transmitted Diseases,” *Xinhua News Agency*, September 6, 1991.

<sup>128</sup> Yanhai Wan, “Becoming a Gay Activist in Contemporary China,” *Journal of Homosexuality* 40 (2001): 47–64. As Wan admitted, using police help to locate and recruit a population that has historically been coerced and oppressed by the police was deeply problematic. As discussed above, these institutional activists were a group of heterosexual elites who did not emerge from homosexual communities. As a matter of fact, this early history of AIDS activism had long-lasting impact on the relationship between different groups inside the movement, something discussed further in Chapter 6.

Party as “an organized mobilization of collective action aimed at transforming thought patterns, class/power relationships and/or economic institutions and productivity” (Cell 1977, 7). Mass mobilization campaigns, especially mass education, were employed widely to eradicate sexually transmitted disease in the early 1950s (Abrams 2001). While the state’s censorship system blocked public outreach activities, institutional activists imitated this form of mass education:

We made a dash for our outreach in the park. There stood several desks in a row with a big banner and our education materials. Lots of people came to talk to us. We also sent volunteers to different places to distribute our materials. We looked just like people from the Communist Youth League. Nowadays it is impossible.[Q: How did the local government approve your applications?] We did not submit any application. We only told the park administration that we were officials from the public health department. The administration was happy to have people from the central government to hold public exhibitions regarding health.<sup>129</sup>

Activists were able not only to draw on traditional socialist tactics of mobilization, but also to deploy, often innovatively, institutional strategies of propaganda. AIDS hotlines, one of the most important strategies to develop connections and build extended networks, acquired ascendancy among activists by the mid-2000s. Wan described how he started the first AIDS hotline:

Actually I did not know much about hotlines. How did I come up with the idea? It was July in 1989. Several psychologists at the Health Institute invited me to volunteer for their consultation hotline. I said yes since there was much to do after the Tiananmen event. This exposed me to lots of hotlines hosted by different government institutions in Beijing such as the Beijing Education Bureau, China Women’s News, and Propaganda Department.<sup>130</sup>

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<sup>129</sup> Interview 342 (Activist), July 19, 2007

<sup>130</sup> Interview 342 (Activist), July 1, 2007

So, this strategy could be traced back to the surge in the number of hotlines when various state agencies used them to offer psychological services to individuals in the post-Tiananmen period. Beijing alone opened up 17 hotlines.<sup>131</sup>

However, institutional repertoires also limited institutional activists' access to a specific range of strategies, as well as activists' ability to utilize them (Polletta 2005). While the Ministry of Health's attention to AIDS opened the door for AIDS activism, its perception of AIDS as a sexually transmitted disease in urban areas caused institutional activists to concentrate on sexual issues. Peasants infected via contaminated blood and injecting drug users remained neglected until the late 1990s and mid-2000s. Meanwhile, even though female sex workers became a focus of activists' attention at the very beginning, the Party passed *A Resolution to Strictly Prohibit Prostitution*<sup>132</sup> in 1991 and launched a "strike hard" crackdown on female sex workers. The Ministry of Health thus reaffirmed that prohibiting prostitution and annihilating female sex workers was the only way to conduct STD control, which cleared the ground for activists to conduct activities in the name of public health and eventually drove activists away from this group in the 1990s. Early top-down AIDS initiatives by heterosexual institutional activists also had long-term, lingering negative effects that continued to affect relationships among activists and various communities of the AIDS movement in the late 2000s. As Wan stated, "we referred to gays as 'them,' and assumed that they were different from 'us,' alienated from society. ... We assumed that our research project was in the public interest, and that it was also conducted with good

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<sup>131</sup> "Helping Young Souls in a Changing World," *Xinhua News Agency* (Chinese), May 25, 1992.

<sup>132</sup> Adopted by the Standing Committee of the Seventh National People's Congress on September 4, 1991.



intentions towards gays and, indeed, that it had to be in their interest.”<sup>133</sup> He also admitted that he and his heterosexual colleagues were so conservative in the 1990s that they only supported homosexual volunteers doing outreach activities in order to avoid conducting those activities themselves, which would have required them to visit places where homosexual men were hanging out.<sup>134</sup>

The Ministry of Health’s interest in building AIDS policies came to an end in 1992. With the WHO’s assistance, the Ministry of Health had proposed to set up a coordinating and decision-making organ for HIV/AIDS intervention. However, the state council rejected it after several meetings, mainly because the number of AIDS cases simply did not convince them that HIV/AIDS would threaten the general population, as opposed to just deviant groups under western influence.<sup>135</sup> AIDS advocacy initiatives then stalled for a period. In fact, there was no broader mobilization as institutional strategies that were developed during the earliest days continued to shape patterns of action, even after the issue started to extend beyond public health institutions after 1993.

## **ii. Channels of Transnational Diffusion**

External forces became increasingly important in provoking AIDS activism. Chinese activists were introduced to the model of the American AIDS movement. As

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<sup>133</sup> Wan, Yanhai, “Becoming a Gay Activist in Contemporary China,” *Journal of Homosexuality*, 40 (2001): 57.

<sup>134</sup> Field notes, July 9, 2007.

<sup>135</sup> “The Transformation of HIV/AIDS Intervention Policy in China,” *Xinjing Newspaper* (Chinese), March 30, 2004.

demonstrated in Chapter 2, one of the driving forces of transnational AIDS institution building was the diffusion of this model. Transnational diffusion in social movements can be defined as the process by which innovations including motivation for movement participation, repertoires of actions, and organizational forms are spread through channels linking the transmitter and the adopter over time (McAdam and Rucht 1993; Rogers 1995). Diffusion includes three elements: innovations that are diffused, channels that transmit, and environmental contexts that modulate diffusion (Wejnert 2002). The model of the American AIDS movement developed two major strategies: identity-building and the politicization of AIDS. In particular, the politicization of AIDS was structured through a claim to equal citizen rights of gay communities (Bosie 2005). This model has directly exported agendas, strategies, and organizational forms both to other developed countries since the mid-1980s, and to developing countries since the early 1990s (Adam et al. 1999; Altman 1994).

The building of relational channels of communication was particularly significant in the 1990s (Chabot and Duyvendak 2002; Soule 2004; Tarrow 2005). This process generated channels on both sides of the Pacific, which formed the early brokerage as “the linking of two or more currently unconnected social sites by a unit that mediates their relations with each other and/or with yet another site” (McAdam, Tarrow, and Tilly 2004, 142).

Domestic health institutions actually facilitated this process. One channel was opened up from the side of China by institutional activists when the AIZHI Action and Friends projects were founded. Both projects were made possible by a combination of domestic institutional and transnational resources. When Wan lost his public health

position, he was forced to suspend all of his activities after losing access to institutional resources. Zhang Xingshui, a lawyer working for the Department of Justice, convinced the Beijing University of Modern Administration to offer Wan a position and shelter his AIZHI Action Project. The Beijing University of Modern Administration was a semi-public school run by officials<sup>136</sup> who classified Wan's activities as anthropology in order to escape the jurisdiction of the Ministry of Health. Meanwhile, Qiu Renzong persuaded his superiors at the Chinese Academy of Social Science to serve as the custodians for the AIZHI Action Project. The founding of the AIZHI Action Project enabled the formation of interpersonal connections between Chinese advocates and transnational AIDS advocacy networks. Wan and Qiu made use of their connections to obtain start-up funding from the Elizabeth Taylor AIDS Foundation and the Ford Foundation in the U.S., and from the Australian government.<sup>137</sup>

The Friends project opened up another channel for the diffusion of transnational norms, resources, and strategies among Chinese activists. Its founder, Zhang Beichuan, received support from the Asia Pacific Council of AIDS Service Organizations<sup>138</sup> and the Berry and Martin Trust (Cao 2009) after publishing his book on homosexuals in 1994.<sup>139</sup> In 1997, the Ford Foundation reached out to Zhang Beichuan. Along with the Berry and Martin Trust, it began to co-fund his Friends project, including gay hotlines in over 10 major cities and a newsletter entitled "Friend Exchange" (*Pengyou Tongxin*).

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<sup>136</sup> The school was headed by Sha Hong, the Deputy Secretary General for the Organization Department of the Central Communist Party Committee, and Chen Yuan, a member of the Standing Committee of the Beijing Communist Party Committee.

<sup>137</sup> Chen Bingzhong and Wan started to work with the Ford Foundation as early as 1991.

<sup>138</sup> This is an international network of NGOs within the Asia Pacific region.

<sup>139</sup> The Berry and Martin Trust is a private British charity.

Choosing not to use terms such as gay or homosexual, Zhang was able to utilize his title at the Center for Sexual Health of Qingdao Medical University Hospital, and networks involving Renmin University in Beijing and the Research Group for Mental Health of Taishan College of Medicine. Friend Exchange was the only Chinese gay publication in the 1990s. Focusing on “science, health, love and civility,” the newsletter not only provided AIDS education and other health-related information to homosexual men, but also published personal stories of homosexual men in China. It was circulated by volunteers through the mail, with each issue having a print run of thousands of copies. Zhang thus had regular contact with hundreds of homosexual men throughout the country—a network that provided fertile soil for later grassroots gay groups.

Another channel of diffusion was launched from the U.S. In 1997, the Chinese Society for the Study of Sexual Minorities (hereafter, CSSSM) was founded by several Chinese<sup>140</sup> researchers, students, and professionals in Los Angeles. The CSSSM shared much in common with other institutional activists as it employed non-confrontational strategies to target the central government. The CSSSM collaborated with the Ministry of Health and government-sponsored public health associations to host a series of workshops to train gay bar owners, website masters for gay sites, and volunteers to introduce many intervention methods and tools to stimulate cross-regional networks and alliances. It was partly shaped by the context of its early formation. The first open discussion of the classification of sexual orientation in psychiatrists’ diagnostic manual took place among health professionals in 1997. This debate was triggered by the

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<sup>140</sup> All of the founders were Chinese citizens. According to my interviews, Chinese activists usually try to maintain their Chinese citizenship even when working or studying abroad if they also expect to continue to conduct activities in China (Interview 342, May 13, 2009).

circulation of an article, “Homosexuality as a psychiatric diagnosis unit: Its historical perspective,”<sup>141</sup> at a national conference of psychiatrists. A psychiatrist strongly attacked this article for “promoting American gay movements,” and triggered a half-year debate that involved 11 published articles.<sup>142</sup> As CSSSM members participated in this debate, it laid the foundation for the organization’s approach of focusing on and attempting to influence elites. Meanwhile, CSSSM members were also exposed to how Japanese activists successfully compelled the American Psychological Association and American Psychiatric Association to urge Japan to accept the WHO’s classification and remove sexual orientation as a mental disorder.<sup>143</sup> The CSSSM was thus the first group that appealed to American organizations in order to promote changes in China.

At the same time, however, the CSSSM also considered it ineffective to use international political conventions as a way to approach Chinese governments and local gay communities. Therefore, they avoided contacting the American government or political organizations and limited themselves to cultivating relationships with professional associations.<sup>144</sup> Their efforts prompted several American associations to pressure their counterpart in China, the Chinese Psychiatric Association, to stop discriminating against homosexuals in 1998. Not only did the American Counseling Association pass a resolution supporting the removal of homosexuality from the

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<sup>141</sup> Michael Inaba and Doug Kimmel, *Archives of Psychiatric Diagnostics and Clinical Evaluation*, 6, no. 2 (1995): 157–170.

<sup>142</sup> Tao Hong Man Tian Xia, 2, 1997.

<sup>143</sup> Scott Sleek, “Chinese Psychiatrists Debate Meaning of Sex Orientation: APA Backs Effort to End Discrimination against Homosexuals,” *APA Monitor* 29, no. 9 (1998). Available at <http://www.qrd.org/qrd/world/asia/china/apa.monitor.article.on.medicalization.of.homosexuality-09.21.98> (Accessed May 18, 2012).

<sup>144</sup> Tao Hong Man Tian Xia, 2, 1997.

Chinese Classification of Mental Disorders, but both the American Psychological Association and the American Psychiatric Association also wrote letters to Beijing urging this action. The president of the American Psychiatric Association also addressed the matter while visiting Beijing.<sup>145</sup> All of these activities contributed to the depathologization of homosexuality in China in 2001.

### iii. Resisting Transnational Diffusion

Current literature largely agrees that the use of the American model boosted the emergence or visibility of gay communities elsewhere in the world and granted them a central role in the AIDS movements of their nations. Transnational norms were crucial for the initiation of AIDS activism in China as the link between grievances and susceptibility to AIDS activism participation was not necessary or immediate in the 1990s. However, gay groups in China clashed over whether to adopt the American model of AIDS activism.

Chen and Wan were the first signifying agents (Snow and Benford 1992) to translate abstract rules from WHO documents into the local context, define what made AIDS governance in China problematic, and articulate possible solutions.<sup>146</sup> First, they framed AIDS not as a disease, but as a social problem in relation to “minority rights.”<sup>147</sup> They publicly advocated for the “human rights and dignity” of high-risk subpopulations

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<sup>145</sup> Jin Wu, “From ‘Long Yang’ and ‘Dui Shi’ to Tongzhi: Homosexuality in China,” *Journal of Gay and Lesbian Psychotherapy*, 7 (2003): 117–43.

<sup>146</sup> This part of the analysis is inspired by the framing literature in social movement studies. See Benford and Snow (2000) for a comprehensive review of the framing approach.

<sup>147</sup> Bingzhong Chen, Yanhai Wan, Bocheng Zheng, and Qun Wang, “AIDS Helplines in Development,” *Health Education on Tuberculosis* (Chinese), 1 (1994): 27–29.

and people living with AIDS, suggested treating “the phenomenon of homosexuality with the sense of ordinary people, and homosexuals and the homosexual culture with a sense of equality,” and appealed for developing homosexual culture.<sup>148</sup> They argued that no AIDS intervention could be properly designed without respecting the rights of marginal groups. Ironically, Chen used the “reality” observed and recorded through the AIDS Helpline to justify the association between male homosexuality and AIDS when epidemiological data did not support such a connection.<sup>149</sup>

Second, Chen and Wan followed the WHO guidelines and identified community-based self-organizing as the only valid solution to tackle social discrimination and raise public awareness. Even though the Party had an absolute monopoly over organizing, Wan publicly stated that the key to combat the spread of AIDS was to

emancipate the mind, cast off the yoke, and immediately form nongovernmental organizations since the government has been controlling every aspect of our society for a long time... People with AIDS and those in high-risk groups are entitled to form their own organizations and participate in policy planning, AIDS prevention and control.<sup>150</sup>

Even though high-risk groups, by definition, included drug users, Wan specified that they should not be included in the organizing. With the exception of this caveat, the statement was truly unprecedented, as Chinese people were not allowed to form their own organizations and were traditionally excluded from disease control governance.

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<sup>148</sup> Bingzhong Chen and Yanhai Wan, “Let Us Sow Seeds on Fertile Land - Homosexual Culture and AIDS Education,” presented at a national symposium on the spread and prevention of venereal diseases in Beijing (Chinese), March 15–18, 1993.

<sup>149</sup> Official statistics showed that 74 percent of HIV/AIDS infections contracted the disease through drug abuse and the rest through heterosexual sexual intercourse (“China has 969 Reported Cases of AIDs Infection,” *Xinhua News Agency*, December 1, 1992).

<sup>150</sup> Yanhai Wan, “Promoting Nongovernmental Organizations’ Roles in AIDS Control,” *Chinese Journal of Health Education* (Chinese) 8, no. 11 (1992): 9–11.

Chen and Wan's propositions were to materialize in the development of the AIDS movement after 2003. But they received limited support in the 1990s, primarily through the CSSSM, which was interested not only in gay rights, but also in other political issues such as the freedom of association and assembly. Heavily influenced by American AIDS and gay movements, this group viewed the persecution against gays in China as an instance of a general problem. The CSSSM was highly critical of the value placed on marriage and procreation in dominant culture, and emphasized that following the American model of building community-based groups was crucial for the success of AIDS activism in China. Meanwhile, the CSSSM derived its primary tactics from institutional activists and decided that the American model of a gay rights movement could not be simply imposed on gay communities in China without adapting to the particular local political and social environment.

The CSSSM mainly targeted public health institutions in China and its primary mission was to depathologize homosexuality.<sup>151</sup> As Lin Eryan and Youyun, two of the organization's major founders, stated at its founding meeting, the CSSSM was to focus on science rather than politics.<sup>152</sup> These founders deliberately chose to use the issue of HIV/AIDS and/or sexually transmitted diseases as a vehicle to establish a relationship between Chinese health departments and academia via professional channels, thereby promoting political changes in a (at least seemingly) depoliticized way. They insisted that the dissemination of affirmative gay culture and knowledge from the U.S. was necessary to equip homosexual communities in China with information to reduce

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<sup>151</sup> "The Description of Chinese Society for the Study of Sexual Minorities."

<sup>152</sup> Aizhixing Institute, "The Depathologization of Homosexuality and Related Documents," 1995.



prejudice against sexual minorities. Group members took advantage of their location in the U.S. to publish a biweekly electronic journal in Chinese and break through the Chinese government's blocking of the flow of information, disseminating positive information about gays, and introducing the gay rights movements throughout the world to a Chinese audience.

The opposing school of thought regarding AIDS activism emerged directly from homosexual communities in China. This school was influenced by gay movements in Taiwan and Hong Kong that advocated the mainstreaming of homosexuality. As Chou Wah-shan, one of the most important leaders, argued, sexuality was not the site of the greatest oppression; instead, the major problem facing Chinese gays was, in fact, traditional family responsibility, rather than state repression or social discrimination.<sup>153</sup> This school of thought strongly criticized the contentious strategies and individual-level focus of rights-based gay movements in the West. Instead, it promoted a harmonizing approach that would reconcile conflicts across different identities and relationships through mainstream heterosexual society's "tolerance" of same-sex behaviors and gay men's own invisibility and quiescence. As Liu and Ding (2005) have summarized, this approach relied on a form of so-called "coming-out" defined as "non-conflictual harmonious relationships, non-declarative practical everyday acts, and a healthy personality that is not centered on sex(uality)" (15), as opposed to the process of coming-out that developed in western contexts. This was fully demonstrated in the Manifesto of the Tongzhi Conference released in 1996<sup>154</sup>:

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<sup>153</sup> Chou Wah-shan, *Post-colonial Tongzhi* (Hong Kong: Hong Kong Queer Press, 1997).

<sup>154</sup> This conference was organized by activists in Hong Kong. In this dissertation, China refers only to mainland China and excludes Taiwan, Hong Kong, and Macao.

The les-bi-gay movement in many western societies is largely built upon the notion of individualism, confrontational politics, and the discourse of individual rights. Certain characteristics of confrontational politics, such as through coming out and mass protests and parades may not be the best way of achieving tongzhi liberation in the family-centered, community-oriented Chinese societies which stresses the importance of social harmony. In formulating the tongzhi movement strategy, we should take the specific socio-economic and cultural environment of each society into consideration.<sup>155</sup>

This harmonious position particularly emphasized how to make gradual change through improving public opinion. It not only rejected identity politics, it shied away from building or really promoting identity at all. Advocates of this approach were more eager to distance themselves from AIDS as a western disease than to follow their counterparts' example in the U.S. to link AIDS to the struggle for political and civil rights.

This approach resonated with those local homosexual men who already disagreed with institutional activists' urge to bring gay issues into the open. Small communities of homosexual people only started to appear when densely concentrated homosexual meeting sites came into being in many large and medium cities in the 1980s. One activist complained that AIDS outreach activities should be limited to working inside homosexual communities, as publicizing such issues only exposed homosexual men to presumably unfriendly heterosexual communities and government prosecution.<sup>156</sup> This position formed in response to the political conditions of homosexual men and women in China, compounded by an ambiguous legal system and a cultural context that silenced homosexuality in the 1990s. After the communist revolution, the Party strengthened its total silence regarding homosexuality. It was not

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<sup>155</sup> "About 200 Chinese Tongzhi Gathered in Hong Kong: Tong-zhi Movement Should be Cultural Specific for Chinese Societies," Press release, December 8, 1996.

<sup>156</sup> "Fall from Grace of the Mainland's 'Mr. AIDS'," *South China Morning Post*, July 18, 1993.

until the 1970s that homosexuality (*tongxinglian*) first appeared in official documents as “the love relationship that takes place between men or between women, a form of psychological perversion”; homosexuality “did not resurface in the urban population consciousness until a multitude of publications about sex emerged in the 1980s and 1990s, with the reintroduction of a capitalist economy and western culture” (Sang 2003, 27).

In other words, most Chinese did not have awareness of homosexuals as the state simply denied that homosexuality existed in China. For example, the Ministry of Health claimed that “homosexuality is very limited in China” as early as 1987.<sup>157</sup> On the other hand, the refusal to name or even acknowledge homosexuality also meant that it was not explicitly forbidden by law. This did not result in any sort of freedom, however. Instead, it encouraged the imposition of arbitrary administrative penalties for engagement in homosexual conduct—ranging from public condemnation, Party sanctions, and firing, to police harassment on the grounds of hooliganism<sup>158</sup> in the criminal code (Li 1998). Homosexuals could also be forced to go through electric shock therapy,<sup>159</sup> since the Chinese Classification of Mental Disorders listed homosexuality as a form of sexual orientation disorder under the category of sexual perversion.<sup>160</sup>

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<sup>157</sup> “AIDS can be Checked in China,” *Xinhua News Agency*, July 22th, 1987.

<sup>158</sup> Hooliganism (*liumangzui*) was an umbrella term that referred to a wide range of acts that disturbed and/or endangered public order (Dutton 1998) before the 1997 revisions to the Criminal Law. It never officially included consensual sex between two adult men, with the exception of sodomy (*jijianzui*)—which China’s legislative organs interpreted in 1984 as anal sex “between men and young boys, through violence, by force, or under other severe circumstances” (Balzano 2007, 5). In actual practice, forms of homosexual conduct were handled in diverse ways depending on local legal and administrative regulations and practices (Zhang 1994).

<sup>159</sup> “Sexual Revolution Sweeps China,” *Toronto Star*, May 11, 1991.

<sup>160</sup> Chinese Classification of Mental Disorders.

Notwithstanding debates over whether sexuality was actually an object of the state's concern in the 1990s, official discourse deemed homosexuality as gender inversion and psychological pathology.

In 1998, a second conference concluded that the term “movement” should be replaced with “work” or “culture” in activism since “the term ‘movement’ in the last forty years has been derogatory and disastrous in mainland China” (Chou 2000, 139). Wu Jin, one of the CSSSM's founders, articulated why she did not agree with Chou's position and suggested instead selectively adopting strategies from the West: “If I look at what's happening [in the les-bi-gay movement] in the Philippines, England, Holland, I will consider what are they like because of the historical, cultural, and social situation. I'll ask a lot of questions, then I'll think, what would it be like if we tried that in China?”<sup>161</sup> Another critic was more sharply critical of the harmonious approach, dismissing it as “prefer[ring] that we all stay in the closet and wait for some divine edict from heaven to bestow equality” (Brandon 1997, 14, quoted in Chou 2000, 278).

To summarize, the introduction of the American model of an AIDS movement sparked the building of ties and connections inside China and across borders in the 1990s. This process facilitated the free and open circulation of information, and laid an important structural foundation for mobilizing for the first wave of the later AIDS movement. Nonetheless, the diffusion of transnational AIDS institutions was still far from successful.

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<sup>161</sup> Jolly, Susie, “‘Queering’ Development: Exploring the Links between Same-sex Sexualities, Gender, and Development,” *Gender and Development*, 8, no. 1 (2000): 78–88.

#### IV. Soft Administrative Coercion

Even given a relatively more relaxed political environment in the 1990s, the Chinese state showed little tolerance towards grassroots AIDS initiatives and imposed legal sanctions and administrative discipline to eliminate even social gatherings and cultural events that “had virtually no insurgent capacity” (Boudreau 2005, 34). State-centered AIDS governance not only gave rise to the specific pattern of activism as discussed above, it shaped the form of state repression as well.

Despite the fragility and isolation of early Chinese AIDS activism, it was met with a form of resolute repression in the 1990s that I call *administrative coercion*. Administrative coercion involved severe administrative sanctions combined with the occasional use of middle-degree, direct violence in public, conducted by local governments. Varying forms of administrative sanctions ranged from criticism, public warnings, demerit recording, deduction of wages, on-duty observation, demotion, transfer, suspension, expulsion from the Party, or some combination of these measures. This set of administrative penalties and Party disciplinary sanctions was supplemented by the local police, who apprehended, searched, interrogated, and detained people for engaging in grassroots AIDS initiatives throughout the 1990s. This centrally-directed and coordinated form of harsh repression stood in sharp contrast to the scattered and limited development of AIDS activism.

As demonstrated previously, a policy domain organized around AIDS as a substantive issue did not exist in the 1990s, as the Chinese state refused to admit the existence and prevalence of AIDS epidemics, and public health had been politically marginalized since the late 1980s (Cook 2007; Wang 2008). Accordingly, AIDS

activism was not considered an independent *political* issue, but rather a form of immoral conduct throughout the 1990s. The threat presented by AIDS initiatives was perceived as one of many forms of local popular resistance provoked by market transformation and westernization that were crossing, blurring, and shifting social boundaries. Administrative sanctions were not directed against particular activists or their activities per se, but homosexuals and sex workers with whom AIDS was associated. AIDS activism was considered disruptive and harmful to the social order because it assisted homosexuals and sex workers who should be expunged from society. Repressing AIDS activism was thus intended to stop actions that might increase the visibility of such “unsuitable groups” and lead to “moral pollution.”

Institutional activists’ activities were subject to accusations from the beginning, when many public health professionals described venereal diseases and AIDS as “double punishment inflicted by nature on human society” and claimed that “it is impossible to try to control AIDS with special medicines and condoms.”<sup>162</sup> The socialist contagious disease control model was further consolidated after the Party rejected the proposal to adopt the WHO’s suggestions and pay attention to AIDS. In 1993, Chen Bingzhong was forced to retire, perform self-criticism, and apologize to the central government for following WHO recommendations to use the term “sex workers” instead of “prostitutes” in his articles about AIDS education.<sup>163</sup> His article was removed from the *Chinese Journal of Health Education*, the editorial board of which was also forced to perform self-criticism and apologize to the Press and Publication Administration. A

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<sup>162</sup> “Healthy Behavior Key to AIDS Eradication,” *Xinhua News Agency*, November 9, 1990.

<sup>163</sup> Bingzhong Chen, “A Resignation Letter to the Minister Chen Mingzhang and Ministry Party Committee,” Petition letter (Chinese), May 18, 1993.

senior official of the Epidemic Prevention Department for the Ministry of Health commented on the controversy surrounding Chen's leaving: "We have many ways to control the problems of prostitution and homosexuality. We can lock them all up, can't we? Just let the foreign human-rights groups denounce us, so long as we are preventing these people from further spreading this dangerous thing."<sup>164</sup>

The purpose of repressing AIDS activism was to defend the socialist contagious disease control model that held up traditional quarantine as the solution to AIDS. According to the law, all AIDS cases with personal information such as names and address had to be reported to the local health authority within 6 hours in cities and 12 hours in the countryside<sup>165</sup> and AIDS patients must be quarantined.<sup>166</sup> A few existing policies granted local authorities the power to test any Chinese citizen for AIDS. As discussed above, the goal was to exclude or limit the involvement of people with HIV/AIDS from many aspects of society and the socialist model operated on the basis of depriving the rights and freedoms of certain sectors of the population.

The Ministry of Health played a leading role in repressing AIDS activism. As public health professionals argued, AIDS activism promoting political or civil rights would contaminate the government's efforts to curb the epidemic.<sup>167</sup> This view insisted that China should focus on preventing (potential) carriers of AIDS from infecting society, since western AIDS control strategies were not even successful in the West.

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<sup>164</sup> "Fighting the Disease of Denial," *The Age*, March 16, 1993.

<sup>165</sup> Measures of Implementation of the Infectious Disease Prevention and Control Law, adopted by the China Ministry of Health in December, 1991.

<sup>166</sup> Frontier health and quarantine law, Standing Committee of the National People's Congress, Order number 46 of the President of the People's Republic of China, 1987.

<sup>167</sup> "Health Officials' Sacking Signals Beijing's Attitude to Homosexual Rights," *South China Morning Post*, August 15, 1993.

Men's World was shut down as part of this effort. Its early meetings were held inside the office at the National Health Education Institute. In 1993, it held a public function at the Sea Horse Ballroom on Valentine's Day. As the first public gathering for homosexuals, this was only a dancing party. One week later, the manager of the Ballroom was fired and the Ministry of Health started an investigation of not only the National Health Education Institute, but also several top research institutes in Beijing such as the Chinese Academy of Social Science, the Chinese Academy of Medical Science and Peking Union Medical College, and Renmin University of China. Many institutional activists affiliated with these institutes participated in Men's World, such as Yinhe Li, Wang Xiaobo, Qiu Renzong, Fang Gang and others. While the Press and Publication Administration, the Propaganda Department of the Central Committee of the Party, and the Ministry of Police were involved in the investigation, the Department of Policies and Regulations of the Ministry of Health was the one with final authority. As a high-ranking official complained, "That salon [Men's World] has been disseminating wrong messages, it is not opposed to, but is encouraging homosexuality, which is contradictory to China's aim and purpose in health education."<sup>168</sup> Another more sympathetic view among officials argued that homosexual men could have met and discussed AIDS issues in private without setting up a high-profile club.<sup>169</sup>

With the state largely dominating the (re)distribution of resources and life chances in the 1990s (Bian and Logan 1996; Griffin and Zhao 1993; Xie and Hannum 1996), the most effective form of administrative disciplinary penalty was the policing of

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<sup>168</sup> "AIDS and Homosexuality: AIDS Health Education Club Turned Homosexual Salon Closed Down," *Ming Pao* (Chinese), May 19, 1993.

<sup>169</sup> "Health Officials' Sacking Signals Beijing's Attitude to Homosexual Rights," *South China Morning Post*, August 15, 1993.



the activities of those who were deemed to have committed social offences or political errors under the auspices of the Disciplinary Rules of the Chinese Communist Party. On the other hand, though administrative coercion sometimes cost activists their jobs, it usually did not affect more than their career advancement. Most institutional activists received warnings or criticism from their supervisors. For example, Beichuan Zhang was not allowed to work in the outpatients department or to receive a bonus because of his work, which deprived him of any chance for promotion and award. But he was allowed to keep his title and salary as well as the qualification to supervise graduate students (Cao 2009). In the case of Wan Yanhai, the new director of the National Health Education Institute demanded that Wan “side with abolishing homosexuality because it [homosexuality] was the same thing as killing people, setting fire, or stealing.”<sup>170</sup> Wan was then subject to criticism, public warning, wage deductions, and on-duty observation before he was forced to leave. Losing his job cost Wan his household registration, which, in turn, affected his ability to get married even five years later. However, Wan considered such treatment comparatively lenient in retrospect:

My profile had been placed under the Ministry of Health before I was arrested in 2003. They knew me and my business well. Yes, I lost my job in 1993 because of them. But looking back, we were on a sort of friendly term. You know, they did not think of me as a spy or reactionary. The state did not pay much attention to us during that time. But things were totally different in 2003. It was the national security department that took charge. Some officials in the health department and CDC actually put in good words for me. But they cannot help since the whole thing had become a political issue.<sup>171</sup>

The other major actor in state repression was the police at local levels. At the heart of the socialist contagious disease control model was the central government’s

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<sup>170</sup> Yanhai Wan, “A Petition Letter to the Ministry of Health,” Petition letter (Chinese), February 20, 1999.

<sup>171</sup> Interview 342 (Activist), May 13, 2009.

assumption that AIDS would not threaten the general population as long as the state maintained strict control of sexual minorities. This mode of thinking was compounded by the fact that maintaining social stability was increasingly becoming one of the major functions of local governments in the 1990s (Friedman 1998). AIDS activism constituted a threat to local officials' ability to control the situation and enforce socialist public order. The police force was thus mobilized against homosexual groups, especially after 1993. The whole homosexual community was subject to prevalent police harassment in the 1990s. For example, the Beijing police were sweeping public places as part of a crackdown on the homosexual community between August and December in 1994. At least two hundred homosexual men were taken into custody, beaten, and given punishments from fines to detention.<sup>172</sup> The terror of direct police intervention pervaded local communities as the police constantly raided community meetings and harassed activists. The founders of the Beijing *Tongzhi* Hotline chose pagers instead of a telephone line at a fixed location so that volunteers could reply to calls without attracting police attention.<sup>173</sup> Even social gatherings would attract plain-clothes and military police.

## V. Conclusion

Prior to the establishment of transnational AIDS institutions, AIDS advocacy initiatives originated as a form of domestic activism in response to the domination of

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<sup>172</sup> Yanhai Wan, "Becoming a Gay Activist in Contemporary China," *Journal of Homosexuality*, 40 (2001): 47–64.

<sup>173</sup> Xiaopei He, "My Fake Wedding: Stirring up the Tongzhi Movement in China," *Development*, 52, no.1 (2009): 101–105.

the state as the single source of power in the AIDS area in China between 1989 and 1999. Underlying the interaction between the state and AIDS activists were three paradoxes: (1) early AIDS activism emerged among unaffected homosexual and heterosexual men, while mobilization among the affected Chinese communities of injection drug users and contaminated blood victims was absent; (2) local homosexual communities rejected external agendas even though they, in fact, benefited the communities; and (3) the state responded to AIDS activism with coercion regardless of activists' strategy of employing only contained and non-confrontational action. This chapter examines how those paradoxes unfolded in a context of profound silence created by the Chinese state, which identified AIDS with western sexual abnormality.

This chapter argues that we have to focus on the institutional logics of the socialist contagious disease control in order to understand those ironies. Simply put, the kinds of activists that emerged and the kind of communities that were focused on were determined by how the state defined the AIDS problem. The twist is that, through its contradictory strategy of both denying the issue altogether, but also defining it in a very specific and limited way, the state ended up creating channels that enabled the development of activist actorhood among communities it traditionally attempted to marginalize, and opened the way for discourses and framings of AIDS to emerge that challenged the state's own discourses and framings. All this remained fragmented in this period, but it laid the foundation for later developments.

On the one hand, how AIDS and even public health as a whole was politically marginalized made domestic health institutions a fertile ground for the growth of institutional activism. However AIDS activists were quickly caught between the

association and disassociation of AIDS and “politics.” On the other hand, a marginal form of activism far away from mainstream political debate but still linked to immorality was an easy target for state coercion.

Not only did the state serve as a dominant force shaping the form of AIDS activism, it also played an important role in defining the relationship between domestic activism and emerging transnational AIDS institutions. The state was engaging readily and *seemingly* openly with external actors and agendas precisely because it had no intention of developing any substantial AIDS policy and investing in this particular policy domain. As a result, even though domestic activists gained access to transnational norms and resources, they were all too aware of the state’s real intentions and, thus, understood that external agendas were not possible or even relevant in their domestic context at the time.

The possibility of launching a national-level AIDS movement and becoming an important part of transnational advocacy networks appeared impossible in the 1990s. In fact, at the time it was not apparent that Chinese activists would need or be able to engage with external actors, resources, and agendas at all. Indeed, scholars of contentious studies could not have predicted the rise of the first wave of the AIDS movement around the early 2000s. Neither could Chinese AIDS activists have guessed that their focus was to shift to blood and organized confrontational politics in rural areas.

This focus on the particularity of domestic factors in China, however, cannot be separated from an understanding of how they related to subsequent transnational actors and actions. As Liu (2006) shows, existing social movement scholarship on the global-

local relationship privileges either bottom-up strategic choices of local actors or top-down context-free channels of diffusion. Meanwhile, empirical studies in this area often start with existing local actors and focus on how they respond to international and domestic structural shifts (Shin and Tsutsui 2007). Examining the domestic factors that circumvented the formation of AIDS politics in China is necessary to set up the domestic social and institutional context in which the impact of transnational AIDS institutions later unfolded.

## **Chapter 4**

### **Making Transnational Blood Politics: The Emergence of the AIDS Movement, 1999–2003**

The first wave of the AIDS movement arrived five years after the largest outbreak of HIV/AIDS infections in China's history among blood/plasma donors in rural areas in the early and mid-1990s. In 1999, the infections caused by blood contamination began to attract broad public interest outside China. Fueling international reactions was not only the blood scandal itself, but also the actions of Chinese citizens. Chinese activists' battles contributed to exposing the state's human rights violations and bringing pressure from transnational AIDS institutions to bear on the central government. In doing so, activists created what Keck and Sikkink (1998a) refer to as a "boomerang effect," whereby international pressure eventually forced the Chinese central government to publicly acknowledge the magnitude of the AIDS epidemic in 2003.

This remarkable development appears exceptional from the perspective of various theories of contentious politics as well as international relations. Because the underlying purpose of studies of the boomerang effect has been to challenge state-centered conceptions of politics, two types of mechanisms tend to be invoked implicitly or explicitly. The first, rooted in political process theory, focuses on the macro-

structural shifts in political regimes (Risse, Ropp, and Sikkink 1999; Tarrow 2001, 2005). This structural account identifies the major impact of transnational institutions as their creation of new political opportunities outside nations states that can shape political opportunities at the national level. In this vein, a boomerang effect is seen as unlikely in China, given the presumed absence of a state regime that is susceptible to external pressure (Keck and Sikkink 1998). In fact, newly formed transnational AIDS institutions at the time did not even have the adjudicating power perceived as crucial to generate strong reaction from domestic actors (Kay 2005). The second line of research takes a bottom-up approach and concentrates on how domestic activist groups enhance their appeals and gain external assistance by strategically utilizing the dynamics between transnational institutions and the state (Bob 2005; Hertel 2007). This perspective assumes pre-existing domestic activist actors automatically coalesce around transnational institutions through ongoing interaction. But, in fact, there was no widespread mobilization around AIDS in China at the time, other than some sporadic individual efforts in blood-related AIDS issue areas until transnational AIDS institutions began to target the country.

This chapter examines how the intervention of transnational AIDS institutions enabled the AIDS movement in China to emerge between 1999 and 2003. As the chapter will show, the first wave of the AIDS movement in China prompts questions about the timing and impact of external intervention from abroad. In particular, given that the AIDS epidemic in China was first reported by international media in 1996, why did it take until 2000 for the situation to really move into the international spotlight? What triggered domestic interest in blood issues after inaction for such a long time?

How did a new form of AIDS activist actorhood come into being as a result and what were the defining characteristic of this actorhood? How and why did Chinese AIDS activists start to embrace transnational AIDS institutions just as the validity of overseas models was being questioned in the 1990s? And why did the Chinese state's hard coercion fail to curb the AIDS movement? That transnational AIDS institutions were able to break the domestic silence around a blood-related AIDS outbreak in a highly repressive environment fits the overall contours of the transnational social movement argument that transnational institutions matter. However, the way that this process unfolded differs significantly from existing accounts.

I argue that transnational AIDS institutions were not simply suppliers that provided domestic activists with structural leverage or extra resources. Rather, they put into motion the process of forging domestic AIDS advocacy actors by challenging the forms of domination through which state power is maintained—namely, the state's practice of dismissing AIDS as an immoral western disease caused by individual misbehaviors. This understanding of the impact of transnational AIDS institutions runs counter to the existing structural approach that conceptualizes social movement actors as “groups operating rationally within international and domestic contexts of opportunities and constraints” (Sikkink 2005, 154). Transnational AIDS institutions were not a new polity at the supranational level, so they didn't directly affect the political opportunity structure in China. Rather, they provided a set of new institutional logics that dictated a new definition of AIDS and, hence, a new vision of how it should be handled. The purpose of this chapter, then, is to demonstrate how transnational



institutional logics challenged the socialist contagious disease control model and how this particular process gave rise to the politics of blood.

The analysis is divided into two parts, corresponding to the periods before and after the rise of transnational AIDS institutions. First, I examine the period from 1995 to 1998 when domestic mobilization around blood infections was blocked by the socialist contagious disease control model, which used stigma and silence to repress grievance against the state. I discuss why blood contamination was concentrated among peasants in developing areas and spurred by the reckless expansion of the blood industry. I also show how domestic public health institutions' strategies of denial and exclusion kept the illness and death of AIDS patients during this period from being constructed as a form of collective suffering.

The second period examines how AIDS activism overcame these domestic difficulties and evolved into large-scale mobilization. This period, which began roughly in 2001, was characterized by two activating forces that drove the formation of AIDS activist actorhood around blood: one was the politicization of China's AIDS situation at the international level, the other was the escalation of hard coercion by the Chinese state. These two forces propelled two major AIDS activist actors—nongovernmental individuals in urban areas and mutual aid groups of infected villagers—to emerge, form a coalition, and engage with transnational AIDS institutions. This marked the start of the transnationalizing of AIDS activism after domestic AIDS activists chose to avoid interacting with the transnational advocacy networks of foreign governments, international organizations, and international NGOs. In turn, AIDS activism further

fueled international pressure targeting the Chinese state, which created the boomerang effect in 2003.

## **I. Domestic Blockages on the Road to Mobilization, 1995–1998**

### **i. The AIDS Epidemic and the State-Sponsored Blood Economy**

AIDS is often freighted with extraordinary symbolic power because it involves “social relationships in which people come into contact with others’ bodily fluids” (Heimer 2007, 567). While the Chinese state and activists were focusing on sexual contacts, the largest AIDS outbreak was linked to the transfer of another fluid—blood—around the mid-1990s. Though the central government insisted that AIDS was an apolitical health matter that originated abroad, it was, ironically, the Chinese state that created the uniquely indigenous AIDS epidemic.

The Chinese state set out to build a domestic blood industry in 1978, in order to wean the country of its dependence on imported blood products. It was a continuation of the state’s efforts to build its own reserves of resources for the sake of national security.<sup>174</sup> The production of blood products relied on a system of biological research production built in the 1950s that was made up of six research institutes for biological products in its major administrative divisions: Beijing, Shanghai, Wuhan, Changchun, Lanzhou, and Chengdu. The Ministry of Health approved the proposal of the Beijing

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<sup>174</sup> China’s State Council, “The Ministry of Health’s Suggestions Concerning Strengthening Blood Transfusion Work with the Approval of the State Council” (Chinese), November 24, 1978.

Research Institute for Biological Products to introduce and promote a commercial plasmapheresis industry in 1978 and assigned the Tianjing Institute to put this technique into practice on a trial basis (Lin and Lin 2011). This plasmapheresis technique collects plasma after a device called a centrifuge spins the blood at high speed to fractionate the cells from the fluid. Because one person's donation of blood can yield a very limited amount of plasma, the whole blood of many donors must be pooled before it is run through the centrifuge. After plasma is removed, the remaining red cells are then injected back into donors. Compared to whole blood donors, apheresis blood donors can donate every two or three weeks, instead of every twelve weeks, even when donors are not that healthy (Greeninga et al. 2010), with a very low chance of anemia. After experimentation on forty donors, the Tianjing Research Institute for Biological Product came to a conclusion that using plasmapheresis, "more plasma can be collected from each donor without affecting their health [which] is convenient for producing plasma protein products."<sup>175</sup> In short, the technique made possible the collection of large quantities of plasma in a short period of time, which was crucial for the fast expansion of the plasma industry. A number of blood collection stations were set up and participants in commercial blood donation totaled 80 million by 1985.<sup>176</sup>

The blood economy took off around the mid-1980s when the Chinese state developed more mature plasmapheresis techniques and established its monopoly over blood collection. This was the same time that the plasmapheresis industry was quickly

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<sup>175</sup> Tianjing Central Blood Collection Station, "A Plasma Pheresis Experiment Research," *Tianjing Medical Journal* (Chinese) 4 (1981): 232.

<sup>176</sup> Junxiang Liu, Youchu Qi, *Handbook of Plasmapheresis* (People's Medical Publishing House, 1987). This was a detailed guideline authorized by the Ministry of Health and released to governments at different levels.

expanding from the U.S. and Europe to central and South America, Africa, and Asia. In the early 1980s, imported blood products cost around 1200 million USD a year in China. In 1984, China's Ministry of Health decided to restrict the importation of blood products to keep AIDS rooted in "homosexuality and intravenous drug use... in capitalist countries" outside China's borders.<sup>177</sup> It enhanced enforcement action against all blood products except for human (serum) albumin from entering into China.<sup>178</sup> Yet, contaminated blood products mostly threatened developed countries (Weinberg 2002); in developing countries, the problem was the rapid spread of AIDS through the infection of paid donors in commercial plasmapheresis (Volkow 1997), but this the Chinese state chose to ignore. The Ministry of Health removed the major barrier to the state's commercialization of blood products. In 1984, it invested heavily in the plasmapheresis industry to expand its production capacity by 10 times so as to fill in the man-made shortage of blood products on the domestic market.<sup>179</sup>

Blood collection stations were mostly controlled by the Ministry of Health along with a few military hospitals<sup>180</sup> in the 1980s. The risks associated with commercial plasmapheresis soon emerged. An outburst of non-A, non-B hepatitis was reported among plasma donors in Hebei province (Zhang et al. 1990), exposing the dangerous combination of high-risk procedures, recycled medical instruments, untrained staff, and

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<sup>177</sup> Ministry of Health, "Notification Regarding Limiting Blood Products Importation to Prevent AIDS from Coming into Our Country" (Chinese), September 17, 1984.

<sup>178</sup> Ministry of Health, "Notification Regarding Prohibiting the Importation of Factor VIII Preparations and Some Other Blood Products" (Chinese), July 26, 1985; General Customs Administration, "Announcement Regarding Prohibiting the Importation of Factor VIII Preparations and Some Other Blood Products" (Chinese), January 29, 1986.

<sup>179</sup> Ibid.

<sup>180</sup> Any agency affiliated with the military force is not subject to the jurisdiction of the Ministry of Health.

no blood testing. In Gu'an county alone, the number of commercial blood donors ran up to 26,000 in 1986, 31.7 percent of whom tested positive for hepatitis (Hebei Provincial Anti-Epidemic Station 1993). While such patterns of cross-infection served as a prelude for the AIDS epidemic, the Ministry of Health continued to expand blood collection stations. In 1993, another outbreak of malaria in the same area was reported. Several public health professionals set off the alarm,<sup>181</sup> so the Ministry of Health issued a new standard for commercial blood collection requiring hepatitis C screening for all donors. Meanwhile, blood collection continued to expand. In one town alone, there were four blood collection stations that allowed villagers to sell blood twice a day. As one activist who was infected with HIV in this area stated, "Somebody I knew sold blood thirty-two times a month. My personal record was sixteen times a month."<sup>182</sup> Another activist from the neighboring village described how there were several stations within biking distance, "There was one month I did it for twelve times that I passed out. [My blood was so drained] that no blood would come out of pinpoint after the needle was withdrawn."<sup>183</sup> Yet, neither villagers nor activists were informed of the local outbreaks of infectious diseases.

The blood and plasma production industry was thriving by the late 1980s as provincial and local governments at various levels were drawn to it. The industry was driven by the growing domestic demand for blood and blood products created by the liberalized pharmaceutical market. By the end of the 1980s, most countries had adopted

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<sup>181</sup> Suliang Chen, Zhikun Zhang, Yong Zhao, et al., "An Epidemiological Study on Malaria Infection in Plasmapheresis Donors," *Chinese Journal of Preventive Medicine* (Chinese) 28, no. 6 (1994): 350–52.

<sup>182</sup> Interview 242 (Activist), June 18, 2012.

<sup>183</sup> Interview 38 (Activist), May 12, 2012.

a heat-treatment technology to kill AIDS virus in blood stocks (Asia Catalyst 2007). But the Chinese blood industry concentrated instead on “volume expansion,” wherein “the capacity for processing large volumes of plasma and the ability to derive more marketable products from the same raw material are key factors for profitability,” both of which “[required]sufficient amounts of source plasma to keep its equipment running at full capacity” (Shao 2006, 548). The profitability of blood drew governments at various levels—mostly in less developed central China regions—into developing commercial plasma collection stations in county towns and villages. These were also populous areas where poor peasants could be easily recruited as cheap raw materials. As news reports between 1991 and 1995 reveal, hospitals, health clinics, and anti-epidemic centers were the major operators in licensed or unlicensed blood collection,<sup>184</sup> as different local governments raced to establish blood collection centers to drive local economic development. Health departments actively encouraged participation, emphasizing “how donating blood could decrease the chance of getting high blood pressure and high cholesterol, how the state needs your help, how you could use blood for free when you need it.”<sup>185</sup> The slogans, “it is honorable to donate blood” and “it is the duty of every citizen to donate blood,”<sup>186</sup> were repeatedly utilized to mobilize peasants to sell blood.

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<sup>184</sup> According to state regulations, blood collection units must file an application with the state administrative department. However, which department in the Ministry of Health was in charge of granting approval and license became a battle. Later, many officials and departments outside public health also joined the trade.

<sup>185</sup> Interview 342 (Activist), June 11, 2012.

<sup>186</sup> China’s State Council, “The Ministry of Health’s Suggestions Concerning Strengthening Blood Transfusion Work with the Approval of the State Council”(Chinese), November 24, 1978.

By the early 1990s, the plasma industry was spreading. Blood collection stations increased from 1 to 17 between 1991 and 1993 in Taicang County in Henan province alone.<sup>187</sup> The blood economy received an extra boost when the Ministry of Health lifted the restriction on the export of blood products from 1993 to 1994, in response to the high demand of the global market.<sup>188</sup> According to Shao's estimate (2006), by 1995, around 1,280 tons of plasma were collected in just the province of Henan, the largest among 13 plasma-exporting provinces in China. In short, the blood economy flourished in poor and remote areas. Central areas were also considered ideal and safe locations for the industry because peasants did not migrate, thus presumably decreasing their chances to contract HIV/AIDS through contact with foreigners.

A popular and telling chant in Henan said, "There is no way out in 1993; only our blood to sell for fee levies. Only a needle in my arm, a fifty-note in my palm."<sup>189</sup> Peasants were paid 50 RMB (about 7 USD) for 800 cc blood.<sup>190</sup> In the late 1980s and early 1990s the central government launched fiscal decentralization reform. As the share of the revenues accruing to the central government dropped, fiscal burdens including those for bureaucratic cost and public goods largely fell on local governments. Expenditure mandates pushed local officials to seek supplementary informal fiscal resources in the form of fee levies on local residents (Bernstein and Lu 2003; Tao and Liu 2005; Unger 2002; Yep 2004). As a result, fees ate up an ever-

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<sup>187</sup> Shuping Wang, "How I Discovered the HIV Epidemic and What Happened to Me Afterwards," *Seeing Red in China* (Chinese), April 24, 2013. Available at: <http://seeingredinchina.com/2012/10/08/dr-wang-shuping-how-i-discovered-the-hiv-epidemic-and-what-happened-to-me-afterwards/> (accessed September 20, 2012)

<sup>188</sup> Feng Zhang, "Suppliers of Blood under Investigation," *China Daily* (Chinese), July 30, 2004.

<sup>189</sup> Xiaoming Ai, "The Epic of Central Plains," Documentary (Chinese), 2006.

<sup>190</sup> Field notes, June 18, 2012.

increasing share of the per capita income of peasants. This was compounded by the fact that central Chinese areas were suffering from a slow increase in agricultural production.<sup>191</sup> These factors contributed to the creation of raw materials for the blood industry.<sup>192</sup> Every male activist but one infected via selling blood in my research used the phrase “we were poor without so much to afford soy sauce and vinegar.” Female activists usually sold blood to get money for emergencies such as children’s medical costs, infant formula, or tuition. As peasants sold blood either at hospitals or blood banks run by public health officials, nobody ever suspected their operations. One of the sentences repeated most often in my interviews was, “How would you get sick there? That was a hospital, the best and biggest hospital in our county.”<sup>193</sup>

High-risk procedures combined with recycled medical instruments, outdated fractionation machines,<sup>194</sup> untrained staff, and no HIV antibody testing for donors<sup>195</sup> contributed to the spread of HIV/AIDS around the mid-1990s. Blood contamination

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<sup>191</sup> The underdevelopment of central China areas was caused by two development strategies employed by the central government to achieve rapid industrialization. The first was price scissors—the state’s practice of lowering agricultural prices below the input value paid to peasants for their products, and raising the prices of industrial products sold to peasants in order to extract industrial surplus for capital accumulation. The other was an uneven regional development strategy that favored selected eastern and coastal regions (Fan 1995). This deliberate policy design led to a dual economy and society characterized by steep social stratification and a high level of rural-urban inequality (Huang, Rozelle and Wang 2006; Li 2005; Whyte 2006).

<sup>192</sup> See Shao (2006) for a sophisticated analysis that displays the convergence of various economic and cultural dynamics in this process.

<sup>193</sup> Interview 111(Activist), June 5, 2012.

<sup>194</sup> At the time, centrifuges were mostly hand operated. In 1997, the Ministry of Health began requiring their replacement by automatic machines.

<sup>195</sup> HIV screening was considered unnecessary because of its high cost and the government’s confidence in the nonexistence of HIV/AIDS in China.



existed in at least twelve provinces<sup>196</sup> as recorded by the Ministry of Health.<sup>197</sup> The average increase in reported HIV infection was around 30% annually between 1995 and 2000 (Cui et al. 2009). The Ministry of Health was fully aware of the development of the epidemic. According to all the historical records that can be found, the earliest AIDS-related death traceable to selling blood happened in Zhumadian in 1992 (Li 2002). The issue of blood contamination in plasmapheresis was already found in multiple provinces such as Hubei, Henan, Guangdong, Shandong, Jiangsu, and Shanxi in the early 1990s.<sup>198</sup> In 1994, when a couple hundred blood donors across the country tested HIV-positive, several medical experts called for a nationwide inspection of blood products and a mass campaign to inform the public of the HIV problem.<sup>199</sup> 1995 saw a leap in the number of annually reported HIV-positives cases from 531 to 1567. The Ministry of Health then identified the selling of blood and plasma as the primary transmission mode in several less developed provinces.<sup>200</sup> Five provincial

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<sup>196</sup> Such as Guangdong, Hunan, Hubei, Henan, Hebei, Heilongjiang, Sichuan, Shanxi, Guizhou, Xinjiang.

<sup>197</sup> Minister of Health, "To Ensure the Blood Quality in Our Country," *China Health Law* (Chinese) 5, no. 6 (1996): 4–7.

<sup>198</sup> Editorial, "A Study on anti-HCV Positive Cases among Blood Donators," *Chinese Journal of Blood Transfusion* (Chinese) 6, no. 3 (1993): 160–62.

<sup>199</sup> "To Raise Awareness of AIDS," *Xinhua News Agency* (Chinese), December 1, 1994; Xiwen Zheng, "Curb AIDS by Drug and Blood Collection and Supply," *Chinese Journal of Epidemiology* (Chinese) 1 (2000): 9.

<sup>200</sup> Fei Gao, et al., "HIV Surveillance among Blood Donors in Heilongjiang, 1995-1996," *Chinese Journal of Prevention and Control of STD and AIDS* (Chinese) 6 (1997): 263; Jinhua Jiao, "Analysis of the Situation and Countermeasures of Contagious Diseases via Blood Transfusions," *Chinese Journal of Public Health Management* (Chinese) 6 (1999): 395–97; Shuzhen Liu, et al., "The Investigation of HIV Infection Among Former Blood Donors in Shandong," *Practical Preventive Medicine* (Chinese) 6 (2000): 430–31; Huicun Su, et al., "Analysis on the Data of the Blood Transmitted Diseases in Part of Plasma Donors in Henan Province," *Disease Surveillance* (Chinese) 7 (1997): 13–15; Zunyou Wu, Keming Rou and Roger Detels, "Prevalence of HIV Infection Among Former Blood Donors in Rural Eastern China," *Health Policy and Planning* 16, no. 1 (2000): 41–46.

epidemiological surveys on HIV/AIDS were thus conducted between the years of 1995 and 2001.<sup>201</sup> Public health officials further confirmed the epidemiological scales between 1995 and 1998.<sup>202</sup> According to news reports trickling in between 1994 and 1996, the problem brought the central government's attention to the danger in the blood industry. The Henan government took action to close down all the collection stations for rectification, and the Ministry of Health issued a new regulation for the blood supply,<sup>203</sup> though it insisted that this regulation aimed at controlling hepatitis issues.<sup>204</sup>

The problem, however, was that the details of the epidemic were not released to the public or to affected communities. Nor was any measure taken to warn local villagers or ensure safety. As the proportion of deaths among people aged 20 to 49 surged to 27.4% in 1998 (Li et al. 2010), provincial governments such as the Henan and Hebei governments performed mandatory HIV tests in some areas under the guise of implementing a general check-up. Villagers were tested for HIV without their knowledge and without being informed of the results or given any education or counseling (Li 2012). MGH, a female activist, received a box of condoms after the testing, but all her test reports were withheld.<sup>205</sup> She did not know her HIV positive status until three years later when the extent of blood contamination was admitted by

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<sup>201</sup> See Health Department of Henan Province, "The Report on HIV/AIDS Prevention and Control Work in Henan," Internal document (Chinese), 2001.

<sup>202</sup> Zunyou Wu, Keming Rou, and Roger Detels, "Prevalence of HIV Infection Among Former Blood Donors in Rural Eastern China," *Health Policy and Planning* 16, no. 1 (2000): 41–46; Xiwen Zheng, et al., "Residual Risk Research of HIV Infection After Blood Screening in One County in China," *Chinese Journal of Epidemiology* (Chinese) 1 (2000): 14–15.

<sup>203</sup> State Council, "Regulations on the Administration of Blood Products" (Chinese), December 30, 1996.

<sup>204</sup> "China Aims to Clean Up Blood Supplies with New Law," *Associated Press*, December 28, 1996.

<sup>205</sup> Interview 3242 (Activist), June 18, 2012.

the central state. And by then, it was too late as MGH had already transmitted the virus to her husband.

As a result, the most conservative estimate suggests that HIV prevalence rates ranged from 9.1% to 17.0% among former plasma donors and 2.1% among their non-donor spouses, and that the rate of intergenerational vertical transmission ranged from 28.9% to 38.4% (Wang et al. 2005; Zheng et al. 2000; Zhuang et al. 2003).<sup>206</sup> The conservative estimate shows that blood contamination caused around 300,000 cases of HIV infection (Ministry of Health 2010). Although infection by selling blood appeared in most provinces, southeastern Henan provinces were the most seriously affected by the epidemic—specifically, Zhumadian, Kaifeng, Shangqiu, Zhoukou, Xinyang and Nanyang.<sup>207</sup> Among a total of 18.3 million commercial plasma donors in Henan, more than 80 percent concentrated in those areas.<sup>208</sup>

## ii. Domestic Obstructions to Mobilization

Large-scale HIV/AIDS infection occurred in many countries<sup>209</sup> in the same period of time, provoking immediate grassroots outrage in most contexts. In China, however, there was no widespread mobilization surrounding the blood scandal. In

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<sup>206</sup> Different resources provide dramatically different statistics. Local villages and activists believed that the number of infected peasants in Henan was much higher than the twenty to forty thousand recognized by the government.

<sup>207</sup> “Officials Say Most China Provinces Could Have AIDS from Blood Selling,” *Agence France-Presse*, March 3, 2003.

<sup>208</sup> Health Department of Henan Province, “The Report on HIV/AIDS Prevention and Control Work in Henan,” Internal document (Chinese), 2001.

<sup>209</sup> For example, Japan, Canada, Britain, the United States, and so on.

general, existing literature recognizes that the formation of high-risk activism in authoritarian contexts relies on whether self and collective interests, identities, and solidarity can be redefined in a way that translates group experiences into mobilizing forces (Calhoun 1994; Loveman 1998). Chinese peasants' anger towards the state was submerged for years and did not surface until much later. Without external intervention, the dominant construction of AIDS by the Chinese state deterred the development of collective actors around blood-related AIDS issues.

As discussed in the last chapter, AIDS was constructed as a western disease caused by individual behaviors associated with sexual immorality in the 1990s. This, in turn, silenced the issue of blood contamination and discouraged mobilizing efforts. According to Ferree (2005), silencing and stigma serve as a form of repression and “a deliberate strategy of excluding social movements” (148). Local health departments were trying to cover up the epidemic outbreak because, as one official explained, “social disorder would occur if people knew they were sick and started to run around (for outside help).”<sup>210</sup> In fact, any connection with AIDS was a source of discredit and devaluation because “only foreigners or people who committed promiscuous sexual acts would get it.”<sup>211</sup> Stigma and discrimination generated such intense and contradictory emotions within AIDS communities, especially in rural areas, that they damaged the “sense of self” of individuals (Calhoun 1991). Every activist living with HIV/AIDS whom I interviewed talked about how they were fearful and ashamed when they first found out they were infected. When YHS, who later became an activist, found out she and her husband were HIV-positive, she became suicidal:

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<sup>210</sup> Interview 123 (Activist), June 4, 2012.

<sup>211</sup> Interview 242 (Activist), June 14, 2012.

I did not know anything about AIDS before. AIDS sounded so very far away from our life. You know, people stopped talking hearing this word because it felt like a very dirty disease. The doctor gave me the bad news and asked me to have my children examined. How would I have that courage? I was completely broken. Nobody could be imagined as getting AIDS. I did not want to live. I could not sleep. All I was thinking about was how my whole family was going to die: gas poisoning or taking sleeping pills.<sup>212</sup>

Local peasants were not aware of the existence of HIV infection until a mass of infected peasants in hard-hit villages had passed through asymptomatic, early, and medium symptomatic stages and progressed from HIV to the AIDS stage after 1998. Referring to AIDS as “unknown fever,” many peasants chose to go to the provincial capital or Beijing to get tested secretly as word began to get around. One interviewee, RKH, talked about his family and his own response to AIDS:

The first case of death happened in 1998. We did not know that was AIDS. We thought that man was a devil. Everybody was scared when more and more people died. One of my uncles was the first diagnosed one in Beijing. Nobody talked to him any more after he told us. [I sold blood before too.] So I seized on another uncle’s leg injury as an excuse to go to Beijing with him and get my test.<sup>213</sup>

Twenty five percent of villagers died of AIDS infected via contaminated blood, making RKH’s village one of the hardest hit areas in Henan. One of his aunts lost four out of six children to AIDS. And still, peasants were too afraid to tell their families. Self-isolation was prevalent given “fear of discrimination”<sup>214</sup> and “guilt feeling.”<sup>215</sup> Infected individuals told of feeling guilty not just for themselves, but more importantly, for their families’ reputations, which were seen as tarnished by AIDS, decreasing their children’s chances of finding someone to marry. XL told me how peasants who sold blood before

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<sup>212</sup> Interview 241 (Activist), June 11, 2012.

<sup>213</sup> Interview 241 (Activist), June 11, 2012.

<sup>214</sup> Interview 112 (Peasant living with HIV/AIDS), May 12, 2012.

<sup>215</sup> Interview 111 (Peasant living with HIV/AIDS), May 12, 2012.

did not want to get tested: “They were afraid of what [positive] results would do to their families. You would die of AIDS anyway. Why bother? Many of them did not want treatment or medicine so nobody would know they were infected. Four villagers died that way.”<sup>216</sup>

Isolation stopped infected people from identifying themselves as victims and recognizing their collective sufferings, which blocked the formation of what Polletta and Jasper (2001, 285) describe as a collective identity: “an individual’s cognitive, moral, and emotional connection with a broader community, category, practice, or institution; it is a perception of a shared status or relation, which may be imagined rather than experienced directly.” A female activist described how infected people did not dare to speak to each other: “For example, I ran into someone at hospital so we knew we were both infected. Even so, we would pretend not to know each other. I would not even mention the word in his face because he would just act fool or get mad, needless mention of communicating. Now sick friends<sup>217</sup> talk and communicate with each other about, like side effects of medicine. It was different back then.”<sup>218</sup>

The silence surrounding AIDS was further strengthened by the stigma attached to selling blood, a practice which, despite being widespread, was considered despicable in rural areas, especially for men since it was equated with laziness, incompetence, and desperate poverty. One activist described his first experience:

I came back home and wept all night. What are human bodies? Bones, muscles, and blood. With your blood drained, how can you be a human with just bone and skin? I was feeling weighed down with a heavy load mentally. Actually it

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<sup>216</sup> Interview 43 (Activist), June 3, 2012.

<sup>217</sup> “Sick friends” (*bing you*) is the term people living with HIV/AIDS use to refer to each other.

<sup>218</sup> Interview 111 (Activist), June 7, 2012.

did not occur to me that I might get sick. I was just scared and frustrated with the situation. . . .But honestly there was no other option. We were running out of food and my child was hungry.<sup>219</sup>

As a result, the disease was perceived as something determined by individual behaviors. Without creating common understanding of and meanings about the situation, infected peasants accepted the dominant image of AIDS as a foreign disease related to sexuality and struggled to differentiate themselves from this image. Understandably, it was impossible to maintain the kind of morale crucial for building cultures of solidarity and resistance in a highly restricted and repressive context (O’Hearn 2009). This, in turn, blocked the process of making attributions regarding who to blame and suggesting lines of action (Benford and Snow 2000). All of these factors became major obstacles to mobilization. The situation was not unlike what happened to gay communities in the U.S. when AIDS was first found (Gould 2001), but while gay men in the U.S. were able to organize self-help groups, infected peasants in China remained more isolated within their individual families, not realizing that they were not alone. For example, one leading activist, ZLW, recalled how the average death rate got up to seven per month in his village around 2000. He and the other villagers did not even make the connection between commercial blood donation and the disease that was spreading through the village. Thinking of it as a plague limited to his village, ZLW was not aware that a similar scene was happening in RKH’s village in the neighboring county. In fact, both villages went through similar processes of searching for medicine and coming to a dead end.<sup>220</sup>

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<sup>219</sup> Interview 242 (Activist), May 10, 2012.

<sup>220</sup> Field notes, June 4, 5, and 14, 2012.

Several village heads and party branch secretary chiefs, upon discovering the deadly infection, did immediately report the cases to town and later county governments. Afraid of using the term AIDS, they chose to refer to it as an “unknown fever” or “strange disease.” When officials at higher levels required them to keep the outbreak under wraps, peasants were abandoned in isolation. In order to maintain absolute secrecy, Henan governments refused to provide voluntary counseling and testing services, or medical care and treatment. With no doctors or medicine, villages were left on their own to fight against HIV/AIDS.

In the 1990s, a few public health professionals did attempt to take action, but with no success. Just like other institutional activists, they mainly targeted the state and relied on their institutional resources to conduct activities. Wang Shuping tried to appeal for the government’s attention to the AIDS epidemic caused by the blood industry in Henan as early as 1995. She was a doctor and researcher of hepatitis at the time, working for the Office of Medical Affairs in the Health Bureau. After sensing the scale of the epidemic, Wang tested 409 blood donors at her own expense and found an HIV-positive rate of 13 percent. She then suggested that the Health Department of Henan begin conducting HIV testing at fractionation stations but was rejected. Wang sent 62 blood samples to Beijing for testing and then revealed the results to the Chinese Academy of Preventive Medicine.<sup>221</sup> The Ministry of Health took measures to regulate

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<sup>221</sup> Bingzhong Chen, “An Open Letter to President Hu Jintao,” Petition letter (Chinese), November 23, 2011.



the blood industry in 1996, but Wang was beaten, removed from her position, and forced to leave her home and then the country in 2001.<sup>222</sup>

Dr. Gao Yaojie was another extraordinary example. She became aware of the AIDS epidemic for the first time when a female farmer was diagnosed HIV-positive only a few days before she died of AIDS; she had been infected by a blood transfusion she received during a surgery in 1996. Dr. Gao, a retired gynecologist in Henan, realized that people were not aware of HIV-transmission through blood and so she started education campaigns to spread knowledge about AIDS.<sup>223</sup> She gave lectures on AIDS and compiled and distributed education materials among peasants and health professionals in villages. While mostly relying on her own personal financial resources to fund these activities, Dr. Gao was also able to mobilize her institutional networks to support her campaigns. For example, the provincial anti-epidemic station and women's federation helped her to circulate education pamphlets.<sup>224</sup> She traveled in rural areas on foot or by bus, visited infected villagers, and sent them money and medicine.

AIDS activism in rural areas confronted impediments caused by the socialist infectious disease control model discussed in the previous chapter. Activism was so local and fragmented that it developed in parallel with, yet was isolated from its counterpart in urban areas in the 1990s. While activists relied on the state for policy

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<sup>222</sup> Aizhixing Institute, "AIDS, Law, and Human Rights in Henan" (Chinese), September 22, 2003; Shuping Wang, "How I Discovered the HIV Epidemic and What Happened to Me Afterwards," *Seeing Red in China* (Chinese), April 24, 2013. Available at: <http://seeingredinchina.com/2012/10/08/dr-wang-shuping-how-i-discovered-the-hiv-epidemic-and-what-happened-to-me-afterwards/> (accessed September 20, 2012)

<sup>223</sup> Yaojie Gao, "Response to the Ramon Magsaysay Award for Public Service Presentation Ceremonies" (Chinese), August 31, 2003 (Manila, Philippines).

<sup>224</sup> Yaojie Gao, "My AIDS Prevention Journey," AIZHI Action Group Newsletter (Chinese), May 1, 2001.

improvements, it became increasingly clear that existing domestic health institutions would not change. For example, Zeng Yi, the president of the Chinese Academy of Preventive Medicine, was one of the first senior public health officials who noticed the epidemic outbreak in Henan as early as 1996. In fact, he gave asylum to Wang Shuping and protected her from the political retaliation of the provincial government. Even so, when he called for the state's attention to AIDS, he continued to refer to what happened in Henan as "isolated cases"<sup>225</sup> and insisted in public that "the main cause of AIDS in China was shifting from drug injection and shared syringe to sexual transmission"<sup>226</sup>

## **II. Activating the AIDS Movement: External Intervention and State Coercion, 1999–2001**

Faced with various dilemmas in the late 1990s, how did AIDS activism overcome all these difficulties and evolve into a movement in the early 2000s? The answer lies in a close examination of the occurrence of external intervention. This section illustrates two major forces underlying this process that drove the formation of AIDS activist actorhood around blood: one is the politicization of China's AIDS situation at the international level, while the other is the state's escalation of hard coercion.

The abrupt increase in international attention to AIDS issues in China came as a shock to the Chinese state as well as activists. As transnational social movement studies

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<sup>225</sup> "China Aware of AIDS Threat to Vast Population, Amid Dire Warnings," *Agence France-Presse*, December 1, 2000.

<sup>226</sup> "Expert Says China on Brink of AIDS Pandemic without Effective Control Measures," *China Daily*, October 23, 2001.

predict (Sikkink 2005), the establishment of transnational AIDS institutions around the early 2000s certainly shifted the power dynamics between the Chinese state and AIDS activists. But contrary to the usual narrative offered by this literature, this was not a process in which local activists made a conscious decision to seek the help of transnational institutions in order to increase pressure on the Chinese government. Rather, as this section will show, Chinese activists were not aware of the changes at the transnational level. In fact, it was the intervention of external forces that drove domestic AIDS activist to become engaged with political resources at the supranational level.

At first, intervention from abroad actually provoked heightened repression before it helped AIDS activism. Although being targeted with international “naming and shaming” increased the costs of continuing coercion (Hafner-Burton 2008), the Chinese central state took immediate coercive action to deny the extent of AIDS epidemics caused by contaminated blood, close off infected rural communities, and preempt potential domestic resistance. The rising suppressing force was so out of proportion to the scale of domestic AIDS activism that the former became the *catalyst* for, rather than *response* to increasing local mobilization.

### **i. Politicizing AIDS at the International Level**

Despite the pivotal role they played in the first wave of AIDS movement, urban activists did not pay attention to infected peasants or consider them as victims of an injustice. This neglect was all the more surprising as urban activists were aware of the existence of blood contamination – indeed, the first campaign related to AIDS infections via blood actually took place in Beijing. Song Pengfei, a sixteen-year-old

boy, received an HIV-infected blood transfusion during a surgery in 1998. He and his family were forced to move to Beijing to seek medical help after they were kicked out of their local community. Wan Yanhai and Li Dan, an undergraduate student majoring in astronomy at Beijing Normal University at the time, took part in Song's legal campaign against the hospital. But this was the only case Wan and Li collaborated on before they came together to help infected peasants in 2001. Wan admitted that he turned down many other similar cases because he wanted to avoid direct confrontation with public health institutions. In fact, he did not want to get involved in issues related to blood at all:

I knew it was a group phenomenon. But I only wanted to help that specific individual case [Song]. As for collective action, many people asked me for help. But I dared not. ... Some people who got infected via selling blood also came to me in 1999. But I had a prejudice against them. I was also afraid of being related to blood selling in public. At that time people thought only those who used infected blood as innocent victims of those who were selling blood. I had a similar bias. I could not understand why peasants would sell blood and spread the virus.<sup>227</sup>

Therefore, Wan continued to focus on homosexual groups even though Wang Shuping met him and told him of the epidemic in rural areas.<sup>228</sup> It was clear that urban activists, subject to the influence of the socialist contagious disease control, lacked a well-elaborated collective framework to understand and interpret the AIDS epidemic of tainted blood, let alone take mobilize around it in the 1990s.

At the same time, activists were reluctant to engage with international actors regarding blood issues. For example, Gao Yaojie was the only local activist who was willing to talk to domestic journalists to draw attention to the blood issue. But even she

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<sup>227</sup> Interview 342 (Activist), July 19, 2007

<sup>228</sup> "An Interview with Li Dan in Beijing," *China News Digest* (Chinese), November 26, 2004. Available at: <http://www.cnd.org/HXWZ/CM04/cm0411d.b5.html#2> (accessed March 3, 2010).

would feign illness to avoid meeting with foreign journalists.<sup>229</sup> Song Pengfei's father felt the need to explain specifically why his family would accept help from the Phelex Foundation based in the United States: "I really did not want to expose this – and I'm attached to the country, the Party, the people. But we are at a critical juncture – the medicine we have is about to run out and I have to think about my child."<sup>230</sup> Far from initiating bottom-up efforts to solicit international intervention then, domestic activists in China actually avoided external exposure and/or sought to downplay such interaction.

But a new turn occurred in 1999 as the AIDS outbreak caused by tainted blood started to draw the attention of international media. The *Washington Post* ran the first story on blood contamination and AIDS in China,<sup>231</sup> though the scale of the epidemic was still unclear at the time. Elisabeth Rosenthal, a correspondent for the *New York Times* who specialized in medical matters, heard about Song Pengfei and his campaign in 1999.<sup>232</sup> She finally convinced Gao Yaojie to agree to an interview, which resulted in a series of groundbreaking reports<sup>233</sup> between August and December 2000 that exposed the Henan blood scandal, revealed the difficulties facing activists, criticized the central government's lack of commitment to the AIDS issue, and blamed the Henan provincial

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<sup>229</sup> Ramon Magsaysay Award Foundation, "Gao Yaojie: Biography," 2001. Available at: <http://www.rmaf.org.ph/newrmaf/main/awardees/awardee/biography/49> (accessed June 3, 2013).

<sup>230</sup> "Health System in China Fails As AIDS Enters," *New York Times*, March 10, 1999.

<sup>231</sup> "Selling of Tainted Blood Spreads Disease in China; Hepatitis, HIV Are Price of Poor's Need for Money," *Washington Post*, February 18, 1999.

<sup>232</sup> "Health System in China Fails as AIDS Enters," *New York Times*, March 10, 1999.

<sup>233</sup> "Scientists Warn of Inaction as AIDS Spreads in China," *New York Times*, August 2, 2000; "In Rural China, a Steep Price Of Poverty: Dying of AIDS," *New York Times*, October 28, 2000; "Chinese Media Suddenly Focus on a Growing AIDS Problem," *New York Times*, December 17, 2000; "Silent Plague: A special report; Deadly Shadow Darkens Remote Chinese Village," *New York Times*, May 28, 2001.

government for its attempt to cover up the blood scandal. A proliferation of foreign media attention soon followed from the U.S., Australia, Canada, France, Germany, and Britain. In 2001, journalists from the *Washington Post*, *Ottawa Citizen*, *Routes*, *Daily Telegraph*, *The Guardian*, *Sydney Morning Herald*, *The Age*, *The Australian*, and the French daily *Libération* were able to visit peasants infected via blood donation, despite not receiving authorization from the government.

This was not actually the first time the *New York Times* had published reports on blood contamination and AIDS problems in China. As early as 1996, it was one of the foreign journals that raised serious concerns about blood supply safety in China after learning that serum albumin produced by a military-run factory was contaminated with HIV.<sup>234</sup> The reports exposed the problematic blood supply and products caused by commercial blood collection and criticized the government for not enforcing testing and quality control measures. They did cause concerns inside the United Nations (UN).

In China, the Ministry of Health attempted to simply deny the issue, but when this failed, it painted over it by using a health education campaign and a National Conference on HIV/AIDS Control and Prevention to emphasize that the problem was limited to illegal blood collection conducted by bad individuals.<sup>235</sup> The state displayed

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<sup>234</sup> “Deadly Turning Point: A Special Report; AIDS Epidemic, Late to Arrive, Now Explodes in Populous Asia,” *New York Times*, January 21, 1996; “Spread of AIDS Alarms Chinese: Government Has Been Slow to Confront Problem,” *Washington Post*, May 1, 1996; “China Has Asia’s Worst Record for Voluntary Blood Donation; So the Business is Full of Shady People Earning their Blood Money,” *Globe and Mail*, September 21, 1996; “China Concedes Blood Serum Contained AIDS Virus,” *New York Times*, October 25, 1996; “AIDS in Blood Scare,” *The Australian*, October 28, 1996; “From Freedom to Fear: When AIDS Hits China,” *Newsweek* (U.S. edition), April 1, 1996.

<sup>235</sup> “Education; Beijing Holds Education Event on AIDS and Reproductive Health,” *Xinhua News Agency*, July 11, 1996; “Beijing HIV/AIDS Conference Calls for More Action on Prevention, Awareness,” *Xinhua News Agency*, October 16, 1996.

compliance with the UN by stating that it recognized it was a critical time for AIDS control in China.<sup>236</sup> At the same time, the Minister of Health reiterated that drugs and prostitution were the primary transmission modes and the government “should give first priority to STD control in the battle against AIDS.”<sup>237</sup> Accordingly, the director general of the Disease Control Department announced that the growing pace of infection during the mid-1990s would be curbed as the central government was starting “a large-scale campaign to promote cultural and ethical progress among Chinese.”<sup>238</sup>

In the end, the international media’s attention only lasted for four months without generating wider reactions. Only the health department in Hong Kong warned its citizens against using blood products from the mainland China.<sup>239</sup> Therefore, it was not surprising when in 1998 the State Council blamed the southwestern areas bordering other countries for the spread of AIDS where “there is a very large floating population, uncontrolled drug use, and rampant prostitution.”<sup>240</sup> Meanwhile, the United Nations Theme Group on HIV/AIDS and WHO continued to claim that sexual intercourse would constitute a major threat without knowing the presence of an AIDS epidemic

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<sup>236</sup> “Chinese Health Minister Urges Stepped Up Fight Against AIDS,” *Deutsche Press-Agentur*, October 17, 1996.

<sup>237</sup> “Control of Sexually Transmitted Disease Seen as Vital in Curbing Spread of HIV,” *Xinhua News Agency* (Chinese), October 19, 1996.

<sup>238</sup> “Expert Says China at ‘Critical Point in Its AIDS Control,’” *Xinhua News Agency*, October 17, 1996.

<sup>239</sup> “Accurate Appraisal of AIDS ‘Crucial’,” *South China Morning Post*, December 2, 1997.

<sup>240</sup> State Council, “Chinese National Medium-and Long-Term Strategic Plan for HIV/AIDS Prevention and Control (1998-2010)” (Chinese), 1998.

caused by blood.<sup>241</sup> This explained why international collaboration projects heavily concentrated in the southwestern China in the 1990s.

Things were totally different by 2000, however, when not only international media, but also important international political actors mobilized around this issue. The United States' embassy in Beijing had been observing the blood industry and the AIDS epidemic in China since 1998.<sup>242</sup> Mainly relying on different newspaper reports, the Environment, Science, Technology and Health office of the embassy discovered contradictions within China's official statistics and began to gather information on blood contamination accidents. In April 2000, the office found a report in a local newspaper<sup>243</sup> that introduced the work of Dr. Gui Xien and described an AIDS outbreak in the Shangcai county, Henan village of Wenlou.<sup>244</sup> Though the report generated little interest domestically, the U.S. Embassy sensed the presence of a potential large-scale AIDS epidemic in Henan.<sup>245</sup> After releasing the English version of the report, the embassy sent officers to the Shangcai County to investigate.<sup>246</sup> In 2000 alone, the embassy released six reports on the topic, including a letter from an anonymous public health official in Henan that exposed how the provincial government's greed for money

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<sup>241</sup> "AIDS Will Cost Region Dearly if No Action Taken, UN Warns," *Straits Times*, October 27, 1997; "China on the Verge of AIDS Epidemic," *The Independent*, December 1, 1998; "China Scrambling to Battle HIV," *Deutsche Press-Agentur*, January 10, 1998.

<sup>242</sup> U.S. Embassy Beijing, "The December 1998 AIDS Day Exhibit in Beijing," December, 2000.

<sup>243</sup> Jicheng Zhang and Zishang. "'Mystery Illness' in Henan Villages Shocks Top Leadership," *Hua Xi City Newspaper* (Chinese), January 18, 2000.

<sup>244</sup> Wang Shuping read and forwarded this report to an American public health expert at a conference; Jicheng Zhang, "Ten Years after the Discovery of AIDS in Henan," *Southern Metropolitan News* (Chinese), December 16, 2005.

<sup>245</sup> U.S. Embassy Beijing, "PRC Blood Donors and the Spread of Rural AIDS," March 2000.

<sup>246</sup> U.S. Embassy Beijing, "PRC Henan Rural County: NO AIDS Here," April 2000.



was behind the frantic expansion of the blood economy at the risk of peasants' life, and named specific government officials responsible for repressing criticism and covering up the blood scandal.<sup>247</sup>

After the silence was broken, AIDS in China became established as a political issue at the supranational level. This process involved two dimensions. First, transnational AIDS institutions emphasized the political significance of the AIDS epidemic in China as extending beyond the geographic boundaries of the country, thus legitimizing the broadening of policy responses to the global level. This framework then laid the foundation for criticizing China's socialist contagious disease model from the outside. As UN Secretary-General Kofi Annan emphasized the urgency of strengthening AIDS intervention during his visit to top leaders in Beijing in early 2001, UNAIDS China started an independent investigation into the AIDS epidemic after their request to conduct a joint assessment of AIDS situation with the Chinese Ministry of Health was declined (Wu 2005).

The severe harm caused by China's AIDS epidemic to the world was articulated around two major themes: first, that the epidemic posed a security and development threat to other countries, and second, that the epidemic constituted a human rights crisis. UNAIDS determined that the number of HIV infectious cases in China was around 1.5 million,<sup>248</sup> while other UN officials put this number as high as 10 million.<sup>249</sup> These

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<sup>247</sup> Aifang He, "Revealing the 'Blood Would' of the Spread of HIV/AIDS in Henan Province—Written on the Eve of the First AIDS Day of the New Millennium," Personal statement (Chinese), November 28, 2000.

<sup>248</sup> International Roundup: China Fights HIV-tainted Blood," *The Guardian*, August 4, 2001; "China Asks U.S. Agency to Help Combat H.I.V. Epidemic," *New York Times*, August 31, 2001; "Ending Silence on China AIDS a Breakthrough – UNICEF," *Reuters*, November 21, 2001.

figures were repeatedly quoted at different meetings, directly contradicting the 22,517 figure announced by the Chinese Health Ministry.<sup>250</sup> In his May 2001 address to the African summit on HIV/AIDS, Tuberculosis and Other Infectious Diseases, former United States President Bill Clinton said that China could replace Africa as having the highest infection rate if no action was taken.<sup>251</sup> Accordingly, AIDS was placed on the foreign policy priority list of the American government. Laying out plans for how to battle such a nontraditional terror threat, then Secretary of State Colin Powell listed AIDS as part of a renewed policy of constructive engagement with the Chinese government.<sup>252</sup> Testifying to the Senate Foreign Relations Committee, he said Washington and Beijing had shared interests in fighting AIDS.<sup>253</sup> Powell cited a CIA report and detailed the negative effects of the pandemic in China as one of “America’s largest export markets and sources of supply included political instability and slow democratic development.”<sup>254</sup>

Other UN agents emphasized the AIDS outbreak in China must be treated as a human rights issue, instead of a medical issue. The United Nations Development Program (UNDP)’s resident representative stated that “in China, our biggest battle is to

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<sup>249</sup> “China Facing Threat of 10m HIV Sufferers; Epidemic Poses Danger to Hong Kong, Warns Expert,” *South China Morning Post*, August 28, 2001.

<sup>250</sup> “China Health Ministry Officials Express Concern Over Rising AIDS Rates,” *China Daily*, March 1, 2001.

<sup>251</sup> “Global Partnership Against HIV/AIDS,” *African News*, May 12, 2001.

<sup>252</sup> “Powell Says U.S. Foreign Policy Not Stuck on a Single Issue,” *Agence France-Presse*, September 27, 2001; State Department, “Transcript: Powell Rejects Charges of U.S. Unilateralism; Secretary interviewed February 17 on CNN,” February 17, 2002.

<sup>253</sup> “Statement for the Record, Secretary of State Colin L. Powell to the Senate Foreign Relations Committee,” Congressional Testimony, February 5, 2002

<sup>254</sup> “PanAfrica: Annan Urges Business Leaders to Join Fight Against HIV/AIDS,” *Africa News*, June 4, 2001.

get AIDS out of the context that this is just another disease that the health department ought to deal with.”<sup>255</sup> UNAIDS described China as “on the verge of a catastrophe that could result in unimaginable human suffering, economic loss and social devastation” and criticized the state for its “weak response” to AIDS.<sup>256</sup> UN officials also openly criticized the government for playing down the seriousness of its AIDS epidemic and keeping epidemiological data from the UN system when they expressed their concerns to various governments.

The politicization of China’s AIDS problems created opportunities to call the socialist contagious disease control into question and shift the attribution of blame from individuals to the state. While the AIDS epidemic in China was described as “a holocaust on the scale of sub-Saharan Africa,”<sup>257</sup> UN agents publicly singled out China’s AIDS governance for criticism. They shattered the foundation of the existing disease control model that was based on asserting AIDS was a western immoral disease by affirming that AIDS was taking hold in the general Chinese population.<sup>258</sup> Peter Piot, executive director of UNAIDS, criticized China’s top leaders for failing to make the disease a priority: “There is lack of a sense of urgency at nearly all levels... They do not seem to see what a problem this is going to be for China.”<sup>259</sup>

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<sup>255</sup> “The AIDS Crisis: Local Initiatives Are the Key to A Global Solution,” *The Independent*, June 26, 2001.

<sup>256</sup> “With Ignorance as the Fuel, AIDS Speeds Across China,” *New York Times*, December 30, 2001.

<sup>257</sup> “Peasants Take Pain of AIDS to Beijing,” *The Australian*, June 1, 2001.

<sup>258</sup> “China Tentatively Tackles A Taboo Subject,” *Sydney Morning Herald*, November 15, 2001.

<sup>259</sup> “China Seems Uncertain About Dealing Openly With AIDS,” *New York Times*, November 14, 2001.

Furthermore, international actors clearly recognized the injustices to which peasants were subject, highlighted the economic and health structure as the cause of problems, and identified the state as the culpable agent. Instead of focusing on peasants' poverty and their personal choices to sell blood, various reports for the first time built the connection between infections, blood contamination, and the central government's role in driving the development of the blood industry. Some reports went so far as to blame the Chinese Health Minister and even the army for encouraging people to sell blood to increase the profits of the blood industry.<sup>260</sup> UNAIDS stated that it was a priority for the government to be open about the extent of the problem,<sup>261</sup> and criticized the government for undermining the seriousness of the epidemic and doing little to help people living with HIV/AIDS.<sup>262</sup>

Attribution of blame was related to marking the urgency as well as opportunities to overcome the unjust situation in need of change, which made the highlight of Chinese activists' struggle necessary. Song Pengfei and Gao Yaojie became the face of Chinese AIDS activism, despite the fact that neither had ever reached out to international actors. William Stewart, the program coordinator for the China-United Kingdom HIV/AIDS Prevention Project, became Song's mentor and described him as an "icon" of the Chinese AIDS movement.<sup>263</sup> With the help of some American NGOs, Song became one of a few people able to receive antiretroviral therapy in China.

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<sup>260</sup> "The High Cost of Selling Blood; As AIDS Crisis Looms in China, Official Response Is Lax," *Washington Post*, January 11, 2001.

<sup>261</sup> "China Faces AIDS Epidemic Within 10 Years: UN," *Straits Times*, December 2, 2000.

<sup>262</sup> "Suddenly, AIDS Makes the News in China," *New York Times*, December 5, 2001.

<sup>263</sup> "China's First Major HIV/AIDS Conference Focuses on Prevention, Although Most Infected Do Not Receive Care," *Kaiser Health News*, November 12, 2001.

Meanwhile, Gao Yaojie's influence broadened as international outlets portrayed her as a Chinese Mother Teresa. She won the Jonathan Mann Award for Health and Human Rights in 2001 and became the most famous AIDS activist in China.

Through the politicization of blood contamination, the AIDS problem in China was increasingly represented and understood in light of transnational AIDS norms. This process of politicization highlighted the opposition between the logics of transnational AIDS institutions and China's AIDS governance, exposed the latter's failures and defiance of transnational norms, and called for action to overcome injustice. This process did not rise from within China but took place at the international level. The next section examines how this provoked the state to respond with hard repression.

## **ii. Denial of the State: Escalation of Hard Coercion**

Attention from abroad did not actually affect AIDS activism until later, but what it did change immediately was the Chinese state's *perception* of the definition and magnitude of the threat of AIDS activism. This must be understood in the context of the Chinese state's preferred method of responding to accusations about the blood scandal with denial, as predicted by the spiral model. Cohen (2001, 99) distinguishes between three forms of denial in governments' official responses to allegations of human rights abuse: literal denial ("nothing happened"); interpretive denial ("what happened is really something else"); and implicatory denial ("what happened was justified"). While local governments relied heavily on literal denial, the central government mainly utilized interpretive and implicatory denial when confronted with external criticism. It denied that human rights were being violated by the state, claimed that the government had

taken effective measures to control AIDS, and emphasized that blood contamination was no more than an accident caused by illegal blood collection by corrupt individuals. As one Beijing-based UN official commented, recognizing the extent of the AIDS problem was not a medical issue but “was extremely tricky at the political level.”<sup>264</sup>

At the international level, the Chinese state opposed the international framing that identified infected peasants as victims of the authoritarian state and attempted to fashion a counterframe that would “rebut, undermine, or neutralize the movement’s collective action frames” (Benford 1987, 75). When the United States Embassy first started its investigation in Henan, public health officials told embassy officials “there have been no AIDS cases in Shangcai County. That is because our prevention work has been so effective.”<sup>265</sup> Countering the UNAIDS estimate, in May 2001, the Ministry of Health took the occasion of a joint European-China Training Program to announce that China had only 880 full-blown AIDS cases in total since 1985 and only had 22, 517 HIV/AIDS cases. The Ministry also stressed that the number of STD cases had reached 4 million.<sup>266</sup> After the *New York Times* reports were published in August 2000, the central government denied the presence of any major AIDS outbreak for almost a year, though it did mention the existence of a hidden black market for blood collection, especially in Henan.<sup>267</sup>

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<sup>264</sup> “China Finally Wakes Up to AIDS Timebomb: Epidemic Fear Forces More Openness, But Stigma Remains,” *The Guardian*, November 13, 2001.

<sup>265</sup> U.S. Embassy Beijing, “PRC Henan Rural County: NO AIDS Here,” April 2000.

<sup>266</sup> “China Health Ministry Officials Express Concern over Rising AIDS Rates,” *China Daily*, March 1, 2001

<sup>267</sup> “China’s Once Hidden HIV Fears Now Out in the Open,” *People’s Daily*, December 12, 2000.

The UN General Assembly Special Session on HIV/AIDS in June 2002 represents the watershed in the Chinese state's interaction with the emerging transnational AIDS institutions. As discussed in Chapter 2, China was a major opposing force against the politicization of HIV/AIDS at the international level. It voted with Russia against politicizing HIV/AIDS as an international security issue at the UN Security Council Meeting held in January 2000.<sup>268</sup> Later, it tried to contest the globality of the AIDS threat and rejected the possibility that East Asia might replace Africa to become the epicenter of the disease.

Despite these efforts on the part of the Chinese state, AIDS was officially placed on the Security Council's agenda when the UN General Assembly Special Session on HIV/AIDS was held with the Declaration of Commitment on HIV/AIDS approved in June 2001. As Prins points out, the Declaration established a new concept of security that granted precedence to the rights of individuals before the state. This resolution thus went directly against the core of the institutional logics of the socialist contagious disease model—namely, sovereignty. Even though the Chinese state did not want to obey such a rule, it could no longer ignore its significance after the Special Session.

The state articulated a counter-diagnosis of China's AIDS situation that insisted the socialist contagious disease control could be reformed to resolve the problem. This counter-diagnosis had three core components. The state downplayed the scale of the epidemic and blamed various high-risk groups as the primary AIDS transmitters. It attributed the blame for blood contamination to illegal businessmen's individual behaviors in the past. And it attempted to focus attention on how AIDS control was

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<sup>268</sup> "Former Diplomat Holbrooke Takes on Global AIDS," *USA Today*, June 10, 2002.

steadily progressing under the leadership of the Party and the government at all levels. The State Council used this counter-diagnosis to try to overcome negative publicity, emphasizing instead the state's proactive approach to the AIDS situation.

Right after the Special Section was over, China's Health Minister reached out to western press to articulate the nature of and solution for the AIDS problem.<sup>269</sup> He readily admitted the UN's estimate of the overall scale of the AIDS epidemic in China and announced the highest estimate given yet by the government: 600,000. But he also claimed that the HIV/AIDS cases related to selling blood that were found by western reporters were isolated occurrences concentrated in a few locations; he identified, instead, intravenous drug users as the primary AIDS transmitters responsible for the upsurge in infection.<sup>270</sup>

Throughout the rest of 2001, the Ministry of Health strove to show the international audience its changed attitude and renewed commitment to AIDS, without actually admitting the severity of the problem. Deputy Health Minister Yin Dakui visited Henan and then hosted the central government's first official press conference on AIDS in August. This international PR campaign was praised by many as signaling that the Chinese government had woken up to the AIDS crisis. Yin noted that "China was facing a very serious AIDS epidemic just "like many other countries in the world." He also disclosed that some illegal blood stations did not abide by standard procedure and caused a high rate of HIV infection among some blood sellers, but he provided no specific details, nor did he mention Henan. He went on to say that "the way of thinking of people living in these places [villages in Henan]" was responsible for the spread of

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<sup>269</sup> "China Puts Forth Proposal for Combating AIDS," *Xinhua News Agency*, June 26, 2001.

<sup>270</sup> "Minister: 600,000 in China have AIDS," *Associated Press*, June 26, 2001.



AIDS and “it is not appropriate to blame the Chinese Government for suppressing information.” In fact, Yin angrily denied any accusation that implicated the Health Ministry’s involvement in the cover-up of the AIDS epidemic.<sup>271</sup>

Further, he countered the UNAIDS’ estimate by announcing that the accumulated number of confirmed HIV/AIDS cases was 26,058 since 1985, with only 584 patients dying of AIDS in total. This accelerated spread of HIV/AIDS was “mainly due to drug use and unsafe sex in spite of the country’s redoubled efforts to prevent and control the disease.”<sup>272</sup> According to Yin, more than 70 percent of HIV/AIDS sufferers were infected by needle sharing among drug users, 6.8 percent were caused by heterosexual sexual contact, and only 0.81 percent were caused by blood or blood products. In his presentation, the statistics did not even include a category for commercial blood donation. Instead, there were 4,891 cases caused by “unknown reasons” that accounted for 21 percent of HIV cases. In the end, Yin argued that the problem was that China had “a poor record of education on how to prevent AIDS” that could be fixed by investing more money in education campaigns.<sup>273</sup>

The Chinese state’s rhetorical rejection of human rights interference made it even more imperative to conceal the blood scandal and preempt oppositional forces. The state sought only to release itself from international pressure, while rejecting the domestic legitimacy of the transnational AIDS regime, and putting an end to grassroots groups. Infected villagers were prevented from seeking, receiving, or imparting any

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<sup>271</sup> “Blood Banks’ HIV Epidemic,” *The Australian*, August 24, 2001.

<sup>272</sup> “China Reports New HIV/AIDS Statistics,” *Xinhua News Agency*, August 23, 2001.

<sup>273</sup> “China Now Facing An AIDS Epidemic, A Top AIDE Admits,” *New York Times*, August 24, 2001.

information about the virus, in addition to being denied prevention and treatment—all of which the Chinese government justified as “necessary for preventing upheaval.”<sup>274</sup>

Hard coercion was mainly executed through domestic laws that deprived people of the freedom to self-organize. The state aimed to eradicate horizontal (international/national/local) and vertical linkages (across work units and regions) by deploying hard coercion. Heralded by a nationwide crackdown on the Falun Gong movement<sup>275</sup>, the release of “Regulations on the Registration and Administration of Social Organizations”<sup>276</sup> erected excessive legal obstacles for bottom-up organizing. While the 1998 Regulation largely followed the previous 1989 model,<sup>277</sup> this new regulation increased the complexity of preparation and application procedures for social organizations, and specified in detail the supervision and guidance of such organizations’ activities.

There was a crackdown on domestic journalists who attempted semi-independent reporting on the AIDS and blood contamination problems. A few local journalists in Henan conducted investigations as early as 1999. But under the supervision of the provincial Communist Party Propaganda Department, their reports were banned and all the associated pictures and written materials destroyed.<sup>278</sup> Zhang Jicheng, one of the journalists who published the report found by the United States

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<sup>274</sup> Interview 24 (Activist), June 4, 2012.

<sup>275</sup> Falun Gong is an underground religious organization that is on the top of the state’s blacklist. Any event that is remotely related to Falun Gong is subject to significant persecution and state repression.

<sup>276</sup> The State Council, issued on September 25, 1998.

<sup>277</sup> The State Council, “Regulations on the Registration and Administration of Social Organizations” (Chinese), October 25, 1989.

<sup>278</sup> Jicheng Zhang, “Passing through the AIDS Epidemic Areas: Why Cannot I Stop the Tears,” *Qi Lu Weekly* (Chinese), September 19, 2001.

Embassy discussed above, was working for the *Henan Technology News* at the time. Facing the same resistance when he first completed his report, he was forced to publish it in *Henan Technology Internal Reference Documents (Nei Can)*, which could only be accessed by government officials in Henan. Zhang did not give up but went over the head of his immediate supervisor and sent the report to *Huaxi City Newspaper*, an influential regional newspaper based in Sichuan province.<sup>279</sup> Not only was Zhang fired after the report was published, but half a year later in August 2001 he was forbidden by the provincial propaganda department from working for any media in Henan. This ruling cost him his new job and left him no choice but to leave Henan and work as an anonymous correspondent for a different newspaper.

Journalists at national newspapers suffered similar treatment. *China News Weekly* and *Southern Weekend* took the lead among domestic media in covering the blood contamination story in Henan. Although their reports did not identify the government as responsible for causing the problem, provincial officials from Henan complained to the State News and Publishing Bureau that the journalists took advantage of the fact that they were not based in Henan to explore misdeeds there in May 2001.<sup>280</sup> The acting chief and front-page news editors of *Southern Weekend* were removed in June, while the editor of *China News Weekly* was suspended three months later.

The central government also issued an internal document stating that any popular resistance that connected places or work units, or that involved support from overseas would be regarded as political and, hence, intolerable, answerable by armed

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<sup>279</sup> Jicheng Zhang, "Ten Years after the Discover of AIDS in Henan," *Southern Metropolitan News* (Chinese), December 16, 2005.

<sup>280</sup> "When Weekly Finds Scandal, Beijing Purges Top Editors," *New York Times*, June 7, 2001.

suppression if necessary (Cai 2007). The Ministry of Foreign Affairs required foreign journalists to ask for permission to leave Beijing. It quickly banned foreign journalists from leaving Beijing for any coverage of the AIDS epidemic since “there was sufficient information in the Chinese press.”<sup>281</sup> The Ministry warned *New York Times* correspondent Elisabeth Rosenthal not to continue her “illegal interview” of Gao Yaojie.<sup>282</sup> In August 2001, two German journalists who managed to travel without permission were arrested when they were found near a village in Henan.<sup>283</sup> Song Pengfei was one of the first Chinese persons living with HIV/AIDS who spoke to foreign media. When he attended the 5<sup>th</sup> International Congress on AIDS in Asia and the Pacific, the Health Ministry launched an investigation to determine how this teenage boy was allowed to leave China and whether he was working with anti-China forces.

Mounting international pressure led to a number of cosmetic gestures on the part of the Chinese government to comply with human rights. The State Council issued several announcements to western press regarding a Five-Year Action Plan on HIV/AIDS Prevention and Containment and a new central fiscal budget increase for AIDS intervention. On the eve of World AIDS Day in 2001, Minister Zhang shook hands with patients at an AIDS clinic in Beijing and called on the public to give more care and compassion to those infected.<sup>284</sup>

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<sup>281</sup> Reporters without Borders, “Annual Report 2004—China,” 2004.

<sup>282</sup> Yanhai Wan, “The Response of Chinese Government and Society to AIDS,” Personal statement (Chinese), 2001.

<sup>283</sup> “Foreign and Chinese Journalists Banned from Investigating the AIDS Epidemic in Henan Province,” *Reporters Sans Frontiers*, January 14, 2002.

<sup>284</sup> “China Marks World AIDS Day,” *Xinhua News Agency*, December 1, 2001.

In reality, however, these forms of window dressing only served to further increase the degree of hard coercion. Local public security offices began to collaborate across jurisdictions to block not only the flow of epidemic information, but also medicine and life supplies for infected peasants. Whereas in the past AIDS activism in Henan was subject to disciplinary warnings or punishment,<sup>285</sup> such responses were quickly replaced by the actual or threatened use of sanctions against personal physical integrity to keep journalists, medical workers, and other urban activists from entering into infected areas. Local authorities often recruited village cadres or peasants to stop journalists from contacting villagers.<sup>286</sup> They also threatened villagers not to talk to outsiders or used other coercive strategies to ensure silence. For example, one official from Kaifeng Security Department told villagers to call him the next time an activist came to visit because he said they needed to protect him.<sup>287</sup> Some local residents were beaten up after they helped reporters.<sup>288</sup> Stalking, harassment, batteries, and detention became so prevalent that urban volunteers would be put in custody for delivering winter clothes for orphans.<sup>289</sup> Infected local communities were under such iron-clad guard that even charitable organizations were denied access.<sup>290</sup> A 14-year-old girl who lost both her parents to AIDS was accused of helping anti-China forces abroad only because she told a reporter unanonymously that “the government does not do anything for me or my

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<sup>285</sup> Zhang Ke, “Report on the Five Year Inquiry into AIDS in Henan,” Unpublished manuscript, 2004; Chen Lei and Chen Xiaoshou, “Gao Yaojie: One Person’s Battle.” *Southern People’s Weekly* (Chinese), December 1, 2005.

<sup>286</sup> “Blood Disaster: Visiting AIDS Villages,” *Life weekend* (Chinese), September 5, 2001.

<sup>287</sup> Xi Fu, “Support AIZHI Action,” Petition letter, July 10, 2002.

<sup>288</sup> Interview 411 (Activist), June 13, 2012.

<sup>289</sup> Jia Hu, “State Security and AIDS Intervention,” Internal e-mail, September 1, 2006.

<sup>290</sup> Interview 411 (Activist), June 13, 2012; Interview 242 (Activist), 2012; Interview 211 (Activist), June 14, 2012.

family.”<sup>291</sup> As the Minister of Health later recognized, “local governments not only concealed, falsely reported or hindered any individual from reporting AIDS epidemic information but also refused to take prompt action to stop the spread of this epidemic out of fear that AIDS would affect the local image and economic development.”

In sum, the domestic strategy of the Chinese state remained completely focused on hard repression during this time period. By disallowing any form of activism, the state denied the political and legal legitimacy of bottom-up initiatives, which, in turn, dissolved the capacity of social movements to mobilize. This strategy has proven to be effective, as current literature finds that the dominant forms of activism in China remain small-scale, local, reactive, and non-organized, where they exist at all (Perry 2008; Ying 2011). The difference with the AIDS issue, however, was that external forces gained much greater authority and resources, forcing the Chinese state to further transform its repression strategies. Ironically, such hard coercion fueled a series of escalating conflicts between 2002 and 2003 that provided the catalyst for the first wave of AIDS activism.

### **III. “Using Blood to Defend Rights”: The Formation of the First Wave AIDS Movement, 2001–2003**

In 2001, the first wave of the AIDS movement started to emerge in Henan. A local activist described it as the start of “using blood to defend rights” (*Xianxue Weiquan*).<sup>292</sup> The intervention of external forces brought transnational AIDS

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<sup>291</sup> “AIDS Scourge in Rural China Leaves Villages of Orphans,” *New York Times*, August, 25, 2002.

<sup>292</sup> Interview 14 (Activist), June 2, 2012.

institutional logics and the socialist contagious disease control model into explicit opposition, and marked an opportunity to recognize China's AIDS situation as unjust and in need of change. This process put into motion the formation of two major AIDS activist actors—nongovernmental individuals in urban areas and mutual aid groups of infected villagers in Henan—and fueled a very unusual alliance across urban and rural divisions. In turn, when domestic activists began to actively engage with external forces, their struggles, even more than the blood scandal, drew extensive international interest for they were seen as evidence of China's so-called civil society, something highly valued by transnational AIDS institutions. It was these dynamics that propelled the transnationalization of AIDS activist actorhood

**i. Nongovernmental Individuals and Mutual Aid Groups**

Because formal grassroots organizing is a political taboo, urban volunteers who joined infected peasants' fight referred to themselves as "nongovernmental individuals" to emphasize that they were not affiliated with any formal organization. The term was coined by individual activists from journalists, scholars, social workers, college graduates, students, freelance writers, artists to other volunteers. With nongovernmental individuals' help, infected peasants formed mutual aid groups organized on the basis of family, household, and kinship, combined with the communist agriculture cooperative model of mutual aid teams.

The battle between external forces and the state propelled the rise of nongovernmental individuals in 2001. Many of these actors were already involved in various kinds of advocacy activities, they just weren't focused on AIDS. As late as

2000, Wan Yanhai, who would go on to become one of China's foremost AIDS activists, was planning to leave for the U.S. to pursue a completely different career. But by 2001, external intervention was transforming the disease from something determined by individual behaviors to a public health crisis associated with citizens' rights. When Gao Yaojie won the Jonathan Mann Award for Health and Human Rights in April 2001,<sup>293</sup> she was denied a passport by the police department to attend the awards ceremony with Secretary General Kofi Annan. Provincial officials ask her to decline the award since they feared it would give more publicity to the AIDS issue and cause trouble with "anti-China forces such as [the] WHO and the American government."<sup>294</sup> The incident received widespread international press coverage throughout 2001 as evidence of the state's efforts to block her message of AIDS prevention. In Gao's thank-you speech, which was read at the ceremony, she was sharply critical of the socialist contagious disease control model, dismissing it as a failed attempt to "build an AIDS Great Wall" to stop the virus from entering. She described her actions as part of a global AIDS movement related to human rights and called for more bottom-up grassroots mobilization in China.<sup>295</sup> In a series of related interviews, she further argued that the AIDS outbreak could not simply be attributed to greed, but also hinged on health workers' ignorant construction of AIDS as an immoral foreign disease related to promiscuous sex.<sup>296</sup>

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<sup>293</sup> It is administered by Global Health Council, a U.S.-based NGO.

<sup>294</sup> Chenguang Wu, "Anti-AIDS Heroes," *Newsweekly* (Chinese), 2001.

<sup>295</sup> Yaojie Gao, "Breaking Silence inside the AIDS Great Wall," Personal statement, May 31, 2001.

<sup>296</sup> "China Stops AIDS Hero Speaking out in U.S.," *The Guardian*, May 31, 2001; "China Authorities Shun AIDS Alert," *The Age*, June 14, 2001.



The controversy around Gao became an important trigger igniting action in urban areas. Wan Yanhai was one of a few who met Gao in 2000. That meeting changed Wan's personal views on blood and AIDS.<sup>297</sup> Further encouraged by rising international interest, Wan started to publish articles to expose the government's cover-up.<sup>298</sup> It was not until summer 2001 that Li Dan and Hu Jia agreed to join Wan's AIZHI Action Project because "Wan knew Gao Yaojie."<sup>299</sup> They recruited a small group of college volunteers to visit Henan villages. Wan and Li had previously worked together on the campaign to help Song Pengfei. Hu was an environmental activist at the time. After graduating from the University of Economics and Business, he was introduced to Wan by Wang Lixiong<sup>300</sup> in 2000 and became interested in public health. Both Li and Hu went on to become major figures in the subsequent AIDS movement; Zhang Jicheng also joined them when he came to Beijing in exile. The fieldtrip to Henan villages opened direct connections between urban volunteers and infected peasants and officially raised the curtain on the first wave of the AIDS movement.

The first group of nongovernmental individuals formed in the latter part of 2001. As part of its PR campaign, the state hosted its first national conference in November 2001 to demonstrate its efforts to tackle AIDS. Conference organizers required special approval for any paper on the subject of AIDS transmission through blood, while most journalists were not allowed to observe conference sessions. Two HIV positive persons

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<sup>297</sup> Interview 342 (Activist), July 1, 2007.

<sup>298</sup> Yanhai Wan, "China Health News and the Henan Province Health Scandal Cover-up," *AIZHI Action Newsletter* (Chinese), January 30, 2001.

<sup>299</sup> Interview 31 (Activist), July 19, 2007.

<sup>300</sup> Wang Lixiong is a famous Chinese writer and dissident who is dedicated to environmental, democracy, and ethnicity advocacy activities.

were permitted to attend the conference, thanking the Communist Party and the government for “giving me the courage to survive.”<sup>301</sup> At the same time, 9 HIV positive peasants and children from Dongguan village in Sui county where Hu and Zhang had visited that summer came to Beijing seeking the conference’s help to obtain treatment. But they were admitted to a government hospital on the day the meeting started and not released until the day it ended. Nongovernmental individuals used this as an opportunity to host a special press conference for those villagers and announce an open petition letter to the conference organizers. The campaign immediately attracted several journalists to visit the village. As local authorities harassed and detained the journalists and threatened villagers, villagers surrounded the county government and conducted at least three protests and sit-ins in just one month, the story of which was covered by international media.<sup>302</sup> Two villagers became messengers, traveling and passing news between Beijing and their home villages. In addition to facing obstruction from the local government, these messengers were also detained and repatriated by the Beijing police. Still, despite the government’s efforts to cut Henan off from the outside world, the years 2001 and 2002 saw the emergence of a network when Henan villagers and scattered individual activists in cities linked up and began working together.

The campaign to help villagers from Sui county made “AIDS activists become recognizable and something beyond personal efforts became possible... once individuals began voicing their discontent and an international audience began

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<sup>301</sup> “As China Faces Crisis, People with HIV are Kept Largely Invisible; Beijing Fears Losing ‘Control of the Message,’” *Washington Post*, November 20, 2001.

<sup>302</sup> “Spread of AIDS in Rural China Ignites Protests,” *New York Times*, December 11, 2001.

listening.”<sup>303</sup> More and more people, including Duan Hongqing (journalist) and Fu Xi (writer), joined the AIZHI Action Project and participated in activities, such as releasing a list of villagers killed by AIDS at Dongguan and making a short video to record villagers’ lives.<sup>304</sup> Both of Duan and Fu were already aware of the AIDS crisis; Fu Xi had even visited several Henan villages in 2000. But it was not until now that they were exposed to the presence of other nongovernmental individuals and became connected to a larger movement.

This emergent network of nongovernmental individuals challenged the association between AIDS and immorality. Wan illustrated the distinctiveness of this group of activists:

This group of activists was dramatically different. You know, usually AIDS movements in different countries were made up of people who were suppressed and marginalized as immorally corrupted or problematic. You know, people who were related to sex, drugs, and so on. But those suppressed groups in China did not stand up at the time. What emerged was a group of activists who were considered as people with nobility. This group was able to provoke a strong reaction from the public in resonance.

Nonetheless, the fact that none of the nongovernmental individuals was infected was crucial in establishing the legitimacy of the AIDS movement during this period.

In turn, collaborative efforts between urban activists and peasants infected with HIV stimulated the formation of around forty grassroots groups as mutual aid groups by 2004. It should be noted that establishing grassroots organizations outside the current official infrastructure in China is usually banned as one of the biggest threats to the political regime. Infected peasants formed mutual aid groups on the basis of family, household, and kinship, combined with the communist agriculture cooperative model of

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<sup>303</sup> Field notes, July 15, 2007.

<sup>304</sup> AIZHI Action Project, “A Summing-Up of Our Work (2002)” (Chinese), 2003.

mutual aid teams. Mutual-aid teams were established by the Communist Party during the 1950s Mao era as the organizational foundation of collective economy in rural areas (Walker 1966). In the simplest mutual aid team format, poor peasant families would help each other by gathering each other's tools and animals and working jointly. Though this agricultural model collapsed after market economy reform in the 1980s, peasants capitalized on it as a familiar organizational form that already had legitimacy. Activists explicitly invoked this legacy by using "mutual aid" in their group names when no other organizational resources was available.

Rural grassroots leadership rested with heterosexual males who had formerly occupied high status positions in local village networks as village cadres, members of influential families, or former soldiers. For example, ZLW,<sup>305</sup> the head of a large family, was one of the first local leaders of an AIDS-related mutual aid group; when he was arrested, the whole village turned out to mob the police.<sup>306</sup> Villagers like ZLW held positions that gave them the ability to access local information, promote group solidarity, participate in collective action, and put pressure on local officials (Erickson and Smith 1999; Kim and Bearman 1997; Passy 2003; Zhao 1998).

Villages in Henan province, the most afflicted area, became the center of early activism. Here, mutual aid groups and nongovernmental individuals adopted three modes of action: health advocacy, collective petitioning, and direct disruptive action. Health advocacy activities developed with the help of urban volunteers, ranging from health education, mutual care and support (especially for orphans), and disease/mortality-information collecting and dissemination. Collective petitioning made

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<sup>305</sup> Pseudonyms are used to protect research subjects.

<sup>306</sup> Interview 31 (Activist), July 2, 2009.

use of institutional channels to advance claims to higher-level authorities to pressure local officials to respond to infected peasants' needs.<sup>307</sup> And direct disruptive action included demonstrations, blockades, or interceptions against government officials at the county and township level.

As fierce as these actions were, early AIDS activism generally remained local, fractional, and informal. It aimed at pushing local governments to find local solutions that were within the boundaries set by the central state. Most petitions were made to governments at the municipal level or lower. Activists were careful to blame only local officials, while expressing faith in the central state's laws and policies. In their petitioning letters, peasants focused on "local problems and bad cadres" and called for social relief and medical assistance without making demands for wider changes. The few petitions that were addressed to the central government were delivered only as letters, not in person via protests or sit-ins. No collective actions took place in Beijing during this period.

Meanwhile, mutual aid groups were concentrating on bilateral negotiations with local officials, as they were scattered in different areas. The forms of mobilization they adopted were "disorganized" in the sense that their transgressive acts relied heavily on preexisting local social ties, rather than any formal means of organization. Several activists laughed at me when I asked them how their acts were organized. SY provided a typical common answer:

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<sup>307</sup> The Communist Party institutionalized the petition system in the early 1950s as a permitted channel for conflict resolution. Petitioning has been used most for addressing state-citizen disputes.

Nothing was organized. All you need to do was to spread “rumors.” When word about the time and location got round people would head for the spot. Nobody knew anything about it except from hearsay from families or friends.<sup>308</sup>

Even when they took transgressive action, mutual aid group participants were careful not to coalesce into anything that the Chinese state could perceive (and, thus, forbid) as a formal organization. Drawing on resources was risky in this respect. Two mutual aid groups, for example, collaborated with a private foundation from Taiwan to establish orphanages for children who lost their parents to AIDS. To forestall interference by the village officials and obscure the link to the foundation, one group constructed a story about a villager who made a fortune in the city and provided the funds for the project. Their members ascribed their success in evading state repression to the special care they took to ensure the orphanage itself was run informally, more family-style, and compared their fate to that of another group, which had adopted a more formal orphanage form and was shut down.<sup>309</sup> It is this backdrop of localized, fragmented, and cautious early AIDS activism that must be understood in order to appreciate the dramatic shift that took place after transnational intervention.

Although external intervention served as a driving force behind the formation of urban-rural alliance, nongovernmental individuals and mutual aid groups did not automatically focus on seeking support from abroad. The newly formed urban-rural alliance worked to mobilize and reframe domestic laws and policies authorized by the central government as positive symbolic resources. Given the vacuum of directly AIDS-related laws and regulations, nongovernmental individuals compiled a range of laws,

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<sup>308</sup> Interview 31 (Activist), July 2, 2012.

<sup>309</sup> Interview 221 (Activist), June 14, 2012.

party documents, and State Council regulations<sup>310</sup> in a handbook to address the interests and rights of people living with HIV/AIDS. Authoritative government pronouncements were turned into symbolic leverage. Whenever the central government issued policies to appease international outrage, activists always tried to interpret them creatively and transfer those words into concrete demands for local officials. For example, the state council's "Action Plan on HIV/AIDS Prevention and Containment" was criticized by the UN and other international organizations for falling short of measuring up to transnational multisectoral norms. But nongovernmental individuals did not waste time using this plan to request that the Henan provincial government provide free medication, by referring directly to the indicator in the Plan that expected half of AIDS patients to receive medical treatment and care in local communities and families.

Interacting with local governments was much more complicated given the divide between different institutions, as well as the tense financial relationship between the central and local authorities. Once again, however, activists sought to utilize the gaps between jurisdictions of different regional governments strategically, in order not only to make use of monitoring problems and information slippage, thus protecting their own ability to survive and act, but also to search for alliance within governments. The layered structure of the state was particularly fragmented in the area of public health, which also enabled activists to seek influence among local officials. Starting in 2002, activists began to cultivate relationships with public health departments in Beijing, like the Beijing municipal health bureau, the Beijing Association of STD and AIDS

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<sup>310</sup> Some of which had hardly anything to do with AIDS issues.

Prevention and Control, and so on.<sup>311</sup> AIDS activist never attacked the policies of the Beijing government, which contributed to turning Beijing into the base for activists and organizations. At the same time, activists dialogued with and tried to establish private relationships with officials in Henan’s provincial department of public health and in the Henan CDC, in order to develop channels of bilateral communication and negotiation across governmental levels. For their part, health departments in Henan hoped to craft local resolutions when villagers went to Beijing with petitions or proposals were ready to be submitted to the People’s Congress and Political Consultative Conferences; their aim was not necessarily to go public with the issue, unlike the activists. Furthermore, regional and/or county governments in Henan did not have a unified stance vis-à-vis these activists. Some officials in certain regions were more sympathetic with villagers’ situation, while others remained indifferent.

## ii. **Upsurge of the Boomerang Effect**

Although external intervention served as a driving force behind the formation of urban-rural alliances, nongovernmental individuals and mutual aid groups did not automatically choose to focus on seeking support from abroad. Instead, they both strove to stick to the form described in the current literature as “rightful resistance” (Lee and O’Brien 1996; O’Brien and Lee 2006). Rightful resistance strategically exploits divisions within the state by targeting local governments, employing central-government-approved rhetoric, and relying heavily on officials at higher levels to

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<sup>311</sup> It is worth emphasizing that these relationships were fluid and contingent, and knowing how to build and maintain them constituted an important strategic repertoire of AIDS activism.



articulate interest and curb political or economic power. As discussed above, AIDS activism in this period thus remained fragmented, as the state is more tolerant of small-scale actions that do not target the central government (Bianco 2001). The new alliance chose to attack local governments and sought patronage from the central government in order to address infected people's immediate needs, such as free testing, medical treatment, and tuition reduction or exemption for children affected by the epidemic. It also framed these issues as being caused by the corruption of local officials and as capable of being resolved through the intervention of high-level authorities.

However, starting in late 2001, international attention that was first triggered by the blood selling and contamination scandal was exacerbated by the state's repression against AIDS activists. External intervention not only defeated a series of hard repressive efforts, but also increased the authority of transnational AIDS institutions. This process further contributed to the growth of the AIDS movement and its transnationalization. Hard repressive tactics were first thwarted with the controversy around the arrest of Wan Yanhai in August 2002 for political offense. The Beijing Security Department shut down the AIZHI Action project, and subjected staff and volunteers to interrogation. The Xinhua News Agency claimed Wan was detained on suspicion of illegally leaking state secrets because he delivered classified documents to overseas individuals, media sources, and websites.<sup>312</sup> This led to a transnational "rescue" campaign. UNAIDS staff in Geneva, American State Department officials, and activists at Human Rights Watch, Act-Up, and other organizations demonstrated their concerns and demanded Wan's release. The Canadian HIV/AIDS Legal Network gave the first

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<sup>312</sup> "Wan Yanhai Released after Confessing to Crimes in Leaking State Secrets," *Xinhua News Agency*, September 20, 2002.

international Award for Action on HIV/AIDS and Human Rights to Wan during his detention. International AIDS and human rights activists even staged protests in front of the Chinese consulates in New York and Paris (Human Rights Watch 2003). As a result, the Beijing Security Bureau dropped the charges and released Wan without any restriction on his future activities less than one month later. The intense international attention of making a “great noise” about the case with “ulterior motives” came as a surprise to everyone. As Wan stated,

Our government got a lesson about health and AIDS issues. They learned that international communities consider AIDS as important. I was arrested not because of we were doing work related to AIDS, but because the government was convinced that we were organizing villagers to act against the government and endanger the public. My imprisonment raised the profile of our work. The government started to pay much more attention to us. We became an illegal organization with contacts in the US. The government spread the news to prevent people from joining us, even in AIDS education in rural areas.<sup>313</sup>

A month before Wan was secretly detained, the UN had issued an unusually critical assessment report, officially announcing that its estimate of HIV/AIDS cases in China was between 800,000-1,500,000.<sup>314</sup> It warned the country was “on the verge of a catastrophe” (7) like a ship heading towards an iceberg. It publicly condemned the Chinese government’s inaction surrounding the Henan blood accidents, and stated that China’s AIDS-related strategies were not up to the rule of multisectoralism, especially when China continued to present HIV/AIDS as a purely medical problem. This was the first time that the legitimacy of the Chinese state’s public health governance was officially challenged.

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<sup>313</sup> Interview 342 (Activist), July 19, 2007.

<sup>314</sup> UN Theme Group on HIV/AIDS in China, “HIV/AIDS: China’s Titanic Peril (2001 Update of the AIDS Situation and Needs Assessment Report),” June 2002.

When the report was released, a Chinese health official angrily questioned “the comparison of the government to the crew of the Titanic and asked ‘whether the United Nations intended to stand by and watch China sink like the ship.’”<sup>315</sup> The Ministry of Health denied the accuracy of the report, stating “the information they have is not sufficient and cannot be fully trusted... The situation of AIDS control in China should be analyzed and understood from different angles. Unfortunately, UN officials saw this issue only from their own angle.”<sup>316</sup> Three months later, China’s AIDS problem was listed by the U.S. Central Intelligence Agency as a national security threat to the United States.<sup>317</sup>

The campaign for Wan’s release was a remarkable success. It compelled both the central government and Chinese activists to recognize the significance of AIDS in China as an international issue. Right after his release, Wan won a Defenders’ Award from the International League of Human Rights. At the same time, he and the AIZHI Action Project were invited to attend publicity activities organized by various ministries and commissions of the central government in the Great Hall of the People, where the National People’s Congress holds meetings. His release was followed by a surge in material resources, technical support, and activist guidance for local movements from abroad. Starting in 2002, Chinese activists received large-scale grants from the George Soros’s Open Society Institute, the Ford Foundation, the Canadian International

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<sup>315</sup> “Report: China Faces ‘Titanic’ AIDS Crisis; U.N. Faults Government's Slow Response, but Says the Ship Can Be Righted,” *Washington Post*, June 28, 2002.

<sup>316</sup> “China Rejects U.N. Report Warning of AIDS Epidemic,” *Associated Press*, June 28, 2002.

<sup>317</sup> Center for Strategic and International Studies, “The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China (A Conference Report of the CSIS Task Force on HIV/AIDS),” Central Intelligence Agency, October 1, 2002.

Development Agency, as well as the British and American Embassies.<sup>318</sup> More than simply advancing local activities, this process drew Chinese activism into forms of sponsored interaction with formal organizations and networks overseas. Chinese activists were invited to many international conferences and meetings held by international organizations, as well as meetings organized by western governments like the U.S. Congress House Hearings, and the EU roundtable.<sup>319</sup> An increasing number of international NGOs and foundations—like the Salvation Army Hong Kong, the Chi Heng Foundation (Hong Kong), the Harmony Home Association (Taiwan), the Clinton Foundation, and then Ford Foundation—began to collaborate with nongovernmental individuals and mutual aid groups to conduct activities. It boosted not only cultural, but also relational ties (Strang and Meyer 1993) linking Chinese AIDS activism to transnational AIDS institutions.

The erosion of state hard repression by external intervention further provoked mutual aid groups to take more disruptive action. The village with the highest number of incidents according to existing records had at least 32 events that involved activists besieging government compounds, sacking offices of local bureaucrats, and rioting between 2002 and 2004 (Li 2009). As one activist put it, “the whole region caught in fire” in 2003.<sup>320</sup> Take ZLW’s mutual aid group, for example, which was founded in the village of Shuangmiao in Tuocheng county. This village was not put on the map of AIDS epidemics until villagers formed connections with nongovernmental individuals

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<sup>318</sup> AIZHI Action Project, “A Summing-Up of Our Work (2002),” 2003; Aizhixing Institute, “Annual Report (2003): Beijing AIZHIXING Institute of Health Education,” 2004.

<sup>319</sup> Congressional-Executive Commission on China, *HIV/AIDS in China: Can Disaster be Averted?*, September 9, 2002; Congressional-Executive Commission on China, *China’s Mounting HIV/AIDS Crisis: How Should the United States Respond?*, October 20, 2003.

<sup>320</sup> Interview 131 (Activist), July 27, 2009.

in Beijing, which led to international media coverage. Once this happened, the village received more financial and medical resources from not only the government, but also international NGOs. Even so, it was remained common for villagers living with HIV/AIDS to have to fight county and township governments for medicine and to be subject to detention. In general, infected villagers did not turn to large-scale disruptive strategies in 2002, even when AIDS deaths peaked.<sup>321</sup>

But in 2003 alone, they staged about eight large-scale direct disruptive actions with at least 100 participants each time. ZLW described how they accumulated “fighting experience” over time, learning, for example, how to intercept senior officials by identifying their cars and or how to gather non-public information about officials’ working hours and offices.<sup>322</sup> One of the organized actions aimed to bring a local “blood-head”<sup>323</sup> to justice. The mutual aid group submitted a letter of accusation to the county government. When there was no response, the group took 150 villagers to petition the provincial government. Four hours later, county government officials arrived with the police force and tried to take villagers back by force. The fight forced the county government to arrest the blood-head, but he was only sentenced to six months at the detention center. When the mutual aid group attempted to protest again, its members made banners saying “give me back my blood, give me back my health,” “give the afflicted their rights back,” and so on. Making banners was a very bold move since it was strictly forbidden by the central government. The county government had to

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<sup>321</sup> Interview 123 (Activist), June 3, 2013.

<sup>322</sup> Interview 123 (Activist), 14 (Activist), June 2, 2013.

<sup>323</sup> Blood-heads (*Xue Tou*) refers to people who organized illegal blood collection. They usually had connections with and were supported by local public health facilities.

put together a team of officials to reside in the village, set up screening stations to control traffic out of the village, and paint huge signs readings “petitions bypassing local authorities is a crime” in order to block these organizing efforts.<sup>324</sup>

Conflicts reached a boiling point when the WHO sent an inspection team in 2003 to epidemic areas in order to allow direct contact between WHO officials and people living with HIV/AIDS. An activist recorded the clash as follows:

Part of Shanghai County<sup>325</sup> had been under martial law since May 17th. The county government ordered doctors to set up some temporary stations to show how intensive intervention among HIV/AIDS-infected areas was. The secretary of county Party committees along with leading cadres sent lots of basic medicine to the homes of AIDS virus carriers. This never happened before. Officers then asked all villagers to stay home when the WHO team arrived. The next morning more than 200 plainclothes police sealed off the street and pretended to be villagers. ... We were talking to villagers on phone. They saw some foreigners in the inspection team from a distance. But they could not approach any WHO official.... Several villagers went to the village clinic for medicine. Policemen told them to leave or to be detained. Yang Nidan, a 40-year-old villager, insisted to stay at the clinic to wait for “high-level officials.” Four policemen grabbed her arms and legs and took her to the police station several miles away. She was forcibly held until 5 pm. What were allowed to stay at the clinics were several obedient patients. They were trained beforehand to talk to the inspection team. But one village cadre forgot the infectious rate given by the county. She was worrying about getting into trouble.<sup>326</sup>

One month after the WHO’s inspection, a violent conflict broke out in the Xiong village in the same Shangcai county. Several hundred government personnel and policemen raided the village, wounding dozens and arresting thirteen petitioners (Li 2009). This riot took place right before the Ministry of Health signed the first grant agreement with the Global Fund. Activists used the riot to expose the corruption of the Henan Bureau and threatened to appeal for the suspension of the Global Fund grant. Several U.S.-

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<sup>324</sup> Longwei Zhu, “Unknown Disasters in My Village,” Personal statement (Chinese), 2004.

<sup>325</sup> Shangcai county in Henan province was mostly covered in international media.

<sup>326</sup> Jia Hu, “Shangcai Events,” Aizhixing Institute e-mails (Chinese), July 9, 2003.

based NGOs, American public health experts, and Chinese scholars joined the rescue campaign to parlay appealing letters and reports in western media into pressure from international organizations, as well as American and European governments.<sup>327</sup> All detainees were released within a few months of their arrest.

The spike in international pressure generated a boomerang effect as the central government finally acknowledged the magnitude of the AIDS epidemic in 2003.<sup>328</sup> On World AIDS Day in 2003, Prime Minister Wen Jiabao first visited the Beijing You'an Hospital and shook hands with AIDS patients on national TV.<sup>329</sup> In the same month, Wu Yi, Deputy Premier and Interim Minister of Health, visited villages of high AIDS prevalence in Henan.<sup>330</sup> This displayed, for the first time, a top political commitment<sup>331</sup> to fight against the epidemic, a significant symbol especially in the political context of China, where top leaders' actions are carefully staged and closely scrutinized.

#### IV. Conclusion

This chapter examines the first wave of the AIDS movement that emerged out of transnational AIDS institutions challenging the socialist contagious disease control

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<sup>327</sup> Petition letters and e-mails among activists (Chinese), 2003.

<sup>328</sup> "China Shows It Is Responsible," *China Daily*, June 30, 2003.

<sup>329</sup> "Premier's first shaking hands with AIDS patient," *Xinhua News Agency*, December 2, 2003.

<sup>330</sup> "Vice-Premier Visits AIDS Village," *Xinhua News Agency*, December 23, 2003.

<sup>331</sup> Political commitment refers to the extent to which top-level government leaders acknowledge the HIV/AIDS crisis and support AIDS as a priority on the national agenda. While it is considered one of the most crucial elements in the AIDS Program Effort Index (API), political commitment is commonly indicated by whether the head of the state and/or other senior officials publicly mention AIDS issues (USAID, UNAIDS, WHO and the Policy Project 2003).

model in China. Prior to external intervention, AIDS as a disease was not able to generate mobilization, especially around infections through blood, since it was constructed by domestic AIDS institutions as a western disease caused by individual behaviors associated with sexual immorality. The intervention of transnational AIDS institutions politicized AIDS by turning individual suffering into a battle over who should and could be held responsible for an epidemic. It was this shift that made the Chinese state the major object of attack when AIDS was no longer a disease determined by individual behavior, but a public health crisis associated with citizens' rights to life.

The fact that transnational AIDS institutions promoted local mobilization regardless of tightening state repression fits the overall contours of the traditional boomerang argument. However, the way that this process unfolded differed significantly from the accounts offered by existing approaches in the social movement and international relations literature. While the literature would lead us to expect a bottom-up process that starts with local-level actors going around recalcitrant states in pursuit of international support of the "third party," I show how transnational AIDS institutions were the top-down driving force that called for not only mobilization, but also the very formation of activist actors at domestic and local levels. After external intervention started to increase in 1999, a very unusual informal network of AIDS activism grew across urban-rural divisions, whereby nongovernmental individuals and infected villagers formed groups and linked up. These networks were decentralized and loose coalitions, founded on voluntary, reciprocal, and horizontal patterns of information and service exchange. Collaborative efforts created around forty grassroots mutual aid groups and generated a surge in the material resources, technical support,



and activist guidance for local movements from abroad, which pushed AIDS activism to its first climax in 2003.

Meanwhile, this chapter also demonstrates the micro-dynamics of strategic interaction between international organizations, the Chinese state, and AIDS activists, through which global precepts were actually transmitted to local actors. I pay particular attention to how this process shaped the constellations of local actors, their interests, their power differentials and resulting conflict dynamics, and how these shaped, in turn, the characteristics of domestic AIDS institutions that constituted the context within which the second wave of AIDS activism took place.

## Chapter 5

### **After the Boomerang: The “NGO-ization” of the AIDS Movement, 2004–2007**

This chapter seeks to explain the expansion and transformation of the AIDS movement—specifically, the rise of NGOs as the dominant organizing strategy of the movement—in the high-risk, authoritarian context of China *after* what is commonly understood as the boomerang effect. As predicted by Keck and Sikkink, the boomerang did, indeed, bring material resources, technical support, and activist guidance for the AIDS movement from abroad, which drove the formation of the second wave of AIDS movement. But how these changes were effected, why they took the specific form they did, and what happened after the boomerang’s initial impact are questions not answered by Keck and Sikkink, and which must be specifically investigated in the Chinese context. Rather than simply moving domestic activism forward along its own trajectory, international engagement transformed the movement. The second wave of the AIDS movement adopted an unusual western advocacy NGO model as its dominant organizing form. This was a drastic departure from the decentralized web of individual activists, informal groups, and local campaigns that characterized the first wave of the AIDS movement. The goal of the movement also shifted from seeking socioeconomic justice at the local level to demanding freedom of association and institutional access to policymaking and implementation at the national level. Additionally, since 2003, AIDS activism in China has developed formal organizations and networks across national and

local levels covering 22 out of 23 provinces, autonomous regions, and municipalities. Along the way, the center of gravity of the movement has shifted from rural to urban areas. How and why did increased external support translate into a new trajectory and even new forms of actorhood?

The nonlinear, contested, and sometimes unintended impact of the boomerang in non-democratic contexts challenges us to understand it not as the end of a process, but rather as one phase in an ongoing set of relations. Although there has been an abundance of research on the boomerang effect of transnational advocacy networks, much less attention has been given to what happens to social movements *after* the boomerang. Scholars conceptualize the boomerang as a result of emerging global politics that circumvent the authority and power of national governments; in turn, many studies tend to assume the effects of the boomerang are positive and encouraging for domestic activism (Finnemore 2003; Schmitz and Sikkink 2002; Smith and Fetner 2010). Empirically, this inattention to the precise dynamics and longer aftermath of the boomerang is surprising since evidence suggests that domestic activists might experience a backlash of heightened government repression in response to the boomerang (Gränzer 1999; Hafner-Burton and Tsutsui 2007; Hill 2010). Transnational coalitions manifested in the boomerang can take national authorities by surprise, but such coalitions are rarely durable (Tarrow 2005). This oversight is also theoretically costly because the global-local interaction is cast as a unidirectional process whereby the global empowers the local to tackle the state. In this chapter, I will examine more closely the dynamics between international institutions and states that affect the constitution of activist actorhood in the aftermath of the boomerang.

This examination requires us to develop a better understanding of how interactions between international institutions and states shape the form assumed by domestic challenges. The boomerang concept was originally developed to acknowledge and understand more seriously the idea that global politics matter. Scholars using this concept adopt either a political structural or resource dependency perspective and focus on the direct interaction between local actors and international institutions. These accounts explain the development of domestic activism as an immediate response to or result of emerging political, economic, or symbolic power and resources made available by transnational institutions. Most scholars assume that domestic activists will endorse international agendas and resources either because those resources and frameworks are necessarily effective in their local context (Frank et al. 2009; Hafner-Burton and Ron 2008; McAdam et al. 2001; Smith and Fetner 2010), or because domestic actors will do anything to gain leverage against repressive states (see Liu 2006)

Accordingly, we might have expected Chinese AIDS activists in the 1980s to automatically adopt the form of advocacy NGOs that became prevalent within transnational AIDS advocacy networks at that time. Yet, as Chapters 3 and 4 showed, Chinese AIDS activists were apprehensive about engaging support from overseas because such engagement was considered politically intolerable by the state and answerable by armed repression if necessary. Even when transnational AIDS institutions did intervene in China, the AIDS movement took on episodic, localized, and informal forms precisely because the creation of formal organizations was (and still is) a high-risk strategy rarely pursued in China (Berstein and Lu 2003; Cai 2004; Diamant et al. 2005; Ho and Edmonds 2008; Lee 2007; Michelson 2007). With few exceptions

(Yu 2003, 2006), scholars agree that resistance in China has avoided formal organization, as the Party vigorously guards its monopoly over organization (Cai 2008; O'Brien 2003; O'Brien and Li 2006; Wu 2007; Ying 2007) and, hence, state opposition is more intense vis-à-vis formally organized and/or cross-regional activism than episodic, localized, and informal action (Lee and Seldan 2007; O'Brien and Li 2006; Perry 2001).

What accounts, then, for the fact that NGOs have become the dominant mobilizing structure of the still relatively young AIDS movement in China, at the same time that the state has become increasingly repressive? I argue that much of the literature ignores an issue critical to understanding the relationship between international support and high-risk social movements—specifically, what makes external opportunities and resources a viable repertoire from which domestic activists can draw? As Liu (2006) and Loveman (1998) point out, domestic actors may or may not endorse transnational agendas and resources in authoritarian regimes. This is an empirical question that can only be addressed in specific historical contexts.

I argue that ascendance of the NGO form was not an outcome of internal movement development. Neither did it result directly from external intervention. Transnational AIDS institutions, beyond providing political opportunities and resources, shaped social movement actorhood itself by affecting the rules of the game in the domestic arena where mobilization takes place. Such rules regulate how state power is maintained, operated, or lost in a particular arena (Steinman 2012; Thornton and Ocasio 1999), and constitute a focal point of both domination and resistance. In the specific case of Chinese AIDS activism, the success of the boomerang did not defeat the

Chinese state. Rather, it pushed the Chinese state to change its institutional arrangements and organizational practices with regard to disease control in 2003, specifically replacing the socialist contagious disease control with a comprehensive public health governance model. This shift allowed the state to play international norms to its advantage in order to gain access to external resources and legitimacy, without having to stop repressing AIDS activism. It was this change on the part of the Chinese state, rather than increasing resources and opportunities alone, that elicited and drove the adoption of AIDS NGOs among activists in two ways: (1) it altered the conflict objects deemed legitimate in political struggle around AIDS; and (2) it prescribed what transnational organizing resources and strategies were politically viable in the highly repressive context.

Instead of focusing on actors' choices of strategies, this chapter shifts attention to what constituted and authorized local actors' interest in the idea of creating civil society in the first place, and examines the transnational dynamics that led to new forms of action that challenged the authoritarian state. In what follows, I first describe the adoption of AIDS advocacy NGO actorhood in China in terms its goals, constituency, mobilization structures, and resources, and why these changes are so noteworthy and puzzling. Second, I borrow from critical juncture analysis (Mahoney 2001)<sup>332</sup> to illustrate how the boomerang effect produced permissive conditions and productive conditions for the adoption of the NGO model by AIDS activists. Third, I unpack how those conditions set in motion not only the diffusion of NGOs among activists, but also the transformation of state repression to curb grassroots organizations—what I call

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<sup>332</sup> According to Mahoney, critical juncture analysis is “a specific type of explanation that unfolds through a series of sequential stages” (2001, 112).

counter-diffusion. It was this conflict between diffusion and counter-diffusion that drove the development of a new form of AIDS actorhood and effected a consolidation of the AIDS NGO form in China.

### **I. Towards NGOs as An Alternative Form of Actorhood**

NGOs constitute a significant departure not only from the first wave of AIDS movement, but also from domestic activist practice prevalent in general in China. As discussed in the last chapter, informal activist networks served as the major organizing form before 2004. Rural grassroots activists and urban voluntary groups were the major constituents of the decentralized networks and loose coalitions founded on voluntary, reciprocal, and horizontal patterns of information and service exchange. This is consistent with forms of popular contentions in other issue areas in China (Bernstein and Lu 2003; Shi and Cai 2006; Wright 2008), as the state has been more tolerant of small-scale actions that do not target the central government (Bianco 2001).

Figure 1.1 shows the rising tide of grassroots AIDS NGOs in China. After the first NGO was founded in 2002, NGOs quickly became major actors in the Chinese AIDS movement in 2004 and took over the whole movement by 2006. As Chapter 2 discussed, underlying AIDS NGOs as an organizing form is a entire genre of civil society politics promoted by transnational AIDS institutions. Contrary to informal and local networks, new NGOs are formal organizations with cross-regional, official, and public connections to one another. Formalization refers to the fact that AIDS NGOs have at least an explicit scheme of formal organization, such as a clear division of labor that is enacted in their routine activities (Lofland 1996). They draw most of their

material, organizational, and technology resources from transnational AIDS institutions. Financial resources originating from overseas constitute most of the funding for AIDS NGOs in China. It is estimated that they were awarded about 15 million USD between 2004 and 2008 from abroad (Yu 2011). Organizational resources also include access to transnational advocacy networks, while a transnational AIDS epistemic community (Haas 1998) of scientists and policy experts provides knowledge, expertise, technologies, and skills related to AIDS intervention.

As Table 5.1 shows, the actorhood of NGOs has drastically different properties from that of earlier organizational forms. The goal has shifted from improving the local welfare of infected communities to promoting the civil society norms of transnational AIDS institutions. Similarly, the target of activism is now the central government rather than local governments. Grassroots AIDS NGOs operate from the premise that change comes from the top, and thus creating a civil society recognized by the state is seen as improving the political environment for various local communities to gain institutional access to AIDS-related policymaking and implementation. Accordingly, NGO activities are organized around three epidemiological intervention categories: (1) internal organizational and outside alliance building, (2) intervention implementation, and (3) policy advocacy.

Grassroots AIDS NGOs may be differentiated in terms of what kind of AIDS intervention activities they conduct: treatment versus prevention. This division has created two identity categories authorized by transnational AIDS institutions: people living with HIV/AIDS (hereafter, PLWHA), and men who have sex with men (hereafter, MSM). PLWHA organizations focus primarily on care and treatment such as



drug adherence enhancement, peer psychological support, peer high-risk behavior intervention, life relief, CD4 test and viral load test<sup>333</sup> assistance. MSM organizations prioritize prevention activities such as health education, condom distribution, voluntary counseling and testing assistance, and HIV antibody tests. Since 2006, these two types of organizations have become not only mutually exclusive, but also exhaustive—in other words, one cannot participate in AIDS activism in China without becoming a member of one of these two types of NGOs.

The geographical center of the whole movement has moved to large cities such as Beijing and provincial capitals with more organizational resources. Large-scale campaigns have been conducted mostly in urban areas, making it increasingly costly for rural activists to participate. Accordingly, villagers began to withdraw from direct participation and switched to more indirect strategies such as signing petition letters. In other words, they became more and more reliant on NGO leaders to mobilize on their behalf. As one rural patient put it, “She [an NGO leader] has always been on the run. I’ve never been to Beijing. I cannot stand the racket or the traveling cost.”<sup>334</sup> The movement leadership had also shifted as rural activists’ family lineages no longer serve as an effective basis for mobilization; there has been a surge, instead, in the participation of urban residents, especially gay male communities, in the AIDS movement.

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<sup>333</sup> CD4 cells are a type of white blood cell crucial for the immune system. CD4 tests examine the level of CD4 cells and are administered to those who are HIV-positive, even carriers with no symptoms. Viral load tests measure the amount of virus in the blood of AIDS patients.

<sup>334</sup> Interview 2122 (Activist), June 16, 2012.

**Table 5.1 The Transformation of AIDS Activist Actorhood in China**

| AIDS Activist Actorhood                      | 2002  | 2007   |
|--|---|--|
| Goal   | Community welfare   | Implementation of a global AIDS governance framework   |
| Central Actors                               | Non-governmental individuals<br>Infected peasants only in Henan | Gay communities:<br>Information Clearinghouse for Chinese Gays and Lesbians, and Tongkang Gay Group<br><br>People living with HIV/AIDS communities:<br>Infected peasants<br>Organizational members of HIV/AIDS Community-based Organization Network, AIDS Care China, and Beijing AIDS Arc Information Support Network |
| Membership                                   | Direct individual participation                                 | Organizational membership  |
| Internal Structure                           | Informal networks   | Centralized<br>Formalized  |
| Activities                                   | Mutual help<br>Direct confrontational action                    | Organizational capacity and infrastructure building<br>Implementation of AIDS intervention (prevention and care)<br>Policy advocacy  |
| Resources                                    | Domestic (moral, local relationships)                           | Transnational (normative, material, organizational, technological, and human)  |
| Technologies                                 | Minimum knowledge about human rights                            | Epidemiology<br>Information Networking<br>Advocacy   |
| Targets                                      | Central Government<br>Local Governments                         | Chinese Center for Disease Control and Prevention at different levels<br>Office of the State Council Working Committee to Combat AIDS<br>Global Fund   |
| Audiences                                    | Governments   | Governments<br>International media<br>International organizations, international NGOs, western governments, private foundations  |
| Interactions between community and the state | Decentralized<br>Confrontational                                | Centralized<br>Conventional<br>Confrontational   |
| Activist networks and coalitions             | Horizontal<br>Domestic  | Horizontal<br>Vertical<br>Regular transnational interactions both inside and outside borders   |

So, what prompted this dramatic transformation? In the sections that follow, I argue that this transition towards civil society politics was driven by the transformation of domestic AIDS governance, which was, in turn, driven by transnational AIDS institutions, and how both this domestic change and transnational intervention intersected with various forms of AIDS activism.

## **II. Critical Juncture after the Boomerang**

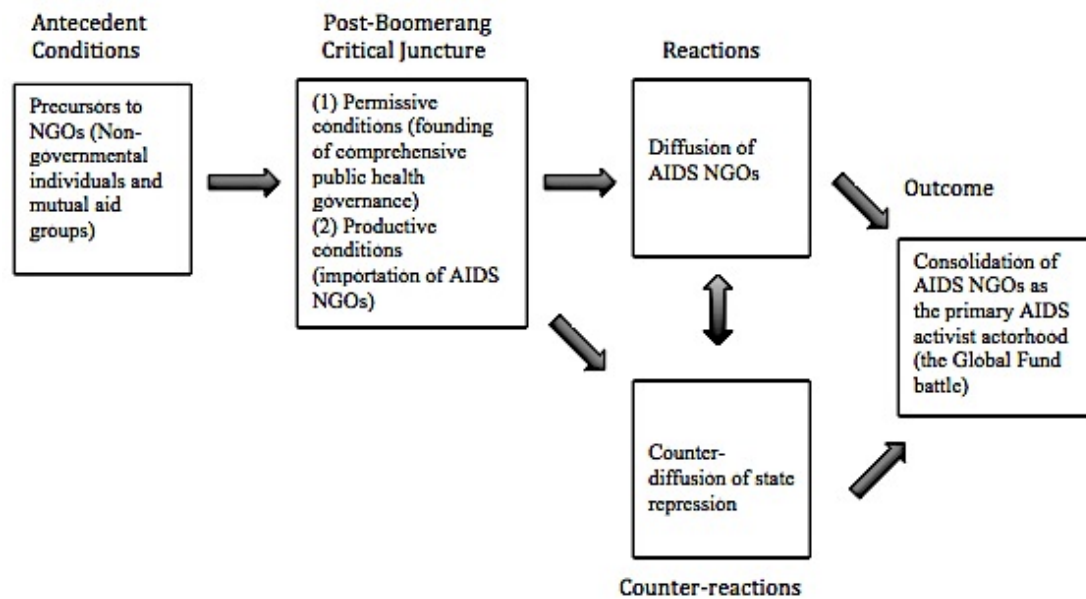
Even after the initial impact of the boomerang effect, NGOs did not emerge as a natural or automatic choice for AIDS activists; NGOs still constituted a major organizational departure from the first wave of AIDS activism. Rather, this change was the culmination of particular events between 2004 and 2005 that changed the trajectory of the AIDS movement in China. This section argues that the macro-level domestic political factors and micro-level interpersonal factors highlighted by current literature are of limited use in understanding this critical historical moment.<sup>335</sup> I argue, instead, that change in the larger, global sociopolitical environment—specifically, the drastically increased effectiveness of transnational AIDS institutions vis-à-vis China—was crucial

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<sup>335</sup> In order to capture historical causation, I borrow the concept of critical junctures from historical institutionalism (Mahoney 2001; Thelen 2004) as an analytical approach, rather than a substantial theory. This analytical approach highlights a series of sequential stages as “(1) antecedent condition (historical factors that define available options and shape selection processes); (2) critical juncture (selection of a particular option from among multiple alternatives); (3) structural persistence (production and reproduction of institution or structural pattern); (4) reactive sequence (reactions and counterreactions to institution or structural pattern); (5) outcome (resolution of conflict generated by reactions and counteractions)” (Mahoney 2001, 113). It is subject to debate whether this approach can be used in non-path-dependent explanations.

in shaping key actor choices within China that set into motion the ascendance of AIDS NGOs. Figure 5.1 summarizes the overall historical process outlined in this chapter.

**Figure 5.1 The Transformation of AIDS Activist Actorhood in China, 2004-2007**



I borrow Soifer (2010)'s concepts of permissive conditions and productive conditions to illustrate different factors at work during the critical juncture. The boomerang produced a series of permissive conditions, loosening structural constraints and allowing divergence from the past to emerge. These conditions propelled the AIDS movement to expand, but did not determine the form it was to take next. In the presence of such conditions, it was the efforts of key institutional entrepreneurs to promote transnational AIDS institutions in China that provided the productive conditions that drove the unprecedented wave of NGO-building in China, despite the continued existence of domestic conditions that made this a high-risk activity.

**i. Permissive Conditions: Creation of Comprehensive AIDS Governance**

Towards the end of the first wave of AIDS activism in 2003, the Chinese central government was forced to put HIV/AIDS on its political agenda as a result of international pressure, as examined in Chapter 4. It is important to note, however, that newly enacted policies were, I argue, no more than a tactical concession to transnational AIDS institutions. These policy developments did not give rise to identifiable political opportunities (McAdam 1996; Tarrow 1994). If we follow a broader definition, political opportunity structure refers to “consistent but not necessarily formal, long-lasting or national signals to social or political actors which either encourage or discourage them to use their internal resources to form social movements” (Tarrow 1996, 54). According to a survey conducted among Chinese AIDS activists, those encouraging signals were not perceived (Hildebrandt 2009). Scholars generally agree that the Chinese political leadership has paired politically conservative moves with renewed and incremental restriction and crackdown on dissent since 2003 (Gallagher 2005). In other words, the domestic environment remained hostile to the further development of AIDS activism.

Nonetheless, the boomerang effect did put the socialist contagious disease control under scrutiny, reflecting the extent to which transnational AIDS institutions were endorsed by a critical mass of countries at the time, including strong state actors in global health such as the United States and Britain. As illustrated in Chapter 2, transnational AIDS institutions are characterized by non-state actors’ direct involvement in and contribution to not only policymaking and implementation, but also the provision of public goods. While the civil society participation norm is not legally binding, in 2004 transnational AIDS institutions were equipped with much higher

capacities to mobilize huge levels of financial resources than most other issue-oriented transnational institutions, such as human rights institutions. The boomerang effect showed to the Chinese state that civil society participation was no longer a rhetorical statement, while NGOs became authorized as legitimate actors with specified roles and positions relative to the government.

The year 2004 marked a pivotal watershed in China's response to AIDS, with the state shifting from a socialist contagious disease control model to *comprehensive AIDS governance*. The Chinese premier, Wen Jiabao, publicly endorsed this model in his statement opening the first international AIDS conference held in Asia.<sup>336</sup> As Chapter 2 showed, by transnational AIDS institutions' definition, comprehensive AIDS governance integrates AIDS surveillance and voluntary counseling and testing with behavioral intervention in high-risk populations. It elaborates the normative frameworks of transnational AIDS institutions and makes civil society participation norms concrete and material. It is premised on a strikingly different diagnosis of the AIDS problem and prescription of solutions than those underlying the state-dominated socialist contagious disease control model. In short, the introduction of a comprehensive AIDS governance model from overseas changed the interpretation of reality around AIDS and power in China.

The Chinese comprehensive public health governance model evolved around the fact that the state was no longer the only source of power and legitimacy in the AIDS issue domain, as authority had now been ceded to transnational AIDS institutions. The concession of the Chinese state weakened the legitimacy of the central government and

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<sup>336</sup> "Wen Jiabao: The Entire Society Must Attach Great Importance to Preventing and Controlling AIDS," *People's Daily Newspaper* (Chinese), July 10, 2004.

rendered local governments more vulnerable within the larger AIDS governance structure. Legitimacy is recognized as the primary obstacle to social movement organization formation in China (O'Brien 2003; Ying 2004). As the Party-state holds a monopoly of legitimate authority, Chinese citizens do not have access to rights such as the general freedom of association and the right to strike without government reprisal (Goldstein 1978). Social movements thus rely heavily on the state for legitimacy, which restricts them to conducting more local, informal, and unorganized forms of resistance (Perry 2006).

The boomerang effect, however, had two major effects. First, it revealed the fact that the state's socialist contagious disease control was not legitimate in AIDS governance. The state publicly displayed submission to the authority of transnational AIDS institutions. For example, the Ministry of Health listed the involvement of NGOs as a key measure to achieve China's UNGASS objectives.<sup>337</sup> Top health officials also emphasized the need for NGO involvement in multiple public speeches—a stance that was unique to the area of AIDS during the mid-2000s and that stood in sharp contrast to what was advocated in other issue areas. Though ambiguous, this rhetorical commitment not only made it possible for Chinese AIDS activists to probe the limits of the permissible (O'Brien 1996), but also rendered the central government more vulnerable within the larger normative framework. As a result, the government's restriction of formal organizing was partly alleviated in the AIDS issue domain, despite the fact that the new Party leadership after 2003 took an increasingly coercive stance

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<sup>337</sup> Ministry of Health, "Progress on Implementing UNGASS Declaration of Commitment in China 2005," Office of the State Council Working Committee on AIDS (Chinese), 2005.

against other forms of public-interest and/or political advocacy and activism (Saich 2006).

Second, the boomerang effect transformed AIDS from something determined by individual behaviors to a public health crisis associated with citizens' rights. As noted in previous chapters, the Chinese state had previously defined and stigmatized AIDS as a foreign disease associated with immoral conduct. The establishment of comprehensive AIDS governance partly removed the shame attached with AIDS. The contrast after the boomerang effect was remarkable. RKH, the activist mentioned in the previous chapter, lived in a village with an infection rate above 30 per cent. Even so, when RKH and his group first took action, they found little support for the infected peasants. Those who were infected dreaded exposure, especially as they were already seen as complicit in the blood-selling behaviors driven by poverty that led to the outbreak in the first place. But after the boomerang, RKH's village was "bathed in high feelings" as "calling upon hundreds of people was easy any time in 2004 and 2005."<sup>338</sup> This awareness of collective suffering did not exist prior to the first wave of AIDS activism. Villagers' feelings about self and disease were transformed as they participated in post-boomerang activism, which further incited local mobilization.

However, the state's approval of comprehensive AIDS governance did not signal the end of the dispute over the validity of transnational norms, but instead the start of a dispute over the substance and implementation of those norms. Institutional pressure leads to the decoupling of stated intentions and actual practice (Meyer and Rowan 1977). Transnational AIDS institutions' comprehensive AIDS governance

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<sup>338</sup> Interview 242 (Activist), June 14, 2012.



model with its decentralized structure stood in sharp contrast to the Chinese state's traditional concerns of hard sovereignty and national security (Huang 2010). External intervention certainly constituted a disruptive challenge to authoritarian order when the central government finally had to start to work with the Joint United Nations Programme on HIV/AIDS (UNAIDS) to issue joint epidemic reports after refusing to share information with international organizations for a decade. The government was forced for the first time in 2003 to allow the WHO to directly inspect the provinces hardest hit by AIDS. But since going back to public non-compliance was not an option, the state sought instead to decouple its actual practices from its rhetorical conformity with transnational norms.

The central government considered comprehensive AIDS governance an expansion rather than replacement of its previous socialist contagious disease control. Indeed, the Chinese state, forced to recognize that AIDS could not be disconnected from security and foreign policy concerns (Huang 2005), started to invest heavily in AIDS initiatives in order to develop a policy domain around the issue (Cui et al. 2009; Wu et al. 2007).<sup>339</sup> But the national health ministry's efforts still aligned with the old model, in that they concentrated on establishing a sentinel surveillance system<sup>340</sup> and providing basic treatment only in the geographic areas with the highest prevalence rates. Sentinel surveillance was added to the previous notifiable infectious disease report

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<sup>339</sup> In response to international pressure, the Chinese government announced five commitments at the United Nations high-level special meeting in 2003, known as the "Four Frees and One Care" policy. These commitments included free first-line antiretroviral therapy to AIDS patients in rural areas, free voluntary counseling and testing, free drugs to HIV-infected pregnant women, free schooling for AIDS orphans and children from HIV infected families, and economic assistance to the people living with HIV/AIDS (around 2-5 USD per person per month).

<sup>340</sup> See Chapter 3 for more detailed information.

system and primarily depended on mandated HIV tests of female sex workers and injection drug users in detention centers, instead of monitoring the general population.<sup>341</sup> Effective prevention measures such as condom promotion, peer education, and harm reduction were considered either not feasible or too sensitive to be implemented in local municipalities, which received little support from the central government for such efforts.<sup>342</sup> Even treatment was limited to distributing first-line antiretroviral therapy (hereafter, ART) without necessary long-term support such as treatment literacy and adherence assistance.

As three activists pointed out in their interviews, the national health minister was more interested in taking temporary measures to calm domestic dissent and improve the state's international image. SJ recalled how untrained health officials were splashing medicine about without knowing baseline characteristics of the infected cohort in 2004.<sup>343</sup> This was one of the contributing factors to the high mortality rate at the time and the high cumulative treatment failure rate (Zhang et al. 2008). ZLW stated, "People got mistaken conceptions about what the government did for us who were infected. Actually they (officials) were only busy putting out fire by giving out medicine. Those new policies looked good. But they were mostly temporary."<sup>344</sup> While

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<sup>341</sup> Office for Disease Control and Emergency Response, "Strengthening Infectious Disease Report and Surveillance System in China," China Center for Disease Control and Prevention, November 6, 2007.

<sup>342</sup> Yuanli Liu and Joan Kaufman, "Controlling HIV/AIDS in China: Health System Challenges," in *AIDS and Social Policy in China*, ed. Joan Kaufman, Arthur Kleinman and Tony Saich (Harvard University Asia Center, 2006), 75–95; Hui Li, Xue Hui, Hui Liu, et al., "Resource Allocation Analysis for International Cooperation Program for HIV/AIDS Prevention and Control," *China Journal of Preventive Medicine* (Chinese) 42, no. 12 (2008): 888–91.

<sup>343</sup> Interview 14 (Activist), June 4, 2012.

<sup>344</sup> Interview 123 (Activist), June 5, 2012.

the Chinese state decided to develop a national AIDS response, it was committed to a form of comprehensive AIDS governance only as an emergency response system grafted onto the old governance structure and organizational actors in public health.

Therefore, although it gathered momentum for the formation of comprehensive AIDS governance, the boomerang effect did not give rise to a unitary and cohesive model overnight. Instead, it generated an on-going political project that involved conflicts and negotiations between transnational AIDS institutions and the Chinese state over what the trajectory of comprehensive AIDS governance ought to be. The aftermath of the boomerang brought a drastic influx of AIDS intervention practices and policy models along with financial resources. International donors doubled their contributions to 18.964 million USD, which accounted for 59.13% of the financial resources allocated to AIDS intervention at the provincial level.<sup>345</sup> This was the start of a rapid expansion of international AIDS programs in China. The Global Fund alone has approved over 800 million USD for anti-AIDS efforts in China since 2003.<sup>346</sup> As one activist described, “they (international actors) were holding high hopes. Without really understanding the Chinese government, they came in very passionate and aggressively and had all kinds of good visions.”<sup>347</sup>

At the focal point of the contradiction were conflicts between transnational AIDS institutions and the Chinese state regarding who and what constituted civil

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<sup>345</sup> Hui Li, Xue Hui, Hui Liu, et al., “Resource Allocation Analysis for International Cooperation Program for HIV/AIDS Prevention and Control,” *China Journal of Preventive Medicine* (Chinese) 42, no. 12 (2008): 888–91; Jiangping Sun, Hui Liu, et al., “Contributions of International Cooperation Projects to the HIV/AIDS Response in China,” *International Journal of Epidemiology* 39 (2010): 14–20.

<sup>346</sup> Based on data from the Global Fund China Country Coordinating Mechanisms. Available at: <http://www.chinaccm.org.cn> (accessed August 2012).

<sup>347</sup> Interview 41 (Activist), June 23, 2012.

society, what roles civil society could and should play, and what position civil society had in relation to the state between 2004 and 2008. These conflicts did not give rise to identifiable political opportunity shifts (McAdam 1996; Tarrow 1994). Rather, they changed the foundation upon which rightful resistance was based: the centrality of the Chinese state. With transnational AIDS institutions recognized as another source of power and legitimacy in the AIDS issue domain, the form of AIDS activism began to change. The next section shows how the shape of those conflicts between transnational AIDS institutions and the state drove the civil society politics of a new wave of AIDS activism.

## **ii. Productive Conditions: The Importation of the AIDS Advocacy Organizational Form**

Whereas the initial impact of the boomerang lifted some political structural constraints and made it *possible* for the movement to keep growing, it was productive conditions that set in motion the specific path along which the AIDS movement in China developed when activists were still presented with multiple competing alternatives when it came to organizing.

The diffusion of NGOs to China was activated by international NGOs, private foundations, and non-World Health Organization (hereafter, WHO) entities such as UNAIDS. These organizations acted as the institutional entrepreneurs of transnational AIDS institutions to promote the model of civil society. Building a civil society sector in AIDS governance goes beyond providing domestic groups with “access, leverage, and information, (often money)” (Risse, Ropp, and Sikkink 1999, 18), as recognized by

current transnational social movement literature. Urban AIDS activists in China were no stranger to the concepts of NGOs and civil society, as they were exposed to the AIDS movement in the U.S. during the 1990s. However, the dominant development model at the time only considered local NGOs as a means to implement AIDS intervention, not as participants in decision-making. With the institutionalization of transnational AIDS institutions, the designated role of NGOs shifted from purely operational to normative terms. Participatory democracy was emphasized, and NGOs were authorized as integral actors that fulfilled the role of representing civil society in opposition to both the state and the market (see Dodgson et al. 2002). Building a civil society sector became a major goal in implementing transnational AIDS institutions in China, and the issue of forming NGOs rose to the top of the agenda in 2003.

Transnational institutional entrepreneurs translated the model of civil society sectors into a concrete project that involved endorsing the normative frames of transnational AIDS institutions, building NGOs, and forming inter-organizational ties among NGOs, social movements, media, and power holders such as foundations, international organizations, and western governments. Their efforts crystallized in the formation and development of a key Chinese AIDS advocacy organization, the Beijing Aizhixing Institute of Health Education (hereafter, Aizhixing), which grew into the largest incubator for NGO-building and expansion during the second wave of AIDS activism.

As discussed in Chapter 3, the precursor of Aizhixing, the AIZHI Action Project, was an informal group when it was founded in 1994. Up to 2002, this group

had identified itself as an independent project instead of “a formal organization,”<sup>348</sup> as Wan Yanhai, its founder, explained that “the international society did not notice us” throughout the 1990s.<sup>349</sup> But by 2002, even Wan’s arrest did not deter urban activists; instead, they realized the profile of their work was raised when “international communities consider AIDS as important.”<sup>350</sup> Upon his release, Wan and his friends, with assistance from the U.S., decided to establish Aizhixing as a formal NGO.

2003 saw a sudden surge in the number of overseas programs, events, and institutes to which Aizhixing members were invited. These included four fellow programs, five international conferences, and twenty-two organizations ranging from the Congressional-Executive Commission on China to Yale University. For example, two of the co-founders of Aizhixing were identified as promising young activists by the National Committee on United States-China Relations and chosen to participate in a two-month training program in the U.S. tailored to their needs. As one of the co-founders remembered, “we met with many American NGOs, which immediately broadened our horizons. Although much of their experience could not be copied and applied in China right away, we got the vision and learned roughly how to run a NGO.”<sup>351</sup> Not only were they assigned to various AIDS NGOs<sup>352</sup> in the U.S. to study organizational management and operation as well as outreach activities, the two young

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<sup>348</sup> Yanhai Wan, “A Reply upon Questions about Aizhixing,” Personal Statement (Chinese), October 5, 2003.

<sup>349</sup> Interview 342 (Activist), July 1, 2007.

<sup>350</sup> Interview 342 (Activist), July 19, 2007.

<sup>351</sup> Interview 31 (Activist), May 22, 2007.

<sup>352</sup> They included the Asian and Pacific Islander Coalition for HIV/AIDS, the Chinese-American Planning Council, AIDS Services for Asian Communities in Philadelphia, and Massachusetts Asian AIDS Prevention Project in Boston. All of these NGOs serve Asian American communities, thus Chinese is one of their working languages.

activists were also exposed to a larger network of government agencies, medical specialists, media, foundations, and local communities.<sup>353</sup> In the same year, some members of Aizhixing attended the Sixth Annual United States Conference on AIDS (USCA). This conference in particular focused on cultivating national NGOs' connections with "community organizations, federal government agencies, private industry and others."<sup>354</sup> As part of its traditional program to promote international AIDS organizations, USCA collected a donation for Aizhixing, a part of which was earmarked for administrative costs. This grant enabled Aizhixing to start hiring paid staff.<sup>355</sup> This process began with the Train-the-Trainer Program on HIV/AIDS medical intervention hosted by the Yale-China Association based in the U.S.<sup>356</sup>

Guided by an American AIDS advocacy organization model, Aizhixing carried out a formalization process that had both structural and relational aspects. It established internal structure, a board of directors, and rules regulating the board. A basic financial management and staffing system was also introduced. Meanwhile, Aizhixing was actively identifying and developing connections with important organizational actors in transnational AIDS institutions, as well as within the domestic AIDS policy domain. For example, Aizhixing not only met with a dozen international NGOs and foundations, but also tried to develop routine interactions with domestic health departments in

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<sup>353</sup> National Committee on United States-China Relations, "Annual Report 2003" (Chinese), 2003; Aizhixing Institute, "A Report on a Trip to Washington D.C." (Chinese), August 4, 2003.

<sup>354</sup> The Sixth Annual United States Conference on AIDS, one of the most widely attended gatherings of HIV/AIDS service providers in the United States. Available at: <http://www.procaare.org/eventview.php/80/> (accessed October 9, 2011).

<sup>355</sup> "Aizhixing: A Long Journey," *Charity Weekly* (Chinese), December 12, 2003; Aizhixing Institute, "Aizhixing Annual Report 2003 (draft)" (Chinese), January 4, 2004.

<sup>356</sup> Yale-China Association, "Biennial Report 2001-2003," 2003; Aizhixing Institute, "Annual Report 2003 (draft)" (Chinese), January 4, 2004.

2003.<sup>357</sup> By mid-2004, Aizhixing had become an AIDS advocacy organization with a team of three full-time and five part-time staff members, more than \$20,000 in operational funds from the West, a small membership base, and a primary focus on representing the interests of people affected by HIV/AIDS and pursuing social change.

### **III. The Contested Path to AIDS NGOs**

The growing influence of transnational AIDS institutions enabled the importation of AIDS advocacy organizations, which generated the diffusion of this organizational form. This was not, however, a linear and smooth process as the Chinese state and many domestic activists questioned the model of AIDS advocacy NGOs. These responses constituted what I refer to as a form of counter-diffusion.<sup>358</sup> The conflict between diffusion and counter-diffusion processes shaped the formation of AIDS NGOs in China, and culminated in the transformation of the AIDS movement in China during the second wave of AIDS activism.

Contrary to what much of the literature would argue, processes of diffusion and counter-diffusion were not preceded by an existing network of channels (McAdam and Rucht 1993). Instead, these processes became organizational and networking mechanisms in themselves that generated ties among otherwise unconnected activist groups throughout the country and recruited individuals and communities. Both processes gave rise to transnational networks that connected “disprivileged Third World

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<sup>357</sup> Aizhixing Institute, “Annual Report 2003 (draft)” (Chinese), January 4, 2004.

<sup>358</sup> Diffusion and counter-diffusion correspond to response and counter-response analysis in historical institutionalism. They constitute the reactive sequences of events triggered by the critical juncture (Mahoney 2001).



groups and communities to political actors and areas that can affect decisions in hegemonic global networks” (Evan 2000, 231), and more importantly, enrolled those groups into the project of implementing the transnational AIDS regime in China.<sup>359</sup> In the following sections, I explore these processes of diffusion and counter-diffusion in greater detail.

### **i. Diffusion of AIDS NGOs**

Applying an advocacy organization model in AIDS activism in China was effected through two processes: *adoption*, the process of using the imported NGO model to create new NGOs and recruit more people into AIDS activism; and *adaptation*,<sup>360</sup> the act of modifying existing organizational forms to enact the diffused organizational form. Diffusion was initiated by transnational institutional entrepreneurs, but adoption and adaptation were actualized on the ground, respectively, by two groups: gay communities and HIV/AIDS victims infected via contaminated blood.

As discussed in Chapter 4, conflicts within gay communities in China in the 1990s inhibited them from fully getting involved in the AIDS issue. However, male gay communities were quick to seize upon the more permissive organizing conditions generated by the boomerang. There were dual advantages for gay activists to form grassroots AIDS NGOs. On the one hand, forming NGOs enabled gay communities to gain access to transnational AIDS institutional resources. Indeed, as one activist serving

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<sup>359</sup> This concept is borrowed from Bartley (2007) who utilizes it for field-level analysis.

<sup>360</sup> I borrow the concept from Haveman and Rao (1997) and apply it to this transnational diffusion context.

children explained, a visit to the U.S. in 2003 left him with the impression that “there was more international money for issues related to homosexuality because AIDS was very much linked to it there.”<sup>361</sup> On the other hand, the organizational form of AIDS NGOs was recognized not only as an umbrella shielding this population from political persecution, but also as a source of socio-political legitimacy enabling gay male communities to interact with government officials and the general public. In short, it was through this public health issue that gay communities in China were able to advocate for legal and sexuality rights in general. In 2004, more than 40 leading activists from 15 provinces gathered in Shanghai to discuss the issue of building gay communities. This meeting centered on specifying AIDS NGO-formation as a means to promote gay men’s legal rights and interests.<sup>362</sup> Activists formulated a meeting resolution, “An Initiative to Strengthen Health and Legal Work among Gay Populations,” and sent it to the central government and National People’s Congress. This was the first initiative to ask the state to recognize and approve gay organizations.

Most gay groups were only receptive to forming AIDS NGOs in order to claim their cultural or social sexual identities in the public sphere without politicizing the issue. Unlike their counterparts in the West who endeavored to disassociate sexual danger from homosexual identity in public discourse, leaders of these groups intentionally equated the concept of “gay” with men who have sex with men (hereafter, MSM)<sup>363</sup> in order to claim sovereignty over this category in AIDS intervention work.

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<sup>361</sup> Interview 31 (Activist), July 14, 2007.

<sup>362</sup> Chinese Society for the Study of Sexual Minorities, *News Digest* 185 (October 15, 2004).

<sup>363</sup> The term “MSM” was invented by epidemiologists to describe sexual acts without reference to identity. The category, however, excludes homosexual women, which caused a rift in communities after 2008.

Further propelling the rapid expansion of AIDS NGOs within gay male communities were the specific intervention techniques promoted by transnational AIDS institutions, such as peer education and diffusion of innovation models designed for sexually-high-risk groups. Peer education “involves the use of members of a given group to effect change among other members of the same group” (WHO 1999, 5), an approach that has proven to be especially effective in affecting behavior such as condom use. The “diffusion of innovation” approach relies on influential community leaders “whose action, attitudes, and views influence those of other members through interactions in existing social relationships” (NIMH 2007, 4). These two approaches sheltered a variety of activities unrelated to AIDS from police harassment and granted a new form of legitimacy to AIDS NGOs and, indeed, to gay male communities in general.

The diffusion of AIDS advocacy organizations took a different road among victims of contaminated blood. For gay communities, AIDS activism developed through a relatively straight-forward adoption of the existing forms and processes of the AIDS NGO model that began “from scratch,” so to speak. Such a “wholesale construction” can lead to “relatively immediate institutionalization of practices, technologies and rules” in terms of building a civil society sector (Lawrence and Suddaby 2008, 228). Unlike the linear and progressive organizational expansion among gay groups, the diffusion process among people infected via contaminated blood was dubious and contradictory. Because this group had already developed certain forms of AIDS activism, the adaptation of the AIDS NGO model was shaped significantly by how this western advocacy model and the existing one worked together. As a result, the transnational AIDS regime played a peculiar role in this pathway.

AIDS-related collective action arose rapidly in 14 provinces and municipalities.<sup>364</sup> Besides former plasma donors, victims of blood and/or plasma products also began to take action. This primarily included hemophiliacs,<sup>365</sup> women who were infected during labor or family planning surgeries and who then transmitted the virus to their partners and children,<sup>366</sup> and people infected in surgeries after traffic-related and other accidents.<sup>367</sup> While hemophiliacs largely lived in urban areas, the latter two groups tended to concentrate around county-level hospitals in rural areas, as did plasma donors. These spatial differences led to divergent modes of action. Concentrated in villages and linked by family connections, plasma donors developed more confrontational strategies and tended to mobilize large-scale protests and demonstrations against local governments at county and township levels. Infected villagers' demands were mainly limited to minor financial and medical assistance.

On the other hand, hemophiliacs' easy access to central and provincial governments located in Beijing or other central cities allowed them to utilize strategies such as lawsuits, open petitions to the central government, and small-scale protests in large cities. Most of the other victims of blood products who took action—women with pregnancy-related infections, and accident victims given infected blood—were situated

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<sup>364</sup> These were Beijing, Guizhou, Hebei, Heilongjiang, Henan, Hubei, Hunan, Jiangsu, Liaoning, Shanxi (山西), Shandong, Shanghai, Shanxi (陕西), and Xinjiang.

<sup>365</sup> It was estimated that around 1,000 hemophiliacs became infected with HIV/AIDS in the 1990s because they were dependent on domestically-produced clotting factor VIII after the Ministry of Health banned the import of all blood products.

<sup>366</sup> Family planning-related surgeries refer to terminations of gestation and performance of ligation operations.

<sup>367</sup> Given low government financial subsidies since the marketization reform of public health system in the mid-1990s, hospitals depended heavily on fees for drugs and other services to cover costs in developing areas, which caused hospitals to invest heavily in the blood industry, including collecting blood and encouraging patients to use more blood products regardless of their medical conditions.

in less developed areas with limited health resources.<sup>368</sup> Petitioning high-level governmental authorities was their main strategy since local governments and hospitals were unwilling or unable to respond to victims' requests for economic compensation. The common thread across all these groups was that their forms of mobilization were embedded in local networks.

Interestingly, the diffusion of AIDS NGOs among people living with HIV/AIDS was prompted, in part, by the state's resistance to the penetration of international NGOs and private foundations in general. As discussed in Chapter 2, international NGOs, especially those based in the U.S., have a long history of working in the public health area in China. But under the old international health framework, these external non-state actors only acted as implementing agencies or technical advisors of bilateral and/or multilateral projects (Ruger 2007; Thomas and Weber 2004). The institutionalization of the transnational AIDS regime allowed international NGOs to be admitted into the AIDS area in China as independent organizations on their own missions.<sup>369</sup> Still, most local governments were determined to keep overseas organizations from entering into the areas hardest-hit by AIDS. There was large-scale joint and concentrated action whereby provincial authorities united different administrations in an effort to banish overseas organizations. For example, one interviewee related waking up one day and realizing that every car belonging to an international organizations was gone from the

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<sup>368</sup> It is difficult to tell whether residents in developed areas were less exposed to contaminated blood or they were less motivated to take action because of better access to health resources and/or the pressure of stigma.

<sup>369</sup> Zunyou Wu, "International Non-governmental Actors in HIV/AIDS Prevention in China," *Cell Research* 15, nos. 11-12 (2005): 919–22.

county.<sup>370</sup> Activists recounted guiding members from international NGOs around when they visited to assess local needs and set up projects, and helping them to avoid detection by the local authorities.<sup>371</sup> Three other interviewees echoed this, explaining that the direct operation of outsiders in local communities was nearly impossible between 2003 and 2006. International NGOs and private foundations had to establish AIDS NGOs in local communities in order to carry out other programs and activities.

This process gave rise to AIDS NGO incubators in central urban areas. Larger international NGOs and foundations anchored resources in key AIDS advocacy organizations in large cities and relied on them to build and train AIDS NGOs. Aizhixing was one of the major incubators that initiated, financed, and trained AIDS NGOs in epidemic areas during this time period. Aizhixing usually singled out local activists among HIV/AIDS patients in Beijing and then helped them to form NGOs.

ZLW was one such activist. Like most local communities, his village was already fighting on its own with local officials for basic medicine in 2003 and 2004, without being aware of the existence of similar struggles in other areas. Without access to medicine, ZLW and many peasants from his village took part in drug experiments at Beijing Ditan Hospital. Later, they recognized that these experiments had involved many deceptive practices and they sought to take legal action, but again, were limited by their lack of resources. ZLW describes standing outside the hospital in 2003, holding all his materials in support of a lawsuit, when he met Wan Yanhai, one of the co-founders of Aizhixing:

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<sup>370</sup> Interview 41 (Activist), June 23, 2012.

<sup>371</sup> Interview 14 (Activist), June 3 and 14, 2012.

My wife and I went to a law firm but the lawyer wanted 3000 RMB and I can only pay 200 RMB. So we came back and were resting in a corner of the street. It was at this time Wan saw us. We started to chat and I showed him my materials. You know, nobody knew anything about it so I hired the owner of an internet bar to search for and download some information. That was how I wrote stuff about patients' informed consent right, research ethics, and so on. Wan asked who wrote this. I said me. Then he asked what I did. I answered that I was a peasant. Right there Wan said that leave the lawsuit all to him and he would help us. So he asked me for a phone number. We did not have a phone. So he said that he would sponsor us one.<sup>372</sup>

Aizhixing paid for the cost of phone installation and invited ZLW to Beijing for its annual meeting followed by a training section for “NGO capacity building” in Shanghai. This was part of a Rural Health Fellows Program in which fellows were taught health-and care-related skills by doctors, media communication skills by journalists, social work concepts by scholars, legal education by lawyers, and internet training by engineers.<sup>373</sup> When ZLW came back from Shanghai, he decided to set up an AIDS NGO. Through methods such as these, Aizhixing provided activists scattered across fifteen provinces with funds, equipment, technical and educational support, and opportunities to attend domestic meetings in 2003 and 2004.<sup>374</sup>

Beijing was a key site converting and adapting international resources because of its location in the epidemiological and political structure of China. There were only two medical centers in China that specialized in AIDS in the mid-2000s: Ditan Hospital and You'an Hospital, both in Beijing. These centers drew HIV/AIDS patients who could not get diagnosed or treated elsewhere in the country. Meanwhile, Beijing was also the ultimate destination for petitioners with HIV/AIDS. Most victims infected via

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<sup>372</sup> Interview 123 (Activist), June 4, 2012.

<sup>373</sup> Aizhixing Institute, “About Training Henan Peasants,” Internal E-mail (Chinese), December 12, 2003.

<sup>374</sup> Aizhixing Institute, “A Summing-up Report of Work for the First Six Months,” Internal E-mail (Chinese), 2004.

blood products were in other parts of the country, but got in touch with AIDS activists in Beijing. Given the isolation of local communities, Beijing provided a central node where AIDS NGO incubators were able to identify, select, and recruit local activists for the project of making NGOs. This model eventually spread from Beijing to provincial capitals as more incubators were developed along with the establishment of provincial specialty hospitals.

This diffusion process resulted in steady growth in the number of AIDS NGOs organized by people living with HIV/AIDS, and the formation of a particular group of local NGO leaders. Many scholars have indicated that social movement leaders in China tended to occupy higher status in local networks (Shi and Cai 2006), such as village cadres, heads of former production teams (Bernstein and Lu 2003) or influential families, or former soldiers (Bianco 2001). These descriptions were suited to the character of local leaders in the first wave of AIDS activism. During the diffusion process, however, many previously marginalized community members emerged as NGO leaders. They mostly came from relatively financially stable or affluent families that could afford medical treatment and/or petitioning activities in Beijing, but that did not have access to cultural and political capital based on kinship or lineage. Many of these emergent NGO leaders were previously migrant workers, so they were already exposed to urban life and had access to networks outside local communities. Importantly, if somewhat ironically, these new organizing strategies offered more opportunities for women, in particular, precisely because of their classification within their local communities as second-class members. As one activist explained:

I was married into this family and village. Just like other women from outside the village, I sold my blood since my blood was less valuable than my



husband's. Then I got infected and gave it to him. ...I started to fight while the local did not. Their whole families were here so they had much more to lose. I was not afraid. ...The village just offered my husband an accountant position. They wanted me to stop. But let's wait and see.<sup>375</sup>

Selling blood was considered despicable in rural areas, especially for men as it was equated with laziness, incompetence, and desperate poverty. But because women were already devalued, they had less at stake when it came to forming organizations based on a shared status of having sold blood, and revealing their HIV/AIDS status. Many activists explained that sustaining these more formal organizations also involved a great deal of routine work, and it was argued that women had more time available as they stayed in their villages for both housework and agricultural work in the field, while men went to work in urban areas.

## **ii. Counter-Diffusion against AIDS NGOs: The Emergence of Soft Repression**

The boomerang effect did force the Chinese state to shift away from more traditional, hard forms of repression. The new comprehensive AIDS governance restricted the Chinese state's ability to simply forbid domestic communities from organizing. As one security official explained:

Overall, our regulations cannot go back to the 1990s unless we cut ourselves off from the outside world. Of course somehow stern measures should be taken but we would be under fire if we just ban NGOs. NGOs in AIDS area were mostly receiving help from abroad. They were used as an anchor point for international forces. As dangerous as they were, the old system just did not apply any more. Those NGOs would not be simply shut down. The situation was that difficult

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<sup>375</sup> Interview 242 (Activist), June 18, 2012.

that we were burying our head in the sand to some extent for a while back then.<sup>376</sup>

The reduction of hard coercion was also confirmed by activists who stated in 2005 that they had been “on a good term with the state for two years.”<sup>377</sup> It was not so much that the state no longer viewed AIDS activism as a threat, but rather it now viewed activism as a different kind of threat and sought to reorganize its repressive strategies accordingly. AIDS activism became imbued with subversive potential when it limited the authoritarian state’s institutional capability to fully exercise its policy autonomy and demand absolute obedience (Migdal 2001). AIDS activism was “an *infiltrating* force that conceals covert and political purposes with legal and open activities.”<sup>378</sup>

Other officials’ statements can help explain why NGOs’ service-focused activities in remote communities constituted a political threat and why repression was still seen as necessary to forestall further penetration:

They were doing nice things for local people. So people would be thankful to those organizations and forget about the state! You know, NGOs can totally win local communities over and mobilize them when something happens. We had to take control. Otherwise our government would fall in a few years. This was not about their activities per se. We have to look at what kind of influence those organizations can have on local communities. This is what we meant by people’s well-beings are important political issues (*Xiao Minsheng, Da Zhengzhi*).<sup>379</sup>

Although its original perception of AIDS activism was underpinned by a Cold War mentality, the Chinese state strove to adapt specific repressive means to the new organizational and interactional forms imposed by transnational AIDS institutions.

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<sup>376</sup> Interview 122 (Government), July 29, 2009.

<sup>377</sup> NGO Meeting Minutes, 06/2005.

<sup>378</sup> Interview 241 (Activist), June 19, 2009.

<sup>379</sup> Field notes, July 8, 2009.

Once it identified AIDS activism as “a blank spot in our administration system,”<sup>380</sup> the Chinese state aimed to adapt its existing repressive apparatus to a context in which “the western countries prevail over the East and socialism is currently at a low ebb across the world.”<sup>381</sup> While existing repressive agents, such as security and police departments, were reorganized, new agents and strategies were also generated by adopting some of the structural devices offered by transnational regimes.

The previous hard repressive agents, especially security departments, were reconfigured as special engineering corps (*Gong Bing*) assigned the task of studying transnational activism in 2005. As a “prerequisite for most other activities” (Marx 1979, 208), information gathering operated in three ways. First, intelligence was gathered to assess the situation and determine exact numbers. Rather than relying on local departments, special working teams were sent from the central government to conduct investigations.<sup>382</sup> Second, security agents accumulated a list of key targets for monitoring who were actively engaging with networks abroad.<sup>383</sup> Third, security agents started to develop closer working relationships with not only other traditional repressive agents, such as police and security police, but also the departments of civil affairs and industry and commerce for possible legal or administrative prosecutions. Although the planted informants occasionally caught activists’ attention, most of these activities were successfully covert and remained unobserved.

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<sup>380</sup> Interview 212 (Activist), June 16, 2009.

<sup>381</sup> Interview 122 (Government), July 29, 2009.

<sup>382</sup> Interview 3144 (Government), June 16, 2009.

<sup>383</sup> Interview 31122 (Government), July 16, 2009.

Meanwhile, the state began engaging directly in transnational institutional spaces, as a way to cope with Chinese activists' advocacy activities there. As one official put it:

We participated in events like NGO parades at many international conferences. We would carry different banners according to the overall diplomacy policy of the state. There were only NGOs' voices in the past. Now the international society can hear what we get to say. Of course we [the government] have problems. But we have also conducted a lot of work. So we cannot just let NGOs talk about us. We should speak up by ourselves.<sup>384</sup>

This process started with the international publicity campaign, the China Red Ribbon Action. The central government launched the campaign by sending a so-called non-governmental organization delegation for the first time along with the government delegation to the 15<sup>th</sup> World AIDS Conference<sup>385</sup> in 2004. International/world conferences as “transnational social space” (Pries 2001) have recently attracted much interest among social movement scholars (Smith et al. 2008). As seen in other issue areas, transnational AIDS advocacy networks successfully used world conferences and meetings as forums to interject their agendas and perspectives, share information, increase media coverage, and build identities and coalitions. Chinese grassroots groups attended the 15th World AIDS Conference with support from different international organizations. They set up their displays at the NGO exhibition booths, distributed fliers

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<sup>384</sup> Field notes, June 16, 2009.

<sup>385</sup> Beginning in 2003-2004, the rapid spread of the epidemic in Eastern Europe and Asia emerged as a growing concern, with government authorities' denial of the extent of the problem identified as one of the primary challenges. For the WHO to achieve its “3 by 5” goals by 2005, HIV-infected people in Asia were identified as a major priority. The 15th World AIDS Conference recognized the central task as expanding access to proven therapy and prevention strategies. The conference also framed community participation as central in developing sustainable infrastructure for prevention, care, and treatment.

to introduce their activities, and participated in panel discussions, particularly those regarding policy and law.

While most scholarship focuses on the local-global nexus and horizontal transnational flows, the Chinese case shows how the state remains a crucial actor attempting to defend hierarchical politics in the tradition of nation-states. The state tried to infiltrate and use transnational space to combat and cope with the threats posed by Chinese activists occupying the same space. The state did so by appropriating the form and activities of grassroots groups, but employing them with opposite intentions. The state-affiliated NGO delegation aimed to directly limit Chinese activists' efforts to frame and contextualize blood issues, and to indirectly affect the efficiency of activists' strategies. The delegation arranged several larger NGO booths at the Global NGO village to display the central government's accomplishments. A poster standing 32-feet high showed Prime Minister Wen Jiabao visiting AIDS patients, while handicraft items made by HIV/AIDS carriers were used to demonstrate their happy lives.<sup>386</sup> Some officials as NGO delegates attended the protest staged by local and international activists, alongside members of Chinese grassroots groups. When Li Dan, an activist, passed out flyers and shouted slogans such as "Henan Government = Nazi" and "silence = murder,"<sup>387</sup> the Vice-Director of the Henan Provincial Department of Health tried to persuade him to stop. In short, world conferences as transnational arenas have become key contested spaces for distinct forms of organizations, where vertical and horizontal hierarchies meet and contradictory political purposes clash.

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<sup>386</sup> "The Chinese Red Ribbon Overseas," *People's Daily* (Chinese), July 9, 2004; "Chinese NGOs Made Their First Appearance in Fighting AIDS," July 22, 2004.

<sup>387</sup> Aizhixing Institute, "A Response to the Declaration of Action Aid International China," Announcement, April 7, 2004.

In addition to obscuring conflicts and disrupting grassroots activists' activities, the state also took a more proactive strategy vis-à-vis transnational spaces. Rather than simply dismissing the legitimacy of NGOs as it once did, the state fashioned a specific definition of Chinese NGOs and local communities, as well as their importance under the leadership of the Party. The NGO delegation of the Chinese government was organized by the China NGO Network for International Exchange (hereafter, CNIE). CNIE was actually a bureau of the International Department of the CCP,<sup>388</sup> but it obscured this by adopting a different set of organizational structures and constitutions in line with international models of NGOs, and using the term "network" because, as one official put it, "it is popular internationally."<sup>389</sup> The NGO delegation of the Chinese government included not only officials and medical professionals, but also representatives of a small grassroots group of AIDS patients, Positive Art, supported by the UNAIDS China office. It even invited a female HIV/AIDS carrier from a small village. In particular, this NGO delegation and grassroots groups handed out two different copies of the AIDS NGO inventory in China, respectively. The former's state funding allowed it to produce mass amounts of professionally prepared literature, which did not mention any grassroots organization.<sup>390</sup>

To play to the World Conference's theme of "Access for All," the state's NGO delegation organized a NGO satellite symposium, "Facing the Challenge Together." The symposium particularly invited the executive Director of UNAIDS. Wang Longde,

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<sup>388</sup> Field notes, May 18, 2009.

<sup>389</sup> Field notes, July 8, 2009. Currently, CNIE is one of only two organizations in China that enjoys general consultative status with UN ECOSOC.

<sup>390</sup> The Aizhixing Delegation of Grassroots Groups. "A Compilation of Preliminary Sum-ups of Experiences with the World AIDS Conference," Internal E-mail, July 14, 2004.

the Vice-Minister of the Ministry of Health, spoke at the symposium about how the Chinese government was mobilizing and organizing NGOs to participate in HIV/AIDS control. He emphasized NGOs' roles in the area of education and praised the state-organized All Women's Federation and Chinese Youth League for assisting the government's action. While the Vice-Minister promised that the Chinese government would offer more support to protect AIDS patients' legitimate rights and interests, Xiashuqin, the HIV/AIDS carrier talked about how thankful she was to the government for taking care of her and her family.

#### **IV. Fighting Against A Counterfeit Civil Society: The Consolidation of AIDS NGO Actorhood**

Organizational formation became the key point of contention in 2003 among urban activists who had served as the backbone of the first wave of the AIDS movement. Although they all agreed to move the movement forward by making public interest claims and seeking related social changes, activists were divided on the next form organizing should take. Most of the conflicts concerned group structures, resources, participation, inter-group relationships, and the broader influence of AIDS activism. The rise of NGOs after the boomerang effect was, thus, not an automatic or foregone outcome of internal movement development. Neither did it result directly from activists' efforts to respond to shifts in the immediate resources made available by transnational AIDS institutions. Rather, it reflected how civil society politics emerged in the tensions between the diffusion of AIDS NGOs and the counter-diffusion of state

repression, which together changed the institutional terrain in which AIDS activists operated.

The conflict between diffusion and counter-diffusion centered over who should represent civil society in comprehensive AIDS governance. Transnational AIDS institutions focused on developing and strengthening an equitable role for key affected populations and communities in all aspects of AIDS intervention to improve health outcomes from the bottom-up. In contrast, the Chinese state, in its pursuit of AIDS intervention as a technical problem, intended to repackage its previous top-down approach in the format of comprehensive AIDS governance only to assuage an international audience. To this end, the central government set about constructing a version of civil society that was structurally and operationally subject to the rule of the state and supportive of authoritarianism. This counterfeit civil society was to be represented exclusively by government-organized NGOs (hereafter, GONGOs), especially mass organizations and their subordinate bodies that were created or licensed by the state to prevent bottom-up grassroots groups and activists from participating in AIDS intervention. Civil society politics thus centered around which actors were to count as legitimate NGOs—GONGOs or grassroots groups.

These conflicts affected the actorhood of Chinese AIDS activism in two ways: First, they made NGOs a viable organizational option in an authoritarian context and activated NGO diffusion. Second, they provided a new focal point for AIDS activists, and led to their enrollment in institutional entrepreneurship for transnational AIDS institutions. This process marginalized other alternative options and entailed the



consolidation of NGOs as a new normative standard within the Chinese AIDS movement.

### **i. NGOs: Newly Authorized Actors in Conflict**

The GONGO model employed by the Chinese state consisted of two primary elements: first, NGO activities were to support the Party's leadership to assist the work of the government such as delivering welfare benefits; and NGOs were to serve as tools of social control by collecting and reporting local information and problems, thus making local communities visible to the administrative apparatus. As one activist explained, "their [GONGOs] activities are top-down handouts of charity. The purpose is to ask you to cherish gratitude for the state. The key is not what patients get, but the way we get it. Top-down or bottom-up."<sup>391</sup> The state rejected the term "grassroots" and insisted that registration with the Ministry of Civil Affairs was the only channel for civil associations and organizations to obtain legal and political legitimacy in China. Any group that seeks registration has to get a permit issued by a state or Party organization and a professional supervisory governing body. This two-tiered administrative system of regulation was set up to create institutional barriers for the development of grassroots groups (Hildebrandt 2012; Spires 2011).

The GONGO model was an effort to repackage the existing old Leninist system in order to fashion a form of comprehensive AIDS governance in line (at least superficially) with transnational multisectoral norms. This approach aimed to block the

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<sup>391</sup> Interview 14 (Activist), July 2, 2009

connections between transnational forces and grassroots organizations, as well as to deny the legitimacy of grassroots groups. The old Leninist approach had been invented and practiced by the Party since the 1950s. This approach was one of the earliest of four major political pillars for the development of health policies and institutions. It sought to influence key groups by binding them into organizations that became dependent on patronage through established mass organizations, which claim to represent people's voices under the Party's leadership. Created or recognized by the state, mass organizations (*qun zhong zu zhi*) are a small group of functionally differentiated organizations that are granted deliberate representational monopolies within their respective categories. All of these constitute a formal part of the communist political structure, which defends the state's monopoly in every aspect of social life.

The GONGO model assigned the role of civil society representatives to mass organizations—such as the All-China Women's Federation, the All-China Federation of Trade Unions, the Communist Youth League, and the China Red Cross—to fulfill the positions and roles of NGOs in comprehensive AIDS governance. Not only did this model buffer the Chinese state against external pressure by furnishing the *appearance* of civil society, it also allowed the state to draw on resources designated for empowering local communities from transnational AIDS institutions. For example, the World Bank's Ninth Health Projects was the first large international program designed to encourage local communities' participation in AIDS intervention. The project agreement specified the number of NGOs to be involved in implementing interventions as a key requirement. Although GONGOs had no real connections with infected communities, the Ministry of Health used them to fulfill these program requirements

and all similar requirements of various major international grants.<sup>392</sup> The organizational structure of GONGOs made them suitable for freezing out grassroots groups. The branches of all the major mass organizations were present in all the administrative and state-owned work units. Hence, they were able to play an important role in extending the reach of the state and keeping grassroots groups from entering into local communities. One activist talked about his first encounter with local mass organizations when his group was working with infected peasants:

We went to several villages to visit sick children and their families during the Chinese New Year. There was a television crew waiting there when we arrived at one village. They started to shoot how we sent gifts to kids and talked to them. We did not know what was going on. A village cadre suddenly showed up and yelled at the crew, “Stop it! You got it all wrong!” It turned out that the television crew [had] obviously mistaken us as officials from mass organizations who were supposed to put up a show. Later they told us that our activities were not “professional” so we must stop working there.<sup>393</sup>

Mass organizations were repurposed to conduct treatment and prevention activities and to discount the need for grassroots organizations to emerge. This strategy not only allowed local governments, especially in Henan province, to publicly evict activists from other areas, but also gave the state more power to resist the “socializing effects” of transnational AIDS regimes.

Ironically, this was also the first time the terms “civil society” and “NGO” were included in the state’s official documents as a legitimate and essential part of comprehensive public health governance. This carved out a legitimate niche for AIDS activism carried out via NGOs. This political acknowledgement was first expressed by

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<sup>392</sup> Examples include AusAID supported by the Australian Agency for International Development, the China-UK AIDS Project supported by the United Kingdom, Comprehensive Integrated Programs for Research on AIDS supported by the U.S. National Institute of Health, and the CDC-Global AIDS Program supported by the U.S. Center for Disease Control and Prevention.

<sup>393</sup> Field notes, May 16, 2009.

the central government when it formed the State Council AIDS Working Committee (hereafter, SCAWC) in early 2004. In its founding documents and policy frameworks, SCAWC stated that “governments at all levels should encourage greater civil society involvement”<sup>394</sup> and “it is required to further support the role of civil society organizations.”<sup>395</sup> This endorsement granted socio-political legitimacy to NGOs as an organizational form (Rao, Morrill, and Zald 2005).

AIDS activists seized the opportunity and came up with a grassroots AIDS NGO model—an antithesis of the GONGO model—based on the principles of independence, non-governmentality, and not-for-profit. In particular, activists rejected the validity of the state’s requirement for formal registration and emphasized that an NGO should not accept any order from or be subordinated to the government. More specifically, a broad consensus emerged among activists that a grassroots AIDS NGO should have five concrete characteristics: a clearly written constitution, operation for more than one year duration, more than two part-time or one full-time staff member(s), organizational contact information, and a track record of AIDS intervention activities.

## **ii. A New Conflict Object: What is Civil Society?**

It was transnational AIDS institutions that placed the GONGO and grassroots models in direct conflict—a conflict that centered around the operation of the Global

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<sup>394</sup> State Council AIDS Working Committee Office and U.N. Theme Group on HIV/AIDS in China, “A Joint Assessment of HIV/AIDS Prevention, Treatment, and Care in China,” Beijing, Ministry of Health of China, 2007.

<sup>395</sup> State Council, “Notice on Strengthening HIV/AIDS Prevention and Control,” 2004.

Fund. In 2003 the Global Fund entered into China with the signing of a 283,911,005 USD grant agreement. As mentioned in the previous section, the Global Fund was established in 2002 as the largest financial infrastructure<sup>396</sup> to build “public-private partnership between governments, civil society, the private sector and affected communities”<sup>397</sup> in line with transnational AIDS institutions at the country level.

Following Global Fund requirements, the state set up the China Country Coordinating Mechanisms (hereafter, CCM)<sup>398</sup> and Secretariat to manage the Global Fund in China, with GONGOs used as civil society representatives. Under the control of the Ministry of Health, the China CCM stated that only organizations “legally registered to operate within China” are qualified to be included in the civil society sector.<sup>399</sup> Violating the Global Fund rules, the China CCM also hid information such as progress reports and application announcements from local activists and infected communities.

The Ministry of Health’s action did not engender an automatic response from grassroots organizations since the transnational civil society framework still seemed far removed from individuals’ experiences of bodily suffering. Rather, it was the initiatives from transnational AIDS institutions that drew Chinese activists into the conflict.

Richard Feachem, the founding Executive Director of the Global Fund, invited two

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<sup>396</sup> The Global Fund provides 25 percent of all international funding for AIDS intervention.

<sup>397</sup> Global Fund Framework Document, Section 3.

<sup>398</sup> The China CCM is the head of the Global Fund at the country level, composed of representatives from governmental, civil society, and private sector groups. The CCM is meant to be the mechanism by which local stakeholders deliberate and collectively design grant proposals, design new health programs in line with current infrastructure, and tailor program implementation strategies in order to specifically allow “national ownership and [to] respect country-led formulation and implementation processes” (Global Fund Framework Document, 2).

<sup>399</sup> China CCM, “China Country Coordinating Mechanisms Terms of Reference (Trial),” Clauses 2.1.3 and 2.5, March 27, 2006.

Chinese activists to attend his meeting with the Chinese government in December 2004. This meeting was crucial as it brought the Global Fund to the attention of domestic activists. UNAIDS also helped to circulate the principle documents of the Global Fund, and to gather activists to evaluate the working procedures of the China CCM. Recognizing that the Global Fund authorized NGOs to conduct advisory and supervisory work, Chinese activists quickly realized that taking on the form and role of NGOs enabled them to target public health officials and AIDS intervention programs, and to explicitly critique the government in ways not possible otherwise. An informal network gradually formed among activists to monitor the implementation of the Global Fund and to publicly condemn the corruption of local governments who embezzled funds, committed forgery in disregard of AIDS patients' needs, and suppressed grassroots groups and their activities. While such problems were hardly new, activists were now allowed to push the boundaries of political critique by casting genuinely transgressive claims in the language of civil society, even when "the local Health Bureau threatened patients to shut up if they did not want to be arrested."<sup>400</sup>

Transnational AIDS institutions further fueled the conflict between the Ministry of Health and activists when, first, the Global Fund Board threatened to cut the grant in order to force the China CCM to involve PLWAs and grassroots organizations.<sup>401</sup> Next, the Global Fund further fortified ties with Chinese activists by establishing formal

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<sup>400</sup> Aizhixing Institute, "An Open Letter to the China CCM and the Chinese Center for Disease Control and Prevention" (Chinese), March 7, 2005.

<sup>401</sup> Global Fund, "Country Coordinating Mechanisms (CCMs): Report of the Governance and Partnership Committee," Ninth Board Meeting, November 18-19, 2004; China CCM, "China Country Coordinating Mechanisms Terms of Reference (Trial)," Clauses 2.1.3 and 2.5., March 27, 2006.

channels for direct communication.<sup>402</sup> As a result, the first campaign to question the transparency of the Global Fund operation in China and its exclusion of grassroots NGOs was launched when Global Fund expert Bernard Rivers came to Beijing to evaluate the China CCM in the early 2005.

This so-called “grassrooting the Global Fund” campaign facilitated the progress of NGO identity-building by connecting the welfare of local communities to a broad political project of creating a civil society with “the expectation [that it] will act cohesively to bring about that change” (Rochon 1998, 11). On the one hand, the Global Fund granted political legitimacy and leverage to Chinese AIDS activists to attack the authority of the state. Twenty-seven grassroots NGOs and twenty-two individuals, mostly patients and lawyers, signed a public letter demanding that the China CCM remove the article depriving most grassroots organizations of the right to participate. However, the Ministry of Health refused to make any compromise and claimed that grassroots NGOs were not well-developed enough to be considered as AIDS NGOs.<sup>403</sup> Nationalist discourse was also used to warn grassroots groups against being disloyal to the state. For example, health officials publicly accused Wan Yanhai of being a traitor when he attended the Global Fund headquarters meeting, asking “How can you make the state lose face? Obviously you have ulterior motives.”<sup>404</sup> The government’s rigid attitude only further angered the activist community and made the definition of a united

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<sup>402</sup> For example, Chinese activists were invited to attend the 11th Global Fund board meetings and its preparatory conference of the Developing Countries NGO Delegation in Geneva. A young activist, Liang Yanyan, was selected as a member of the 12th Global Fund Council Developing Countries NGO Delegation.

<sup>403</sup> Zhengfu Qiang, “Statement by CCM Secretariat” (Chinese), 2006. As the head of the CCM Secretariat, Qiang was also the chief of the Office for International Cooperation at the China Center for Disease Control and Prevention.

<sup>404</sup> Activists’ Meeting Minutes, Internal E-Mails, 2006.

grassroots view and position on the definition and role of NGOs a shared primary goal for the whole AIDS movement community. In 2006, seventy grassroots groups held a three-day meeting in Beijing with the assistance of the National Endowment for Democracy in the U.S. and elected their own civil society representatives. This was one of only a few public grassroots elections in China since 2000. With the support of the Global Fund Board, this election eventually forced the Ministry of Health to compromise. After six months of negotiations, the Chinese state finally agreed to allow grassroots AIDS NGOs to participate in AIDS intervention without registration.

The controversy over the Global Fund generated organizational and networking mechanisms that, in turn, generated ties among otherwise unconnected activist groups throughout the country and recruited individuals and communities to form AIDS NGOs. It sparked the first major wave of NGO-formation, in which the number of newly founded grassroots NGOs grew from 32 in 2003 to 175 in 2006—157 of which went through NGO training sponsored by the International Republican Institute (IRI) in three cities. Concepts such as human rights, citizen participation, political representation, and the rule of law became familiar terms to local activists. The first national alliance, the HIV/AIDS Community-Based Organization Network, was also founded in the campaign to counter GONGOs. It was at the end of this “grassrooting the Global Fund” campaign that the model of AIDS advocacy NGOs rose to dominance.



## V. Conclusion

Scholarly inattention to the paradoxical dimensions of the boomerang effect reflects a paucity of research examining the complex interplay among transnational institutions, authoritarian states, and social movements. Current studies of democratic contexts overwhelmingly conceptualize the organizational forms of a movement in terms of choices negotiated in a battle between social movements and the state. Transnational institutions affect this battle only by changing both sides' access to economic, political, social, or symbolic sources of power. In response to the inadequacy of this political process approach, a different body of studies suggests that social movement actorhood is constructed, scripted, and adopted from a global institutional environment (Frank and McEneaney 1999; Shin and Tsutsui 2007; Schofer and Hironaka 2005; Soysal 1997). This line of research provides more theoretical expectations than empirical evidence in social movement studies, however, due to the well-known absence of attention to conflict (Beckfield 2003) and micro-dynamics in the world polity literature (Finnemore and Sikkink 1998; Hafner-Burton and Montgomery 2006). I draw on and extend this work in order to examine how transnational institutions shape the actorhood of social movements on the ground.

This chapter argues that the organizational form of AIDS advocacy needs to be understood as a cultural object constructed through conflicts among the transnational AIDS regime, the Chinese state, and diverse activist groups about the legitimate way to govern AIDS. These conflicts—unfolded through the diffusion and counter-diffusion of the advocacy NGO model—led to activist groups' enrollment in institutional entrepreneurship for the transnational AIDS regime. This process, in turn, shaped the

form of AIDS advocacy by transforming the cultural constitution and authorization of the conflict object and activist actorhood itself. It was transnational multisectoralism of the global health regime, rather than domestic structural conditions per se, that transformed the trajectory of AIDS advocacy in ways and directions not seen before the boomerang. This chapter is a response to Walder's appeals for more studies to study "the substantive content of a movement—the type of politics that it represents" (2011).

This chapter traces the drastic shift toward formal organizing that resulted from changes in domestic institutional practices in governing AIDS, changes that altered the cultural terrain in which AIDS activists operated. While local AIDS problems and state repression remained constant in China, I identify a new political logic that underlies the newly established comprehensive AIDS governance model: civil society politics. Before the boomerang shook the Chinese state as the only source of power and legitimacy, the first wave of the AIDS movement was organized around citizens' rights and focused on demanding economic and social benefits from the state. Even though the boomerang did not directly impact the political structure in China, it forced the Chinese state to replace socialist contagious disease control with a comprehensive public health governance model, formulate a new governing structure, and develop different governing organizations. AIDS could no longer be treated as a domestic issue caused by individual behavior; it was transformed instead into a public health issue that had to be administered with or through the Chinese state. In particular, comprehensive AIDS governance had to embrace a decentralized approach emphasizing community involvement and international collaborations; this required the national health ministry to share power and authority with international actors and domestic NGOs. The

boomerang effect thus served as an exogenous shock that interrupted existing public health institutions in China, loosened political constraints in China, and introduced American AIDS NGOs as an organizing form and norm. Transnational AIDS institutions opened the way for civil society politics by granting AIDS patients, as a group, equal status as the state in policymaking based on *how AIDS should be governed*.

While civil society politics directly challenged the state's monopoly of public health, the chapter also demonstrates the exact historical mechanisms that transmitted the AIDS NGO model from abroad to local communities. This was not a smooth and gradual process, but unrolled through a series of conflicts. On the one hand, transnational institutions promoted a specific set of AIDS intervention techniques through which NGOs were authorized as the legitimate representatives of civil society. Local activists oriented to NGO formation were afforded space to survive and grow in an otherwise hostile political environment. On the other hand, the specification of abstract multisectoralism propelled the Chinese state to decrease hard repression and adopt new strategies of soft repression to counter the diffusion of AIDS NGOs.

The conflicts between diffusion and counter-diffusion reflected the disputes of transnational AIDS institutions and the Chinese state over how comprehensive AIDS governance would be configured. Although the Chinese state perceived transnational intervention as a disruptive challenge to authoritarian order, it could not simply go back to public non-compliance. The state thus sought to decouple its actual practices from its rhetorical conformity with transnational norms. In fact, a comprehensive public health governance model consists of highly universalistic and abstract schemata of institutional forms and modes of practices that individuals and organizations can specify and

elaborate on (Koenig 2011). Keywords such as “civil society” in transnational frameworks are not identified with a set of fixed meanings. They can be utilized and interpreted in multiple, even incompatible ways in actual state discourse and organizational arrangements. Not surprisingly then, the Chinese state sought to translate those abstract norms into concrete practices of comprehensive AIDS governance with “Chinese characteristics” by creating a version of civil society represented by GONGOs.

This contestation and negotiation between transnational AIDS institutions and the Chinese state provided a focal point and collective project for AIDS activists, which culminated in the battle over the operation of the Global Fund. Domestic activists sided with transnational AIDS institutions by formulating grassroots advocacy NGOs against the central government. This process not only further authorized the legitimacy of NGOs as an organizational form, but also generated a new object of conflict—namely, struggles over how to interpret and employ multisectoralism in the Chinese context and what counted as legitimate NGOs—state-organized NGOs or grassroots groups. While this act offered AIDS activists the space and international resources to publicly challenge the state, civil society politics became the central foci of AIDS activism and promoting AIDS NGO-building and expansion became a primary goal.

This chapter demonstrates how the diffusion of NGOs was a process through which local activists were essentially enrolled into a system of institutional entrepreneurship that implemented multisectoral rules for transnational AIDS institutions. Despite the fact that NGOs as an organizational form actually cut across the opinions of activists as well as different communities, NGO-building replaced local

issues and become the central foci of the whole movement by 2007. I thus argue that the adoption of AIDS NGOs reflected a transition from strategies rooted in local settings to the adoption of the putatively universal norms of transnational AIDS institutions. As the next chapter shows, this transformation of AIDS activism had an uneven impact across various local communities, which led to both the expansion and fragmentation of the whole movement.

## Chapter 6

### **Authoritarian Consolidation: The Fragmentation and Decline of AIDS Activism, 2008-2012**

Having successfully “grassrooted the Global Fund” in China, as detailed in the previous chapter, NGOs won the right to participate in formal AIDS governance in China in 2006 and began a period of high growth in 2007. These developments were a result of transnational AIDS institutions’ growing influence in promoting comprehensive AIDS governance in China. Optimism prevailed among international organizations and domestic activists, especially when the central government finally approved the operation of the Bill and Melinda Gates Foundation in AIDS intervention. As the impact of external forces deepened, multisectoralism—insisting on AIDS governance as a multisectoral partnership between government, civil society, and the private sector<sup>405</sup>—increasingly became the rule among China’s domestic AIDS institutions between 2008 and 2012. Grassroots AIDS NGOs were granted a formal position in these formal governance structures and procedures, which generated the proliferation of NGOs between 2007 and 2012.

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<sup>405</sup> As Chapter 2 discusses, multisectoralism emphasizes that AIDS programs and decision-making must utilize inclusive participation of civil society actors, especially people living with HIV/AIDS, as a way to bolster the effectiveness of intervention (Buse and Walt 2000). By promoting equal deliberation and participation of non-state actors, this rule contrasts with the more traditional form of the multilateral international health framework.

This trajectory was not one of unqualified progress, however; nor did it conform to the expectations of existing theoretical frameworks. The success of transnational AIDS institutions in promoting grassroots organizational mobilization in China is consistent with the predictions of world polity theory. From a world polity perspective, transnational institutions promote the creation of formal social movement organizations as isomorphic outcomes across disparate contexts (Frank, Hironaka, and Schofer 2000; Meyer, Boli, Thomas, and Ramirez 1997; Ramirez, Soysal, and Shanahann 1997). What a world polity approach does not explain, however, is how and why this process only empowered certain communities and activists, while displacing others—specifically, why gay male communities in urban areas rose to dominate AIDS organizing, while people infected through blood returned back to direct and informal action and the organizing impetus of female sex workers was displaced altogether. Furthermore, contrary to constructivist international relations theories, the increasing domestic impact of transnational AIDS institutions did not weaken the political apparatus of the Chinese state. Instead, the central government shifted from a defensive to an increasingly offensive stance, even going beyond its jurisdictional territory to suppress challengers at the international level.

This chapter examines the paradoxical expansion and decline of AIDS activism. While transnational AIDS institutions were striving to further advance the development of comprehensive AIDS governance in China, their efforts to improve the standing of grassroots NGOs in public health collided with the state's goal of strengthening its centralized regulation of every important aspect of social life. The resulting conflict between these two major actors produced what I describe as multisectoral AIDS

governance with “Chinese characteristics.” I argue that the organizational arrangement of this particular mode of governance not only gave rise to certain patterns of mobilizing and repressive behaviors, but also shaped the relationships between different governments and various activist communities. As one official stated, “I can tell as early as 2003 that AIDS was not their real purpose. Their purpose was to promote civil society in China. But did they really care about local communities or grassroots groups? No. They just wanted civil society and democracy.”<sup>406</sup>

The chapter focuses on the Global Fund, the largest external donor and the primary impetus behind transnational efforts to build AIDS governance in China. First, I examine the influence of the Global Fund in shaping China’s multisectoral AIDS institutions, which established the building of civil society actors and mechanisms as a normative and functional goal for both the Chinese state and AIDS activists. Second, I demonstrate how the institutional characteristics of AIDS governance affected the actorhood of AIDS activism by comparing three communities: gay men, female sex workers, and peasants infected through blood. I conclude with a discussion of the Chinese state’s strategies to control AIDS activism *through* manufacturing civil society, and how these efforts have contributed to the fragmentation and decline of the AIDS movement since 2010.

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<sup>406</sup> Interview 21 (Government), July 20, 2013.



## I. Imposing Multisectoralism

Since 2003, the Global Fund approved a total value of US\$ 775,341,434 for six HIV/AIDS programs in China.<sup>407</sup> This accounted for around one quarter of the total funding for China's HIV/AIDS intervention since 1988 (Sun et al. 2010). But the impact of the Global Fund goes far beyond simply providing funds to make up for financial deficiencies and increase HIV/AIDS program resources. I argue that the Global Fund has affected the two primary environments within which domestic AIDS institutions operate: the resource environment and the cultural environment. The resource environment refers to available material resources, while the cultural environment refers to the regulatory structures and normative beliefs that prevail in domestic AIDS institutions. As Scott et al. (2000) point out, cultural environments mediate material environments because "cultural belief systems influence the goals that govern actions, the choice of means for accomplishing them, and the meanings associated with material artifacts" (149). Both resource and cultural environments shape the various state and non-state, domestic and international AIDS-related actors that are in routine contact with each other, bringing them together under a common frame of multisectoralism and in pursuit of a common goal of establishing AIDS governance in China. In short, thanks to the Global Fund, AIDS activists are embedded in a new institutional context.

This section charts the formation of this new institutional environment and the establishment of multisectoral governance structures. Multisectoralism is the Global

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<sup>407</sup> China Center for Disease Control and Prevention, China Global Fund Programs Principal Recipient website, <http://www.chinaglobalfund.org/en/index.html> (last accessed May 3, 2013).

Fund’s founding normative principle linking policy effectiveness to inclusive participation. Multisectoralism, or public-private partnership, brings together a set of actors—such as government, civil society, the private sector and affected communities—for the common goal of fighting HIV/AIDS according to mutually agreed upon roles and principles. As the WHO defines it, such partnership is defined by non-maleficence, autonomy, and equity.<sup>408</sup> In particular, the involvement of civil society in all aspects of the work and governance of the Global Fund is a guiding principle in its *organizational design* to safeguard deliberative democracy.

This section describes how the material and cultural effects of the Global Fund are channeled to the national and local levels through two pathways: the Global Fund governance architecture building, and AIDS intervention programs design and implementation. I also focus here on the way in which the relatively abstract concept of multisectoralism was translated into the Chinese context—specifically, by focusing almost exclusively on the “capacity building” of grassroots NGOs. So-called capacity building, aimed at formalizing grassroots groups, is defined as enhancing skills in fundraising, accounting, human resource management, information technology networking, and developing formal working relationships with international donors, with other grassroots groups, and even with government agencies.

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<sup>408</sup> World Health Organization, “WHO Guidelines on Collaboration and Partnerships with Commercial Enterprises,” 1999.

## **i. Governance Architecture Building**

As Chapter 2 described, transnational AIDS institutions gained a high degree of legitimacy at the supranational level after 2006. The rule of multisectoralism was clearly established and a well-structured configuration of AIDS governance came to be defined. In the period of conflict between 2004 and 2007 examined in Chapter 5, it became clear that the Chinese state was a powerful incumbent intent on defending traditional state-centric AIDS institutions, while international and domestic non-state actors were challengers attempting to fight the status quo and promote multisectoralism (Fligstein 1997). The Global Fund created the possibility for international organizations to affect the shape of AIDS governance in China in ways that aligned with their own organizational interests and objectives.

To briefly describe the working structure and procedure of the Global Fund: with the assistance of a secretariat and technical review panel, the Global Fund board in Geneva awards grants on a competitive basis to principle recipients (hereafter, PRs) in various countries, who then sub-grant to others. PRs are designated by Country Coordination Mechanisms (hereafter, CCMs) that are in charge of the operation of the Global Fund at the country level. In China, the PR is the Chinese Center for Disease Control and Prevention (hereafter, CDC). According to the Global Fund Framework document, the China CCM has three key components: the CCM Plenary to organize deliberation and make decisions, the CCM Secretariat for day-to-day operation, and the CCM Working Groups to provide technical support for organizations drafting program proposals. With new rounds of programs launched by the Global Fund board in Geneva, the China CCM solicits project proposals by organizations. The CCM Working Group

then reviews submitted proposals and combines endorsed ones into a single-country proposal for the Global Fund board. On approval, grants are received and disbursed by the China CDC.

Programs were first approved for China in the Fund's third round or "Round 3." These programs sought to provide anti-retroviral treatment and care as well as support to patients in seven provinces in central China where HIV had spread primarily through contaminated blood. Each subsequent round focused on particular programs and populations: Round 4 aimed to intervene among injecting drug users and female sex workers in seven western provinces; Round 5 focused on interventions to reduce HIV transmission among men who have sex with men, as well as sex workers in north/northeastern provinces with low prevalence rates; Round 6 attempted to ramp up interventions to the most vulnerable within those communities through the empowerment and mobilization of NGOs; and Round 8 targeted the rapidly expanding sub-population of internal rural-to-urban migrants, who tended to be young and sexually active. In addition, the Rolling Continuation Channel Program intended to consolidate the previous five programs (Rounds 3, 4, 5, 6, and 8<sup>409</sup>).

Promoting the CCM is one of the Global Fund's primary means to ensure multisectoralism at the country level. This is where so-called local stakeholders from the government, non-government organizations, PLWHA, private sector, and international organizations are not only to be represented, but also to collectively create grant proposals, design locally sensitive intervention programs, facilitate a corresponding implementation strategy, and undertake program review and oversight.

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<sup>409</sup> China's applications were rejected by the Global Fund Board during Rounds 1, 2, and 7.

Under the auspices of the CCM, then, there is much institutional space for multiple organizational actors to emerge, each leveraging control and resources as conduits of power to weaken the domination of the state in AIDS intervention.

It is important to note that the Global Fund was not equipped with adequate power to directly enforce the CCM, especially in an authoritarian context. Rather, it relies on institutional entrepreneurs working at the domestic level to ensure compliance. The China CCM<sup>410</sup> was set up in 2002 and completely dominated by government members prior to 2007. In late 2004, the Global Fund Board began pressuring the China CCM to reform to comply with Global Fund requirements and guidance regarding CCM membership. The goal was to increase representation from civil society and PLWHA, and it was this effort that ignited the battle between the Chinese state and AIDS activists that was discussed in Chapter 5. As noted in that chapter, the battle ended in a victory for activists in 2006 when the China CCM set up a CCM NGO Working Committee (NWC) and CCM PLWHA Working Committee (PLWHAWC). Meanwhile, the battle also attracted the attention of many international organizations and NGOs that saw it as an opportunity to challenge the central government's domination and increase their influence in AIDS governance in China.

By 2007, however, it became clear that the focus on the China CCM was somewhat misplaced. It was through not the CCM, but the CDC that the Ministry of Health controlled the operation of the Global Fund in China. Because the China CDC controls all the grants, the CCM's power and role were almost negligible. Among CCM

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<sup>410</sup> At that time, the CCM was composed of 54 members of whom 32 were either coming from or controlled by governments, 11 from international organizations, 6 from foreign governments, 3 from international NGOs, and 2 from foreign companies.

members, only Chinese governmental officials had access to any detailed and concrete information on work plans, progress, and management of specific projects; all the others saw were vague and general reports. As one NGO member complained: “Only CDC officials know how money should be spent, how it is actually spent, how projects are executed, what the gap between expectations and realities are, and how much money is needed for the next round of grants. We did request details but they asked us to go look it up on the CDC’s website.”<sup>411</sup> While the CCM Plenary was supposed to serve as the decision-making organ, its meetings mostly focused on the submission of country proposals or country progress reports. For example, compared to other representatives, government officials had the lowest attendance at CCM Plenary meetings, which were primarily seen as providing only a rubber stamp for official reports and proposals in any case. Therefore, building an independent and strong CCM through reform became important for nonstate actors to find a counter weight to contend with the government for the control of the Global Fund in China.<sup>412</sup>

International organizations were the most enthusiastic supporters of the China CCM reform since they were struggling to establish leverage in their relations with the Chinese government, with varying degrees of success. Given the dominance of the socialist contagious disease control model in China for so long, foreign governments and international organizations had both been marginal in China’s AIDS governance. But in the early 2000s the former—especially the U.S. Center for Disease Control and

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<sup>411</sup> Field notes, July 24, 2009.

<sup>412</sup> In fact, the CCM reform was promoted by the Global Fund Board, which considered strengthening non-state actors’ participation in CCMs as the only way to balance power. This was partly determined by the Global Fund’s focus on the format of AIDS governance at the national level.

Prevention and the UK Department for International Development—started to develop a much stronger working relationship with China’s Ministry of Health. As Chapter 2 discussed, the emergence of AIDS as an international political issue captured the central government’s attention at the time, but not yet enough for the state to endorse transnational AIDS institutions. Instead, the Chinese state limited its engagement with external forces to dominant state actors in traditional international AIDS institutions. For example, the Ministry of Health’s Division of International Cooperation only recognized national ministries as important actors that warranted the government’s attention. As one official explained,

A dialogue can only take place between entities at the same level, right? I mean, China’s Ministry of Health makes policy. Of course it focuses on other policy makers at the national ministry level... You mean UN organizations? They are on the operating or technical level. You would have to talk to CDC who might interact with those organizations more frequently. I don’t know what those organizations do.<sup>413</sup>

For international organizations, developing a substantial working relationship with the Chinese government was much harder even after 2004. Perhaps recognizing the futility of the situation, the WHO China Representative Office adopted the role of a technical expert or consultant that limits itself to nonpolitical and medical issues in public health.<sup>414</sup>

However, other UN organizations—especially UNAIDS or UNDP, whose missions are to promote democracy, human rights, and civil society—ad even less access to the policy-making process and less strategic tools to take action in an authoritarian country such as China, but they also had more reason to be dissatisfied

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<sup>413</sup> Interview 44 (Government), July 12, 2013.

<sup>414</sup> Field notes, June 9, 2009.

with such restrictions. UNDP China identified discrimination as a core problem in fighting AIDS and defending the rights of PLWHA, but the office's several projects to advance legal reform ended up failing. A UNDP official ascribed the failure to the organization's relations with the central government:

UNDP started its work in AIDS in China as early as the 1980s. We were aware of the blood contamination issue in the 1990s and we did try to warn the central government. They ignored us. There was nothing else to do... UNDP is an inter-governmental entity. What it means is that UNDP can only work with and rely on the central government to make any change. Fundamentally its agendas are always set top-down. We would meet with senior leaders at different meetings and workshops in order to bring our concerns to their attention with the hope that what we brought up will be incorporated in their work plans... Our tasks are assigned by the UNDP headquarter. But China is a UN member. Our office was set up to help the Chinese government to do things. This kind of approach is so-called "one-to-one": no matter what projects you want to conduct, you have to go through the central government and national health ministry. Unlike NGOs or foundations, we cannot really have [a] different voice from the Chinese government...<sup>415</sup>

Both UNDP and UNAIDS had to deal with organizational challenges facing most international organizations working in China. They are loaded with abstract missions along with limited budgets and bargaining power. Further, in addition to routine tasks, each office had to propose specific projects to solicit and secure grants and then allocate them. This operationalization process was crucial for their organizational input and output rate<sup>416</sup> which was central to staff members' concerns, as they constantly used those terms during my fieldwork and interviews.

The WHO China Representative Office was successful because it was able to draw on its connections with various individual officials and departments not only at the central level, but also at local levels. Those connections were built through concrete

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<sup>415</sup> Interview 132 (International organization), July 15, 2013.

<sup>416</sup> By input, it mainly refers to net revenue. By output, it refers to their organizations' mission-driven impact across time.



collaborative projects among medical professionals when WHO provided technical expertise as “products.”<sup>417</sup> This approach not only consolidated WHO’s national impact in China’s AIDS institutions, but also strengthened the China Representative Office’s status in the whole WHO system.

In contrast, the UNAIDS China Representative Office was struggling with its organizational identity in China. Its only routine contact with the central government was the Ministry of Health’s Division of International Cooperation that met the Office every three months. The Office’s work was largely limited to Beijing, as it had to go through the Division of International Cooperation to contact any official at the provincial or local level.<sup>418</sup> One intern expressed his frustration:

People here are like a heap of loose sand. Staff members rarely get together. They all have their own circles within the UN system. I don’t even know what UNAIDS actually does... Our representative is a politician. He is doing politics, not AIDS. He always beats around the bush. It takes hours to know what he actually means.<sup>419</sup>

Another staff member had a more straightforward assessment: “Without the Global Fund, UNAIDS has no project to work on. People would just sit around doing nothing.”<sup>420</sup>

My point here is not to undermine international organizations’ work in China, but to point out the institutional constraints they had to navigate. The Global Fund presented a collective project that was aligned with those international organizations’ internal goals; it thus provided a focal point for them to mobilize around in an effort to

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<sup>417</sup> Field notes, July 12, 2009.

<sup>418</sup> Interview 13 (International organization), July 17, 2009.

<sup>419</sup> Field notes, June 11, 2009.

<sup>420</sup> Field notes, July 7, 2009.

increase their access to policy making and exert influence on AIDS governance in China.

This reform had two major components: one was to remove the CCM Secretariat from the control of the Health Ministry, while the other was to build the institutional structure for the newly funded NWC and PLWHAWC inside the China CCM. The CCM Secretariat, which implements programs, convenes the CCM Plenary, runs day-to-day tasks, and communicates between CCM members and the Global Fund Board, was under the control of the China CDC before 2007. The Director of the Office of International Cooperation, Qiang Zhengfu, doubled as the executive director of the Principal Recipient of China Global Fund Programs (hereafter, China PR) and the head of the CCM Secretariat. One UNAIDS staff explained the conflict:

You know, the Secretariat is supposed to monitor the China CDC as the PR. But how can you do it when you are the one who implements programs as well as supervising programs at the same time? Meanwhile, since all the money was controlled by the PR, CCM did not get many resource. So CCM was too weak to have any impact. The problem is that CCM is where NGOs and PLWHA can actually participate in the operation of the Global Fund. Only through CCM they can tell the Global Fund what is going on in reality. So the Global Fund headquarter said that they wanted to strengthen CCM by empowering the Secretariat.<sup>421</sup>

Headed by the U.S. Embassy, a special working group was formed in 2006 to separate the Secretariat from the China PR.<sup>422</sup> The group achieved little progress, so the WHO China Office took over in 2007 and received a special grant of a total value of RMB 1,396,329<sup>423</sup> from the Global Fund to form an independent Secretariat separate from the

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<sup>421</sup> Field notes, June 22, 2011.

<sup>422</sup> China CCM Secretariat, "Meeting Minutes for the 23th Principle Recipient Meeting," September 28, 2006.

<sup>423</sup> China CCM Secretariat, "2008 Annual Report: China Country Coordinating Mechanism Secretariat," March 20, 2009.

China PR.<sup>424</sup> This was an unusual move since the Global Fund Board usually required different CCMs to utilize domestic resources to fund the Secretariat. Even though the grant was approved in August 2007, the special working group, comprised of members from the Ministry of Health, GONGOs, UNAIDS, WHO, and the UK Department for International Development, still could not come to an agreement for almost a year.<sup>425</sup>

Ultimately, it was decided to move the Secretariat office from the China CDC to the UNAIDS China Office and to hire staff members from outside the Ministry of Health. One staff member of the new Secretariat recalled the chaotic process:

The old Secretariat was not organized at all. When I was interviewing for the job, there were many interviewers including several foreigners. Later, I got to know that one of them was chief country coordinator of UNAIDS who is the vice-president of China CCM. There were also persons from the Ministry of Health. I remember there was this government official who asked me one single question: when did you get your master's? Three days later, the female staff of the Secretariat called me and asked me to attend the China CCM Plenary meeting. I was really confused so I asked her what it meant. She was like: you got the job! I actually had no idea what the Global Fund was at the time. Neither did anybody give me any training.<sup>426</sup>

The new CCM Secretariat started work in May 2008 with a new executive secretary who had previously worked for the China office of the United States CDC, and another staff member who had just graduated from college. The China CDC immediately withdrew its resources, making it difficult for the Secretariat to carry out tasks, especially in its early stages. Again, a staff member described the struggles of basic operation at the beginning:

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<sup>424</sup> China CCM Secretariat, "Meeting Minutes for the 22th China Country Coordinating Mechanism Plenary," December 4, 2007.

<sup>425</sup> China CCM Secretariat, "Meeting Minutes for the 24th China Country Coordinating Mechanism Plenary," June 23, 2008.

<sup>426</sup> Field notes, June 12, 2009.

It was a total mess when we first started working. We had to do everything. I mean, literally everything. You know, the Ministry of Health is keeping our personnel files but it does not even give me a residence permit. We do not fit in their government system so they do not care. So the old Secretariat was part of government and all staffs were treated as officials. But nobody cares about us. Neither did anybody tell me what to do. We had to beg CDC for everything including our salary because the Global Fund only approved the grant without specifying how it should be allocated. CDC just wanted to hold on to it. In the end we actually lost some money because of the fluctuation of currency exchange rate. Back then we did not have anything. Nothing. Not a piece of furniture. When we moved to this new office space provided by UNAIDS, we had to get some desks and chairs from the UNAIDS conference room but those chairs were really uncomfortable. Eventually we bought some nice chairs and electronics. Nobody knew what to expect. For example, we bought a really small printer which cannot handle this much of work. This is what I am telling you: it was a complete chaos.<sup>427</sup>

Despite this rocky start, as the new Secretariat settled into the office space next to the UNAIDS China Representative Office, the latter's influence quickly increased and it fundamentally reshaped the Secretariat as an organization. Working with UNAIDS, the new Secretariat set out to standardize management procedures and clarify its responsibility and working mechanism with governments, international organizations, and grassroots NGOs. It did so by revising the "CCM Secretariat Working Mechanism," drafting "CCM Secretariat Function and Management Rules," and setting up a new filing system to record and distribute documents and information. Even though the Secretariat is not part of the UN, UNAIDS connected it with different administrative training workshops exclusively for UN employees and gave it access to other personal, technical, and financing assistance.<sup>428</sup>

The Secretariat and UNAIDS recruited a sociologist from Beijing University as an independent consultant to review the structure and procedure of the China CCM.

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<sup>427</sup> Field notes, July 4, 2009.

<sup>428</sup> For example, during my fieldwork at the Secretariat, I was working with four out of eight UNAIDS staff members on matters related to CCM on a regular basis.

This review focused particularly on decision-making mechanisms and related power dynamics between Chinese government representatives and other CCM members. The Secretariat specifically provided a special grant for CCM members from grassroots NGOs and PLWHA communities to participate in the reviewing process. The evaluation report identified the domination of the central government and lack of supervision of the PR as major problems. However, recognizing the conflict of interest, the report prescribed an organizational solution for a political problem. For example, it noted that CCM members representing grassroots NGOs and PLWHA were excluded from substantial negotiation and decision-making processes, which were always conducted between powerful CCM members behind closed doors. The report pointedly summarized:

The government is quite fully involved in China's CCM. As a result, CCM members consider their short-term and long-term relations with government bodies over communication, information sharing and decision making. This may have a direct effect on the way members express their views and the choices they make.

The report suggested that grassroots NGOs should “carry out capacity building and training, and also find ways of solving these issues, such as holding elections to select more capable personnel.” By capacity building, the report further specified that this referred to the “degree of formalization” of all the grassroots groups in NWC and PLWHAWC.<sup>429</sup>

The report actually aligned well with the internal organizational development needs of UNAIDS. Starting in 2006, the UNAIDS China Representative Office adjusted its internal structure and shifted the focus of the work to five areas: (1) coordination

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<sup>429</sup> China CCM Secretariat, “Third Party Facilitated CCM Moderated Self Review Report (Opinion Seeking Draft),” 2009.

inside the UN team; (2) AIDS epidemic monitoring and evaluation; (3) publicity campaigns to raise consciousness; (4) civil society; and (5) human rights.<sup>430</sup> While the first three were considered routine activities covered by the Office's regular working budget, investing in building the capacity of NWC and PLWHAWC became the major theme of funding applications and project development under the category of advancing civil society and human rights.

International organizations' support for the suggestion to strengthen grassroots NGOs in order to promote multisectoralism in AIDS did not take place in isolation. Two important events in 2007 also contributed to the establishment of NGO capacity building as a central goal among Chinese AIDS activists. NWC and PLWHAWC members met with the task force on HIV/AIDS delegation of the Center for Strategic and International Studies (CSIS), a bipartisan foreign policy think tank based in Washington, D.C., in June 2007. This delegation produced a report, "China's Civil Society Organizations: What Future in the Health Sector?," that labeled Chinese grassroots NGOs as "low capacities" (19). This report noted how the Chinese state, by its nature, has "instinctive suspicion toward independent or pluralist societal influences" and claimed that the primary way to effect change would be to improve NGOs' skills and turn them into "capable, respected and enduring entities that contribute in the health sector" (v). The report argued:

[NGOs] can be seen as an asset and in some cases a necessity for the government to fill gaps in social service provision. They can be effective in delivering health care services to marginalized groups that Chinese health authorities find difficult to reach. According to this scenario, over time, even without any clear national policy guidance or decisions, many scattered, largely

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<sup>430</sup> Interview 13 (International organization), July 17, 2009.

local decisions will enlarge the space for civil organizations that are competent, entrepreneurial, and politically savvy.<sup>431</sup>

This meeting was the first time that most NWC and PLWHAWC members, many of whom did not speak English, were exposed to international actors. Describing CSIS as the “top American think tank,” NWC and PLWHAWC were very proud of their contribution to the final report.<sup>432</sup>

Following the meeting, the International Republican Institute (IRI) sponsored some NWC and PLWHAWC members to visit 24 government departments and NGOs in Washington, D.C. and New York. This 14-day trip in the United States was provided as a training process for capacity building; the visitors were introduced to professional American NGOs that could serve as examples in terms of both their internal organizational development as well as their relationships with the government. NWC and PLWHAWC produced a report describing the trip that was widely circulated among AIDS activists. In the report’s conclusion, the authors reflected:

Through observing American NGOs, we have some final thoughts. Chinese AIDS NGOs have made rapid progress and had some success. But compared to our American counterparts, we still have a long way to go. We shall improve our capacities, strengthen internal organizational building and increase collaboration in order to grow stronger NGOs.<sup>433</sup>

One PLWHAWC member, who used to be a leader of local protests of infected peasants, told me how this trip illustrated to him the importance of replacing direct action with organizational development:

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<sup>431</sup> Center for Strategic and International Studies, “China’s Civil Society Organizations: What Future in the Health Sector?” November 2007, v.

<sup>432</sup> China CCM NGO Working Committee, “Annual Report 2007,” 2008.

<sup>433</sup> China CCM NGO Working Committee and PLWHA Working Committee, “A Report of the China CCM NWC and PLWHAWC Delegation to the United States,” 2008.

I used to organize hundreds of people to fight the local government in public. But that was in the past. We must change. I have said it many times: Why do we infected peasants have to conduct petition on our own? Why cannot we mobilize other people to do it? For example, there are many retired government officials. If we can work on their sympathy, they can persuade the government to change. You know, I visited a student organization in the U.S..<sup>434</sup> That student organization can mobilize different organizations to write to the government and change some law. Why cannot we do that? ...We should have a long-term plan. We should grow our own organizations and interact with other organizations in order to solve problems through institutional channels. It can minimize our risks. Why do we have to stand on the front line? ...My dream is that every grassroots group can change, get funding, and get formal recognition. ...If we all become respected formal organizations, we can talk to the government on an equal footing. ...To survive, your group has to have formal rules and regulations, management structure, financial and working rules. That is how you can get funding. Without funding, how can you conduct activities? How can you help other patients?<sup>435</sup>

NWC and PLWHAWC mainly focused on formulating internal management structure and operation rules related to financial management, activity management, file management, work planning and implementation management and communication management. In fact, centering on NWC and PLWHAWC, the formalization of grassroots AIDS NGOs became the main focus of various institutional entrepreneurs' efforts to realize multisectoralism in China.

## **ii. The Political Economy of AIDS Intervention**

AIDS intervention programs' design and implementation is the other channel through which the Global Fund influences domestic AIDS institutions. As demonstrated in Chapter 2, by 2007, AIDS as an independent policy domain was already established

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<sup>434</sup> The interviewee could not remember the name of the university, but he showed me a picture that I was able to identify as Georgetown University.

<sup>435</sup> Interview 41 (Activist), June 15, 2012.



in China with a core group of government agencies with an interest in AIDS governance. But, as discussed in Chapter 5, the Chinese central government sought to maintain strict control of the issue. The state strove to develop centralized and top-down “comprehensive” AIDS governance in opposition to the model promoted by transnational AIDS institutions. All the officials I interviewed voiced the same evaluation of the Global Fund’s efforts to shape the development of the AIDS infrastructure in China. As one official put it, “The Global Fund definitely had political motives, you know, related to democracy and human rights. But our government is smart. I think it is successful in taking measures to limit the use of those grants to purely health areas.”<sup>436</sup> Another official at the central level stated that “the central government strove to integrate the Global Fund into its own system as China has its own actual conditions,” so the Global Fund must be limited to “supporting and assisting roles.”<sup>437</sup>

However, the application of the Global Fund generated unexpected consequences and caused a shift towards a project-based system. From 2007 onward, the institutional order of AIDS governance in China became increasingly *state-centric* and *project-oriented*. The former refers to how AIDS governance continued to work as a centrally planned and regulated system. The work of local public health systems was conducted according to the state’s direction. One official expressed her frustration with the gap between the working tasks assigned by the Ministry of Health and local epidemic conditions in reality:

We are so overloaded with targets and tasks from above. The mandatory tasks assigned by the state are random. And the state never listens to what we have to say. Whatever indicators they come up with, you have to make it happen. It is

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<sup>436</sup> Interview 21 (Government), July 20, 2013.

<sup>437</sup> Interview 244 (Government), July 18, 2013.

like the Great Leap Forward.<sup>438</sup> Everything has to reach 90% or 100%, like prevention coverage for 100% of the prostitute population. How is it even possible? But you have no choice. Every year the China CDC ranks the performance of local CDCs based on how you fulfill the quota. So different CDCs just make up numbers. I can give you 100% when you want 90%. So honest people who take their work seriously definitely suffer.<sup>439</sup>

The system also became more project-oriented, with AIDS intervention programs increasingly constituted of projects, each of which had its own independent target setting, budgeting and planning, fiduciary control, programme management imperatives, financial reporting and allocation, monitoring and verification.

It was the Global Fund that developed this results-based performance framework, which micro-manages the implementation of every specific activity. For example, one final report for every project is not enough. Every step throughout the whole process must be recorded with substantial evidence. Even with a working meeting, all the materials from the meeting announcement, received responses, registration form, to the final meeting minute, must be saved and translated in both Chinese and English. Approved grants are only disbursed upon prior performance and achievement of targets. In other words, grants would be withheld if targets are not met, regardless of the cause. In this system, even a small performance setback in one project can disrupt the financial flow of the whole program. And “performance” is narrowly defined in quantitative terms with a focus on meeting numerical targets. This project-oriented system is a drastic departure from the former socialist contagious disease model that mostly relied on local systems to handle disbursement, compliance, and reporting with a relatively high degree of freedom.

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<sup>438</sup> Interview 44 (Government), July 12, 2013.

<sup>439</sup> Interview 31 (Government), July 22, 2013.

The Global Fund thus played a central role in expanding and intensifying the bureaucratization of China's system of AIDS control and prevention. As mentioned in Chapter 2, public health in China mainly depends on local financial revenues, while the CDC as a technical support organization has very limited financial resources. Serving as the PR for the Global Fund, however, granted the whole CDC system the stable financial resources needed to conduct project-based work, even without a governmental budget. In fact, at least 30% of the grants were applied to office management and operation instead of direct intervention activities. The Global Fund has thus had a significant impact on the organizational, programmatic, and especially managerial operation of CDCs. One official who has worked for both governments and international organizations remarked on how the Global Fund has improved bureaucratic professionalism:

The Global Fund improved the whole AIDS intervention especially at the local level. Through conducting those projects, public health agencies gradually learned how to conduct work. Now the work of the whole CDC system is carried out as projects. The Global Fund provided training sessions, workshops and study tours so public health departments studied basics like how to figure out where high-risk groups are, what their intervention strategies are, how to make work plans, how to invest, how to make the targets, and how to write reports. The previous capacity of public health personnel is nothing in comparison of current situation.<sup>440</sup>

The Global Fund later “set up the standard of AIDS intervention.”<sup>441</sup> At the central level, the State Council AIDS Working Committee Office, as the head of AIDS policy making, added a new Office of Planning and Monitoring based on the Global Fund model. At the local level, public health officials mainly adopted a set of intervention practices from the Global Fund: (1) policy advocacy and development of

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<sup>440</sup> Interview 132 (International organization), July 15, 2013.

<sup>441</sup> Interview 31 (Government), July 22, 2013.

strategic planning; (2) organizational and personal capacity building; (3) public information, education, and communication (IEC); (4) multisectoral cooperation and participation with NGO participation and community mobilization; (5) interventions with different target groups; (6) care and support for PLWHA; and (7) monitoring and evaluation and dissemination and replication. It is worth emphasizing that, even though they necessarily reflected what various CDC agencies were doing, these *terms* also became the (only) legitimate key words around which public health officers could organize their work plans.

Among all seven major areas of AIDS intervention, areas (4) to (6) in particular carve an institutional space that requires public health officials to include grassroots NGOs in AIDS programs. However, this does not mean that grassroots NGOs have the ability to decide how they will participate, as the intervention areas are defined in terms of very specific procedures and practices. For example, the fifth area, “interventions with different target groups,” is divided into two categories: testing and behavioral intervention, while the sixth area, “care and support for PLWHA,” refers to the management of patients. For public health agencies, those categories are associated with drastically different organizational interests, something that had a detrimental effect on the relationships between different grassroots NGOs and the government.

The primary focus of the Global Fund programs in China shifted from treatment (2003–2006), to behavioral intervention (2006–2008), to testing (2008–2013).

Treatment is a complicated system composed of drug distribution, drug adherence enhancement, peer psychological support, regular CD4 test and viral load test, and opportunistic infections treatment. The CDC is in charge of the first four tasks while

designated hospitals<sup>442</sup> are responsible for the last one. All of the CDC officials with whom I spoke, especially those on the local level, complained that they were overloaded with patients. Not only was managing patients time-consuming and cumbersome, most treatment projects did not cover the human cost of CDC staff members such as their salaries. Local CDC agencies as organizations thus could not benefit from providing treatment. One official illustrated the grim contradiction between the interests of patients versus the interests of the CDC:

The pressure is accumulating as patients live longer. The longer they live, the more people we have to deal with. Then your funding strains increase. Yes, we do have more funding to provide medicine. But treating AIDS is not that simple. You have to think about the operation cost. How do you distribute medicine to every patient? You need hands. Previously one public health workers served 10 patients. Now one worker has to serve 50. You cannot just give them medicine. You also have to do testing, give patients training as well as other supportive services. None of those is included in the projects. So we are mostly short of human resources and funds in treatment.<sup>443</sup>

In some extreme cases, local CDCs would give patients false testing results without actually conducting the testing in order to save money.<sup>444</sup>

In contrast, behavioral intervention and testing can help CDCs to achieve their goals and complete their tasks in a fast and profitable way. Behavioral intervention aims at behavioral change, while testing aims at discovering HIV positive cases. The challenges of behavioral intervention depend on different target groups. Currently CDCs mostly focus on three target groups: intravenous drug users (IDUs), female sex workers, and gay men. While IDUs are considered a special group, health education and

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<sup>442</sup> Beijing is the only city with two designated hospitals that can treat AIDS. Usually each county/city is equipped with one designated hospital in provinces with severe AIDS epidemics. As a result, a hospital in Henan would be responsible for covering around 80 million people on average, while each hospital on the county level usually only has two to five doctors.

<sup>443</sup> Interview 24 (Government), July 21, 2013.

<sup>444</sup> Field notes, June 3, 2012.

condom distribution remain the most prevalent intervention forms for female sex workers and gay men. CDCs can get money for every intervention they conduct, whether sending out one pamphlet or one condom. Testing is an even quicker way to gain high profits. One official was very critical of current testing practice, as he elaborated:

What is testing? Testing should be voluntary counseling and testing. You know VCT, right? You provide people the opportunity to know their HIV status with quality counseling support to help them cope with the result. But in China, conducting VCT equates building a brand new building with a bunch of doctors sitting around, waiting for patients to show up. And then people who actually come for service would be judged by those doctors who don't really give any post-testing service. This is why I am so against it. It is simply a way for CDC to spend money on more service space.<sup>445</sup>

However, projects related to testing are arranged in such a way that CDCs can get about RMB 100-150 for each person they test. There is another RMB 500 for every HIV positive case they find. Meanwhile, by testing and locating HIV positive cases, CDCs establish their surveillance data set. One official was proud to claim, "Testing only requires a little investment. But if you need any data, you have to come to me. ...No matter what you do, you need data to support your intervention."<sup>446</sup> Yet, he went on to admit:

Since this is an anonymous interview, I can tell you the truth. The surveillance data I am collecting does not reflect reality. The computers in CDCs are processing false data based on which intervention work is conducted. Just imagine, what is going to happen in the future?

In summary, the Global Fund reshaped domestic AIDS governance in China, resulting in more project-oriented and state-centric institutions that define multisectoralism in terms of grassroots' capacity building. The rest of this chapter

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<sup>445</sup> Interview 21 (Government), July 20, 2013.

<sup>446</sup> Interview 334 (Government), July 15, 2013.

examines how these institutional characteristics have shaped state repression in AIDS areas and, thus, the actorhood of AIDS activism in three communities: female sex workers, gay men, and peasants infected through blood.

## **II. The Expansion and Fragmentation of AIDS Activist Actorhood**

Multisectoralism was firmly established in AIDS governance between 2007 and 2012. Such a shift in institutional logics limited the Chinese state's ability to simply suppress or exclude grassroots NGOs. This section examines how this process had a paradoxical impact on AIDS activism. On one hand, the transformation of domestic AIDS institutions consolidated the legitimacy of civil society participation, which enabled AIDS activism to grow within the otherwise repressive environment by adopting the organizational form of AIDS advocacy NGOs. This explains the surge in the number of grassroots NGOs. On the other hand, transnational AIDS institutions authorized only a very particular, formal model of NGOs that required grassroots NGOs to focus on internal structural formalization and outside network development in order to become "partners" of the state and gain access to institutional power. As NGO capacity building took over and became the guiding rule, this NGO expansion project empowered some groups, but marginalized others. This section explains the rise to prominence of gay male groups in urban areas, and the simultaneous decline of activism among female sex worker groups and peasants who were infected via contaminated blood.

## **i. Gay Men in Urban Areas**

The community that benefited the most from the development of multisectoral AIDS governance was gay men in urban areas. Grassroots groups organized by gay men and gay women started to rise in large cosmopolitan areas in the early 2000s. The early diffusion of AIDS NGOs, as demonstrated in Chapter 5, supplied fuel to gay men's groups. However, it was not until 2007 when project-oriented AIDS governance became the norm that there was a rapid expansion of AIDS NGOs organized by gay men. As discussed in Chapter 3, gay women participated in AIDS activism in the 1990s and started to organize in the same time period, but their organizing remained stagnant for almost ten years. As one lesbian activist put, "It has nothing to do with the disease itself. China's gay men movement only took off because of AIDS. It was AIDS that brought out the issue of homosexuality. With so much money spent on gay men's organizations, of course they enjoy sound development. But look at us, there are no more than 10 organizations of gay women nowadays."<sup>447</sup>

Gay men's organizations mainly adopted what I call an "antagonistic symbiosis" strategy. Gay men's organizations framed themselves as service providers to meet the administrative needs of local public health departments to carry out AIDS programs. Because local governments lack infrastructural power, they find grassroots organizations helpful to achieve their annual quota in AIDS intervention assigned by the central state. By collaborating with local state actors, gay men's organizations were able

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<sup>447</sup> Interview 14 (Activist), July 16, 2013.



not only to gain asylum within the existing polity, but also to seek new benefits and policy change by targeting local health departments.

This antagonistic symbiosis strategy emerged in late 2006 when AIDS activists noted local CDCs' effort to conduct behavioral intervention among gay men, despite public health officials' lack of necessary expertise and human resources. In the summer of 2007, four grassroots groups of gay men in Beijing that were searching for new programs met for a planning meeting. One leader outlined the situation:

The Beijing CDC does not want to collaborate. You know, they are still following their old approach and trying to do everything on their own. But there are projects they cannot do like among gays. Some CDC officials actually want to do something rather than paying lip service so they do need us. ... The Global Fund is not about money. It actually opened a project space at least at the discourse level. So we can just do projects. In the past, the Beijing CDC can just put money in its labs and claim whatever results they can get. Now with the Global Fund, [the] CDC has to adjust to a totally different set of language. Those officials would have to talk about how many outreaches and how many interventions are done. That is why they are trying to set up their own NGOs. This means now we have new space. And this space is related to political space: By participating in CDC projects, we can develop some connections with cops.<sup>448</sup>

The groups decided to reach out to the regional CDC and offer to help CDC officials circulate education materials among gay men. In return, they wanted no credit for the work, but rather an affiliation with the regional CDC.

There was certainly reason to believe that such an offer of assistance would eventually be accepted. According to the estimates of AIDS activists, for example, the Ministry of Health was only successfully distributing about 60,000 condoms per year throughout the country by 2007. In contrast, the Beijing Aizhixing Institute alone

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<sup>448</sup> Field notes, July 9, 2007.

disseminated between 200,000 to 300,000 condoms in just Beijing in 2006.<sup>449</sup> The state bureaucracy did not have adequate means to develop prevention activities, let alone even locate gay communities. As one CDC official conceded, “We need grassroots groups because the nature of AIDS intervention among gay men is special.”<sup>450</sup> He elaborated:

Last time we were talking to a foreign expert about a funding application and he refused to put it in for us because [he said] there is no way you can do a project among gay men without gay men’s participation. But nobody in the bureau admits he is a gay. Now with so much money available for behavioral intervention among gay men, how can you pass out such a good opportunity? So the health bureau has to rely on outsiders.<sup>451</sup>

Thus, ironically, homophobia and fear within the state bureaucracy created an opportunity for the increased participation of gay men’s organizations in formal AIDS intervention efforts.

The diffusion process described in Chapter 5 generated several clusters of AIDS NGOs of gay men in cities such as Beijing, Xi’an, Chengdu, Shenyang, and Dalian. These NGOs disseminated the antagonistic symbiosis strategy, especially when Wan Yanhai and Zhang Beichuan, two of the most influential figures in gay communities in those areas, both supported the approach. The strategy actually has two components. The first involves enhancing the NGO’s skills by conducting AIDS intervention work and developing formal management structures; the second entails setting up working relationships with other formal organizations, including international organizations and

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<sup>449</sup> Field notes, June 26, 2007.

<sup>450</sup> Interview 24 (Government), July 21, 2013.

<sup>451</sup> Field notes, July 3, 2007.

local public health departments. Both arms of the strategy serve to formalize gay organizations.

Several gay organizations were highly successful in combining the antagonistic symbiosis strategy with identity politics by taking advantage of the fact that the state discourse and attitude regarding homosexuality was rife with contradictions—on the one hand demonizing it, on the other hand dismissing it. Public health departments continue to have severe prejudice against homosexuality. One former official explained why he left the CDC:

Of course it is not allowed. Even a divorce is a big deal in the government, not to speak of *tongzhi*. I remember when a female colleague found out I am a *tongzhi*, she totally freaked out and went on and on about how I won't be able to find a women to get married and my life would be ruined. There is certainly discrimination in CDC. Officers don't even share restrooms with *tongzhi*. *Tongzhi* who go there for HIV testing have to use the restroom downstairs. Nobody in CDC even knows how to speak to *tongzhi*. You can tell how uncomfortable those public health professionals are uncomfortable when they conduct prevention intervention.<sup>452</sup>

At the same time, homosexuality was continuously associated with promiscuous sexuality and perceived as a non-political issue. In fact, central government officials usually forgot about gay men during interviews. One official stated, “homosexuals are not dangerous. As long as the homosexuality is seen as deviation by the society, this group would not become a political threat to the state.”<sup>453</sup> Accordingly, local public health departments were willing to turn a blind eye to and even facilitate gay organizations' activities around identity politics as long as those organizations contributed to the departments' AIDS programs.

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<sup>452</sup> Field notes, June 1, 2012.

<sup>453</sup> Interview 212 (Government), July 2, 2009.

For their part, gay organizations utilized the opportunity to assist the government's efforts to also conduct their own outreach work and promote positive identity and community among gay men. As the leader of one gay organization described it:

AIDS is only a small part of *tongzhi* communities. We are only doing health education and intervention stuff because they are what CDCs want. They want data. So we would conduct survey and collect information for them. But for me, what matters is not how this interviewee answers questions. What is more important is that this *tongzhi* and I could have a conversation after the interview. We can chat. He can unload some of his anguish and pressure. And he can also come to us in the future when he needs somebody to talk to about coming out, family, workplace, and so on. So this kind of work related to self-identification is actually what I want to do. You cannot be happy without a self-identity, right? We also have a magazine focusing on a higher level. You know, so we can have some culture related influences. Therefore we believe our work should have these two aspects. One is health stuff. The other is about *tongzhi*'s life quality.<sup>454</sup>

There was an upsurge in public publications and cultural events for gay men in 2007. Gay magazines had always been a taboo because they were classified as pornographic materials. But now gay men were able to produce and circulate their own publications simply by including a few health-related articles. Cultural events also gained new momentum after taking several hard hits from police departments in the early 2000s. For example, I assisted in the organization of the largest singing competition of gay men in 2007. The planning and preparatory process was very stressful as gay activists feared potential police intervention. The day before the event, one activist told me:

We heard a lot of rumors. Not sure if the event will be shut down. You know, we are talking about several hundred people in the same space. The police might charge us with unlawful assembly or even worse, something like Falun Gong. Sometimes policemen just sit there and watch you. Gay men are afraid of exposing already. Who can stand that? ...If that happens, we are going to ask the regional health department to talk to the police. We are getting ready for that.<sup>455</sup>

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<sup>454</sup> Interview 4342 (Activist), July 19, 2013.

<sup>455</sup> Field notes, July 7, 2007.

In the end, the event was a success and activists happily announced to me, “Solidarity is strength! As long as we can get *tongzhi* together, we can conquer everything.”<sup>456</sup> Other activists even described their AIDS outreach activities as “nothing more than a gathering so *tongzhi* can chat and get to know each other.”<sup>457</sup>

The expansion of AIDS NGOs among gay men in urban areas gradually moved into high gear between 2008 and 2010, with the whole activist community concentrated on capacity building. One NGO leader described it as the “development of organizations toward the standardization of management and service.”<sup>458</sup> His NGO had to participate in training—from organizational development, financial management and project management, to outreach techniques—up to four times a month. In the early stages of this rapid growth, many AIDS activists were, indeed, concerned about the power imbalance between the government and grassroots gay organizations and the possible danger that the existing polity would absorb those organizations, separate them from communities, and turn them into puppets. One activist stated, “It is a good thing to have money. A mere trickle of resources would have been much more helpful when our organizations are young and fragile. You know, we need to grow on our own. But the Global Fund comes like a flood and sweeps past the whole community. It is only going to destroy us.”<sup>459</sup>

Unfortunately, such fears were quickly realized when testing became the dominant focus of AIDS programs in 2008. Compared to behavioral intervention,

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<sup>456</sup> Field notes, July 9, 2007.

<sup>457</sup> Field notes, July 13, 2007.

<sup>458</sup> Interview 42 (Activist), July 26, 2013.

<sup>459</sup> Interview 11 (Activist), August 12, 2009.

testing programs came with standard procedures that gave NGOs very little space to insert activities of their own. The coverage of AIDS programs rapidly expanded to more urban areas, which promoted the formation of gay organizations in those middle and small cities. However, the role of gay organizations was limited to mobilizing gay men to sell their blood samples to local CDCs.<sup>460</sup> A typical procedure began to emerge: NGOs would set up an office where gay men could visit, fill out personal information, have their blood drawn, and then answer a few questions; a visit would usually take no more than 5 minutes. In 2007, a gay man could get 50 RMB for one blood sample. This price went up to 150 RMB in 2012. No consultation was provided since the amount of money NGOs can get depends on how many samples—especially positive samples—they can collect. Most of the gay men who came in for this testing were only motivated by the cash incentive, though one volunteer complained about not being able to engage more with participants, as “many gay men want to talk and want friends.”<sup>461</sup>

The expansion of gay organizations became a process through which grassroots NGOs became part of a top-down instrumental system that increasingly depoliticized AIDS, focusing instead on its efficient administration. Gay organizations essentially, albeit inadvertently, helped to turn gay male communities into objects of AIDS governance, and served as a bridge integrating them into the AIDS administrative system and subjecting them to prejudiced bureaucratic regulation. One gay female activist blamed gay men’s organizations for contributing to the stigmatization of the entire gay community:

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<sup>460</sup> Gay men are offered a cash prize as an incentive to come in and get tested.

<sup>461</sup> Field notes, July 19, 2013.

For a very long time homosexuality was a taboo in China. We just pretended it did not exist. Then here came AIDS. Now AIDS became the trademark of gays. No matter you are male or female, you are associated with AIDS as long as you are a gay.<sup>462</sup>

Offered cash incentives to get tested for HIV/AIDS on the one hand, gays are, at the same time, banned from blood donation.<sup>463</sup> All the public health professionals whom I interviewed categorically described gay men as a high-risk group or target group. One official claimed that the government should invest in treatment instead of prevention because “we did try to work on increasing the use of condoms and decreasing the number of sexual partners but it is almost impossible to change their behaviors. Gay men would continue to practice unsafe sex.”<sup>464</sup>

Through this process, gay organizations have become, for better or worse, model NGOs within the Global Fund system, yet they have also been defanged, so to speak, and regulated according to protocols that have little connection to their local contexts. Even though the Fund emphasizes human rights, this abstract framework was developed outside China with a particular concept of diseases, solutions, and politics, resulting in “politicization without the people” (Mowjee 2003; Reich et al. 2008; Seckinelgin 2002). An NGO leader describes what counts as a “good” NGO:

You have to have excellent project proposals with specific target groups and clear intervention procedures. You need to have something new in your proposal. But you cannot go too creative because there are only that many in the application guidelines. At the same time, your organization needs to be recognizable: this is very important. You want everybody to know you in this circle.<sup>465</sup>

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<sup>462</sup> Interview 14 (Activist), July 16, 2013.

<sup>463</sup> Interview 4342-2 (Activist), July 19, 2013.

<sup>464</sup> Interview 24 (Government), July 21, 2013.

<sup>465</sup> Interview 42 (Activist), July 26, 2013.

At the same time, he said that foreign experts “don’t really understand what Chinese gay men think and [their] behavior. Just look at the funding application guideline. There are lots of requirements or expectations that do not fit in the sexual behavior patterns of gay men here.”<sup>466</sup> Other interviewees expressed similar concerns with how the Global Fund program’s focus on condom and testing does not actually address gay men’s vulnerability and powerlessness in their local contexts where the disease grows and spreads.

In summary, between 2007 and 2012, gay organizations were turned into a disposable tool of the state to not only build AIDS governance, but also to maintain a relatively superficial façade of civil society participation. While the antagonistic symbiosis strategy generated an organizational boom, it also exposed gay male communities to economic corruption and political cooptation by the state.

## **ii. Female Sex Workers**

NGOs working with female sex workers did not come into being until 2007 when the large incubators of grassroots NGOs discussed in Chapter 5 attempted to promote NGO-building in the commercial sex industry. AIDS activists intended to copy the model of antagonistic symbiosis strategy from male gay communities. However, the state had already established an infrastructure governing female sex workers long before the AIDS movement even started. The intervention of transnational institutions in the early 2000s did not actually challenge the authority of the Ministry of Health in this area. The Chinese state was thus able to maintain a state-centric and top-down

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<sup>466</sup> Interview 34 (Activist), July 17, 2013.



AIDS governance structure over the heterosexual sex industry and exclude other non-state actors from participating in AIDS control. As a result, the efforts of female sex workers to employ an antagonistic symbiosis strategy eventually failed.

The socialist contagious disease control model has persisted in AIDS control among female sex workers. When the central government first started to build AIDS governance infrastructure, female sex workers was one of the first target subpopulations. Not only did public health officials continue to refer to female sex workers as “underground prostitutes” (*an chang*), but AIDS programs in this area remained resistant to international norms and practices and continued to ascribe the problem to infected women’s individual immoral conduct and to promote segregation as the solution.

AIDS intervention among female sex workers is conducted in two ways. One is mandatory testing in detention facilities. Sex work in China is illegal, punished by fines and short periods of police detention rather than criminal penalties. The administrative punishment system against sex work—constituted by the “Public Security Administrative Punishment Law” (*Zhi’an Guanli Chufafa*)<sup>467</sup> and the “Decision on Strict Prohibition Against Prostitution and Whoring” (*Guanyu Yanjin Maiyin Piaochang de Jueding*)<sup>468</sup>—is rather ambiguous and arbitrary. The law allows for “an educational coercive administrative measure” of six months to two years of detention in a Custody and Education (*Shourong Jaioyu*) facility.<sup>469</sup> Sex workers who are caught by the police are forced to go through STD/AIDS tests. Positive testing results are used as

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<sup>467</sup> Standing Committee of the National People’s Congress, August 28, 2005

<sup>468</sup> Standing Committee of the National People’s Congress, September 4, 1991.

<sup>469</sup> *Ibid.*

evidence of more severe prostitution and the infected sex worker is sent to the Custody and Education facility.<sup>470</sup>

The other major approach is for CDC staff members to distribute condoms at all places of public entertainment. The Ministry of Health has specific high performance objectives for local CDC departments to promote condom use at appointed places. The locations are chosen by business owners and CDC departments without any epidemiological foundations. As one official admitted, “the option is kinda random... You know, it is not very scientific.” The official further elaborated on the difficulties of implementing these programs:

The goal set by the state is not realistic. The state just wants 100 percent condom use to be implemented all at once... The programs we are conducting now are not effective at all. It would be impossible to achieve those goals without lying. Relying on CDCs to distribute condoms does not work. I think we medical workers should do stuff like surveillance or research. Direct intervention should be carried out by grassroots groups. In my opinions, we should allow underground prostitutes to organize just like gay men...<sup>471</sup>

Unfortunately, AIDS intervention is subordinate to the state’s goal of regulating the sex industry. As one official explained, “cracking down on prostitution is a central national policy aim. AIDS intervention cannot hinder it.”<sup>472</sup> Therefore, public health departments and police forces divide the work: the latter is the one really in charge of administrating the commercial sex industry, while the former conducts facilitating activities by conducting work in only certain areas in the overlapping areas between service industry and sex industry.

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<sup>470</sup> Fieldwork notes, June 1, 2012. It is not clear whether Custody and Education facilities provide treatment.

<sup>471</sup> Interview 31 (Government), July 22, 2013.

<sup>472</sup> Interview 44 (Government), July 12, 2013.

The population theoretically targeted by public health officials, “underground prostitutes,” refers to “adult women who engage in sex work on the streets, in public places such as parks, and in small brothels that masquerade as massage parlors and hair salons.”<sup>473</sup> This female sex worker subpopulation is at high risk of HIV/AIDS infections. Their education level is very low, ranging from illiteracy to senior high education.<sup>474</sup> The average income is around 2000 to 20,000 RMB (about 350 to 3,300 USD) a month.<sup>475</sup> In reality, however, public health departments actually monitor a totally different community. One official described how the category of female sex workers was established in public health:

Back then we only knew underground prostitutes were high-risk groups. But what were underground prostitutes? Nobody actually knew. So we just set up surveillance system in public entertainment places like restaurants and clubs. Are there lots of girls who make money off their beauty there? Yes. But many of them are only waitresses who are trying to flirt to sell more food and drinks... All these years we have not really targeted at real underground prostitutes because it is way too difficult. You know, we have to meet our work quota assigned by the state.<sup>476</sup>

Other officials also pointed out that “nobody cares about female sex workers in CDC. Even the CDC director asked his students not to study AIDS intervention focusing on female sex workers because the state does not care. You know, the director himself was one of the first who started working with female sex workers after graduating from the

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<sup>473</sup> Human Rights Watch, “‘Swept Away’: Abuses Against Sex Workers in China,” 2013.

<sup>474</sup> Interview 42 (Activist), April 12, 2011.

<sup>475</sup> China Sex Worker Organization Network Forum, “Study on the Impact of Crackdowns on Sex Worker and HIV Intervention in China,” January 2011.

<sup>476</sup> Interview 3124 (Government), July 15, 2013.

University of California at Los Angeles. He could have been promoted much quickly.”<sup>477</sup>

Grassroots groups working with female sex workers were shoved into a formal NGO model before they even had a chance to develop their own goals. Formalization in this instance became a process to turn those groups into instruments utilized by various actors with their own agendas. In contrast to gay male communities which were able to establish their own bargaining power, the NGOs of female sex workers were far more marginal and disposable. The Angels with Broken Wings group (hereafter, ABW), the largest grassroots NGO in this area, serves as one example. The group was founded with the support of Aizhixing in 2008. FXF, a female activist who previously worked as a sex worker and pimp, was one of its primary founders. She recalled how they were showered with resources at the beginning:

There were lots of foreign projects sponsored by some American or Pacific organizations? I cannot tell what exactly they were. But we had money back then. At the time we also had support from UNAIDS. For three years, we had a center. That was a two-bedroom apartment just for sex workers (*Xiao Jie*). They can come to get condoms and take a break. You know, like a safe space for them.<sup>478</sup>

FXF’s original intention was just to get other female sex workers whom she considered her “sisters” free high-quality condoms and basic health information to avoid STDs.

Aizhixing Institute served as an incubator for ABW and helped it to establish a whole set of standardized internal organizational structure and activities. As FXF recalled:

You know, a project manager at Aizhixing wrote some constitution and mission stuff for us. She said that we must have one to become a real organization. (Q: Are they simply window dressing?) No, absolutely not. With a constitution, it is easier to apply for projects. You know, your group would look professional... I

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<sup>477</sup> Field notes. July 3, 2007.

<sup>478</sup> Interview 2411 (Activist), August 8, 2013.

did not apply for projects myself. Aizhixing would get money for us. All I needed to do was to find a target group and recruit some volunteers. With less schooling, I did not really know how to write a proposal.

When Aizhixing met with difficulty in 2010, FXF was forced by the security department to suspend her work and leave the organization. The Chinese Association of STD/AIDS Prevention and Control then met with FXF and promised to support her work. Unaware of the association's agenda, FXF was thrilled with the offer of help at first, but she soon realized the difference:

In the past, we mainly focused on gynecological check-ups and treatment. We also provided legal aid, capacity building, and so on. I would talk to my sisters about their legal rights. For example, how to deal with unreasonable customers and so on. But now there is not much health education. All we are doing is to take blood from girls. I think I am being cruel. But I have to meet the project quota... All they want is blood. CDCs don't provide anything else, like some care, something that warms my sisters' heart.

The leader of another organization, Fireflies, echoed FXF's story.<sup>479</sup> Both of them expressed their frustrations not only with the government, but also with gay male NGOs. In fact, as the leader of one NGO working with male sex workers described, "it is far more easier to frame yourself as a gay organization rather than a sex worker organization. Why? More money, more respect, and less trouble."<sup>480</sup>

Although activists working with female sex workers intended to form formal organizations to provide services to the health department—thus, mimicking the antagonistic symbiosis strategy used so effectively by gay men's organizations, the strategy did not succeed in this case because the government already had a well-established infrastructure of control in the heterosexual sex industry and was able to maintain this control without any assistance from grassroots organizations. Meanwhile,

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<sup>479</sup> Interview 232 (Activist), August 9, 2013.

<sup>480</sup> Interview 42 (Activist), August 13, 2009.

the strategy of formal organizing actually put female sex worker groups in a disadvantaged position with less bargaining power and greater restrictions.

### **iii. Peasants Infected through Contaminated Blood**

Unlike gay communities where a consensus about how to engage with the state emerged relatively quickly, there was more contestation among rural activists infected via blood contamination regarding the model of AIDS advocacy NGOs promoted by transnational institutions. Tensions culminated in the controversy over the formalization of the Aizhixing Institute. Wan Yanhai, the primary initiator and one of the co-founders of Aizhixing, was heavily influenced by the American advocacy AIDS NGO model.<sup>481</sup> He was a strong believer in professional advocacy organizations, and was convinced that formalized organizations could persist in an authoritarian environment full of threats and uncertainties (Staggenborg 1991). Wan was committed to making fixed and written regulative rules, and having Aizhixing interact with relevant actors in the field as an advocacy organization. For example, he criticized another co-founder for being too emotional and detailed when the latter gave a speech to NGOs and medical professionals in the U.S.<sup>482</sup> He also discharged Hu Jia from the position of executive director because Hu blamed the central government in front of some organizations in

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<sup>481</sup> Field notes, July 7, 2007.

<sup>482</sup> Aizhixing Institute Internal E-mail, "Our Washington DC Trip," August 4, 2003.

the U.S.<sup>483</sup> Wan argued that the activities of an organization leader should not be conducted in a personal and emotional way.

Wan's views and actions put him in sharp opposition with other activists who held a traditional Chinese view of voluntary association (*jieshe*). According to this understanding, activists are bound by personal connections and moral values, rather than supervision and standardization. Some members of Aizhixing were apprehensive about the shift of focus to macro policy advocacy and AIDS NGO promotion, and feared losing direct contact with local communities.<sup>484</sup> Many activists initiated other types of organizations. For example, Hu Jia, Zeng Jinyan, and Cheng Xiangyang established the Loving Source Education Institute and argued that urban activists should participate directly in local care and conflicts with local governments.<sup>485</sup> Li Dan likewise set up the Dongzhen AIDS Orphan Project in Henan villages to provide education and shelter for orphans. Even as the remaining advisory board and members accepted a generalized and abstract concept of AIDS advocacy organizations, they could not reach a consensus on the practical implications of the western model and its organizational forms, such as issues related to training, volunteer networks, monitoring, and evaluation. Conflicts between the supporters and opponents of AIDS advocacy NGOs as an organizing model were left unresolved as activists disagreed over the specific roles and activities of NGOs in serving various goals.

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<sup>483</sup> Yanhai Wan, "About Hu Jia: A Response to Xinhua News Agency Reporters," November 15, 2003.

<sup>484</sup> Field notes, May 22, 2007; Aizhixing Institute Internal E-mail, "Semi-Annual Work Report," July 20, 2003.

<sup>485</sup> Aizhixing Institute Internal E-mail, October 16, 2004.

It was the campaign around the Global Fund CCM in 2006 and 2007 that settled this conflict and transformed the issue of NGO organizing into a normative goal for rural activists. Similar to their counterparts in gay communities, the formalization of AIDS NGOs of infected peasants was promoted by the Global Fund, which aimed to standardize their internal organizational structure and activities and cultivate external working relationships with international actors and local governments. An initial organizational boom began to taper off in 2007, however, when it became clear that rural activists could not adopt this new form of actorhood.

The Global Fund's programs for PLWHA are mostly composed of drug adherence enhancement and peer psychological support. AIDS NGOs for PLWHA were formed with these two primary types of projects in mind. One rural activist described how their projects operated:

You know, you had to decide how many infected people you want to visit in your proposal. Then we used the money to buy some gifts for each family and then we just chatted. You know, things about health, medicine, policy, etc. We usually asked patients how they were doing, how they reacted to their medicine, and if they were having other trouble. You know, they don't know anything about opportunistic infections. We always asked them to adhere to the medicine on time and told them what kinds of side effects it had. Then we asked them about their family members, children, and so on. We would tell them where they can get their CD4 tests done and whom they should talk to at the county CDC. We would also tell them about the minimum living allowance, tuition waiver and other policies. Rural patients are usually not aware of that policy stuff. So we would tell them how they could talk to the governmental officials in the county and village and what kinds of benefits they should fight for.<sup>486</sup>

Between 2004 and 2007, as demonstrated in Chapter 5, forming AIDS NGOs served as a major driving force in mobilizing PLWHA. All the interviewees who started to participate in AIDS activism before 2007 were in agreement regarding the significance

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<sup>486</sup> Interview 241 (Activist), June 12, 2012.



of increased exposure to the outside world through forming NGOs. They were all excited to start drug adherence enhancement and peer psychological support projects in their villages because, as they noted, they were already doing this kind of work informally, but without any funding or support.

Formal NGO activities like drug adherence enhancement and peer psychological support projects certainly had some positive consequences. For example, XL sold her blood in early 2003 for the first time and she tested positive for HIV several months later. But the local CDC kept this information from her until 2005 when they needed people to participate in their PLWHA caring project for the Global Fund. XL told me how getting to know other activists in Beijing and starting her own grassroots group in 2006 totally changed her life:

For a long time I did not know how to live my life anymore. My mother-in-law would not eat with us. My sister-in-law would not allow her kid to play with my young son who was only four at the time. I felt like that was the end of my life. There was no hope. I had to force a smile on my face during the day and then cried myself to sleep during the night. Who would have thought of today? ... Accidentally I attended a NGO training workshop in Beijing. They offered me 4000 RMB to form a grassroots group. I was very hesitant at first because it would definitely affect my family. But then I did feel much better when I could interact with other NGOs. You know, we often called each other and they always encouraged me. I became much more cheerful. So I thought that other patients were probably going through what I was going through. They also needed help, right? So I formed my group.<sup>487</sup>

Nonetheless, it became increasingly clear between 2007 and 2009 that formal NGO activities like drug adherence enhancement and peer psychological support projects were not really addressing the needs of local communities. In fact, they began to block the development of AIDS activism in rural areas.

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<sup>487</sup> Interview 43 (Activist), June 4, 2012.

Newly developed multisectoral AIDS governance in China not only delimited the legitimate actions and scripts of local PLWHA NGO actors, but also forced informal groups to transform themselves and their relationships with various external actors. First, the project-oriented system that focused on quantifiable measures restricted the role of PLWHA NGOs to directly providing health services, despite the fact that supporting individuals to access public health institutions and improving the broader political environment were equally, if not more, important determinants of health. SY, an activist highly critical of the Global Fund, explains the problem:

What are projects? Projects related to PLWH are all about tedious stuff. You cannot influence any policy. Neither can you change the larger social environment that is actually vital to our survival. I formed a NGO and we also conducted projects before. Patients were completely passive in this process. The projects define what patients want and what patients need. Our organizations should take initiative. We should press our demands. ...The government admitted that we have 52,000 people infected with HIV/AIDS in Henan. Now 16,000 of them are dead. How did they die? Where did they die? All of them died silently. For example, many of us are infected with not only HIV but also hepatitis C. The state does provide ART. Even though it is limited to the first-line medicine with severe side effects and high failure rates, at least it is free. But hepatitis C is not. It is a very expensive disease. The government gives us 390 RMB [about 62.4 dollars] every month for all the opportunistic infectious treatment. How is that enough? ...Let's talk about the minimum living allowance. The government always brags about how great it is, blah blah blah. It was 12 RMB [about 1.4 dollar] a month in 2003. It is 87 RMB [about 13.92 dollar] a month [now]. Then we people have to be so very much thankful to the government. ...It has been almost ten years. Every time they talk about any project, it is freaking drug adherence enhancement. I am just so sick of it.<sup>488</sup>

Reduced to a channel for delivering top-down resources, PLWHA NGOs became an instrument that actually demobilized local communities and turned them into a passive object of AIDS administrative system.

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<sup>488</sup> Interview 14 (Activist), June 4, 2012.

In contrast, rural AIDS activists' activities, to a great extent, evolved around assisting patients to negotiate and bargain with various governmental agencies in order to gain access to services and welfare benefits. For example, LGH took me to the county hospital where he conducted work. He started chatting with several patients there. One of them told us how the village cadres refused to give him the minimum life allowance. Other patients in the room explained how the distribution of minimum life allowances was a random practice and village cadres often take control of the funds as their personal resources. LGH told them which officers in the county government were more friendly and promised that he would accompany them to their government meetings. One patient's daughter started crying and fell on her knees to express her appreciation for LGH's help. LGH later told me that peasants were usually nervous and shy with little experience interacting with government agencies, so he tried to offer some institutional and policy knowledge to assist them in fighting for their own rights. He said:

Peasants don't know much about policy. Neither do they know how the government and hospital work. Officials often put infected peasants off with vague excuses and pass the buck to each other. Officials often tell peasants, "You want your allowance? Our quota is full. Come back in three months." Of course there is no such thing as quota. Or if you need a leg surgery, doctors do not want to do it then they will tell you, "Based on your health condition, we recommend traditional medicine instead of surgery." Then the traditional medicine doctor would tell you that they have no expertise in this area so you should go to doctors of infectious disease. But of course then you would be told that they don't have whatever equipment they need. Then you just get stuck. What can you do? But we know this system inside out. We won't be fooled.<sup>489</sup>

Yet, as essential as this type of work is, it does not count as legitimate AIDS intervention activity. Instead, activists often had to make up project proposals based on

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<sup>489</sup> Field notes, June 12, 2012.

Global Fund guidelines regarding legitimate activities in order to obtain funding and resources. In the most extreme case, one activist described simply asking one of her friends in a foundation to write a proposal that she could submit without even knowing the content.<sup>490</sup>

Grassroots groups of and for rural peasants infected via blood were thus forced to orient themselves to formal organizing that did not translate easily or effectively into local contexts. All of the rural activists I interviewed had attended multiple training and conferences, but none could recall anything they learned other than vague concepts of NGO constitutions and other organizational elements. They all talked about how conducting Global Fund projects was an honor, but also too time consuming. It was very challenging to maintain even routine activities as a NGO. For example, SHZ, a female activist who based her work in hospitals, described how she and other members of her organization felt incompetent conducting AIDS projects:

It is very difficult. There are lots of forms to fill out. Like every time you visit a patient, you have to provide detailed information like the location, sex, etc. Those forms would be mailed for review. If those forms are not satisfying, you have to them all over again. Then there are things like pre-visit conditions, post-visit conditions. Like their weight, medicine, symptoms, etc. I have cirrhosis now. I really want to recruit some young member with more than primary-school level education to handle funding application, training, conferences, etc. You know, peasants like us were selling their blood exactly because we had little education... There is this one member who is not as sick as the rest of us. But she is very shy and afraid of going to cities alone. So I wanted to take her to various conferences and learn how to take meeting minutes and how to participate. But it costs too much money.

During the interview, SHZ was always apologizing for how her group was not competitive enough in conducting intervention. Since she did not have a computer, the day before our interview she had to travel three hours to the capital city of Henan to

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<sup>490</sup> Interview 212 (Activist), July 16, 2012.

submit a funding application for the Global Fund while her leg was injured.<sup>491</sup> Given the costs associated with formal organizational activities, grassroots groups were eventually forced either to withdraw themselves from the Global Fund or to cease AIDS activism all together.

As the AIDS movement was moving further and further towards NGO formalization, grassroots groups of PLWHA became increasingly marginalized when they were not able to advance the project of organizational expansion between 2007 and 2009. One activist stated, “People would look down on me. People always make fun of the way we talk, we walk, and how we eat a lot. You know, we are peasants. Sometimes we eat a bit more at conference since they have good food. Some peasants also smoke and spit in public. Other organizations would say that we are a low quality group.”<sup>492</sup> LL, who served on the CCM PLWHAWC, described himself as useless because he could “only speak for myself” while “organizations’ voices [are] weighted much more than individuals.”<sup>493</sup>

Conflicts between gay and PLWHA organizations intensified after 2009, as the former monopolized more and more of the Global Fund funding. As SHZ explained, “*Tongzhi* always gain predominance at all kinds of meetings. You know, they have more young people and they are much more educated. We patients are peasants. We are not as articulate as they are. You know, we got in lots of arguments but they always won.”<sup>494</sup> Another activist even argued that gay organizations contributed to the spread of

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<sup>491</sup> Interview 111 (Activist), June 7, 2012.

<sup>492</sup> Interview 41 (Activist), June 16, 2012.

<sup>493</sup> Interview 32 (Activist), June 5, 2012.

<sup>494</sup> Interview 111 (Activist), June 7, 2012.

AIDS: “Those *tongzhi* don’t really consider AIDS as a threat. I am not opposed to their plans to develop *tongzhi* culture under the cloak of AIDS. But the problem is that many of their so-called prevention activities are actually providing space and opportunities for *tongzhi* to have unsafe sex. This is why the more *tongzhi* organizations are founded, the higher infection rate is among *tongzhi*.”<sup>495</sup>

In response, AIDS activists in rural areas turned back to direct and disruptive action after 2009. In contrast to the forms of rightful resistance practiced in the early 2000s, as discussed in Chapter 4, rural activists developed a new collective petition model to target governments at the provincial and central level. Between 2010 and 2012, activists organized at least four large-scale petitions. In each instance, 100 to 300 patients went to Beijing, staging protests in front of the Ministry of Health and Ministry of Civil Affairs. MGH told me about her experience serving on the CCM PLWHA and said, “That was nonsense: The Global fund, westerns, NGOs. Nobody can help you but yourself. The government owed us. If I want anything, I’ll just go to Beijing and ask for it.”<sup>496</sup>

Direct transgressive action estranged PLWHA groups from the center of the movement, which further marginalized infected peasants. For example, several victims of contaminated blood who were very near death launched a campaign begging for emergency medical assistance from the local government in the county of Linyin in Henan province in 2012. The campaign was only able to mobilize small-scale protests of local PLWHA organizations; most other organizations remained silent. Six patients passed away in a local hospital. One activist said, “If it happened five years ago, we

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<sup>495</sup> Interview 14 (Activist), July 16, 2012.

<sup>496</sup> Interview 242 (Activist), July 18, 2012.

would march down the street together. But now everybody is on its own.”<sup>497</sup> Such fragmentation was also partly caused by the newly consolidated repressive apparatus, as elaborated in the next section.

### **III. Manufacturing Civil Society**

It is clear that the Chinese state would not have invested in building a formal system of AIDS governance without the intervention of the Global Fund. The increasing influence of the Global Fund actually challenged the state’s infrastructural power to exercise a monopoly of control and implement independent policy choices in AIDS governance. This compelled the Chinese state to respond, though it did so in unexpected ways with complicated results.

With the Global Fund’s requirement that the state accept grassroots NGOs as part of the multisectoral governance structure, the option of simply eliminating all the bottom-up groups and their activities was removed from the state’s repressive repertoire. Instead, as AIDS became an important area for state building, the state was challenged to reaffirm its centrality in this new policy domain in a non-violent and indirect way. The state needed to channel AIDS activism into something that was not only controllable, but also something that could actually assist the state to achieve its three goals of: (1) providing the appearance of civil society in order to gain external legitimacy and resources; (2) erasing the undesired domestic effects of transnational

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<sup>497</sup> Interview 221 (Activist), June 14, 2012.

AIDS institutions such as human rights norms; and (3) expanding the reach of the state in order to penetrate into marginal subpopulations such as infected peasants and gays.

**i. New Repressive Actors: The NGOization and Internationalization of Social Organizations**

Rather than relying on its previous socialist repertoire of strategies, the state began instead to draw on and repurpose resources from the multisectoral AIDS governance framework. While transnational AIDS institutions designated nongovernmental actors as an authorized group of agents, the Chinese state created a set of institutional mechanisms that could control AIDS activism at both domestic and international levels. As discussed in Chapter 5, the state established a series of government-organized NGOs (GONGOs) that appeared to comply with transnational criteria, but essentially served as state puppets in the multisectoral process. This is what I call “using NGOs to control NGOs” (*yi min guan mi*). As the state adopted institutional models and organizational forms from transnational AIDS institutions, this new configuration of repression not only led to the fragmentation of AIDS activism towards the end of 2010 and signaled the decline of social movements (Swayers and Meyer 1999), but also allowed the state to complete the building of a “multisectoral” AIDS governance domain that actually reaffirmed the state’s centrality.

New repressive agents were produced through a process of “NGOizing” health social organizations (*shehui zuzhi*). Social organizations are professional associations created by the state to engage in social welfare service related to AIDS control, partly on a government-financing basis. They are extensions of the Party into society,



nationwide in scope and organized hierarchically. The main function of these organizations is not to aggregate and represent group interests for consideration in the policymaking process, but to facilitate the propagation of Party policy to the relevant groups. Table 6.1 outlines the primary differences between social organizations and the more explicitly government-sponsored mass organizations.

**Table 6.1 Comparisons of Mass Organizations and Social Organizations**

|                        | <b>Mass Organizations<br/>(<i>qunzhong zuzhi</i>)</b>                                    | <b>Social Organizations<br/>(<i>shehui zuzhi</i>)</b>  |
|------------------------|--|--|
| <b>Legal Status</b>    | Government organs  | Professional associations  |
| <b>Representatives</b> | All-China Women's Federation<br>Trade Union<br>Communist Youth League<br>China Red Cross | Chinese Association of STD/AIDS Prevention and Control<br>Chinese Association of Preventive Medicine |
| <b>Personnel</b>       | Appointed members of the government  | Government officials double as leading officers  |
| <b>Membership</b>      | Coerced subpopulations   | Organizational membership  |
| <b>Finance</b>         | Government budget  | Partly funded by government  |
| <b>Technology</b>      | No technical expertise   | Expertise in medicine  |

While there are twenty-five major social organizations involved in AIDS programs, the Chinese Association of Preventive Medicine and the Chinese Association of STD/AIDS Prevention and Control (hereafter, CASAPC) are the largest. They represent two different groups, respectively. The former represents professional medical societies (*xue hui*) that include the Chinese Association of Medicine and the Chinese Nurse Association among others. The latter represents comprehensive and

administrative associations (*xie hui*). This group of organizations also includes the Chinese Foundation for the Prevention of STD and AIDS and the China Family Planning Association among others.

Social organizations involve officials from a variety of government entities outside the Ministry of Health, such as security and police departments. Approved directly by the state council, most of them are exempt from the regulation of the Ministry of Civil Affairs. Although headed by senior officials in the central government, these organizations have much more autonomy and flexibility. Unlike mass organizations, social organizations do not carry administrative rank or power. Therefore, social organizations made a better candidate to take on the role of NGOs in order to channel AIDS activism actors across local and international levels.

Though social organizations concerned with AIDS began to emerge in the 1990s, they were largely inactive, serving primarily as window dressing until 2005 when they were recruited by the government to interact with grassroots groups.<sup>498</sup> The Chinese state launched a series of external and internal reforms to convert social organizations into “transnational NGOs.” The goal was for social organizations to “become the leader of domestic NGOs,” “become an important force in

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<sup>498</sup> For example, in response to the WHO’s call, the Ministry of Health proposed to set up a national coordinating and decision-making organ for HIV/AIDS intervention in 1992. This proposal was rejected by the state council, which considered AIDS an issue limited only to deviant groups. As a compromise, the Chinese Association of STD/AIDS Prevention and Control was founded on World AIDS Day in 1993 in order to appease international audiences. Historically, social organizations were an indispensable part of the transition from a socialist-planned economy to a market economy in the 1980s. While the state largely continued to dominate the (re)distribution of all means of production, the government’s role in directly managing welfare was dismantled. It thus transferred some government functions and personnel to their affiliated social organizations in order to avoid the bureaucratic burden. Social organizations, as appendages to their sponsoring government agencies, are relatively more flexible and open to innovation, and more effective and faster at exploring and implementing policies (Spires 2011).

nongovernmental diplomacy,” and to “get a footing in international society.”<sup>499</sup> The state specifically invested in building, training, and expanding social organizations. This process had two components. The first was a campaign of NGOization that focused on organizational development. In the 1990s, there were only two social organizations working in the AIDS area. In 2002, the state allocated special funds from the central government to start a National Social Mobilization Program for AIDS Control. This funding aimed to support and strengthen social organizations to conduct AIDS related activities and turn them into a new significant actor in controlling AIDS activism across borders. It provided \$247, 670 USD for 21 social organizations to start conducting HIV/AIDS intervention in 2002. This grant increased every year, with \$768, 370 USD for 56 organizations in 2006, and \$1, 459, 750 USD for 60 organizations in 2008. By 2012, there were at least 600 social organizations branches and offices in the AIDS domain throughout the country, the number of which actually exceeded that of grassroots groups.<sup>500</sup>

In contrast to mass organizations that only took the name of NGOs, social organizations actually transformed themselves by adopting the organizational forms of NGOs. This is what they called “one organizations, two faces” (*yitao renma, liangtao paizi*).<sup>501</sup> They conducted a series of internal reforms to mimic the structure and management of NOGs. They set up Boards of Directors (or Steering Committees/Advisory Groups), designed NGO constitutions, and organized planetary

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<sup>499</sup> “An Internal Speech by the Head of the Standing Committee of Communist Party of Beijing,” March 6, 2009.

<sup>500</sup> Interview 244 (Government), July 18, 2013.

<sup>501</sup> Field notes, May 24, 2009.

member meetings. Indeed, transnational AIDS institutions themselves were major contributors to this process of NGOizing social organizations by offering organizational forms and materials as well as discursive resources. For example, some U.S.-based NGOs, such as Family Health International, provided guidance for project administration. When international grants were offered to strengthen the capacity of civil society, the central government allocated a large portion of the grants to social organizations for training and prevention interventions. Taking the Global Fund China Program Round 6 as an example, this program was titled “Mobilizing Civil Society to Scale Up HIV/AIDS Control Efforts in China” and more than half of the grant was funneled to social organizations. Similarly, the CASAPC and the Chinese Association of Preventive Medicine received 20 million USD from the United States, placing them both among the top 10 Chinese recipients of grants from U.S. sources (Spries 2011).

The second component of the state’s effort to refashion social organizations was internationalization. This process involved promoting social organizations’ ability to engage with transnational advocacy networks. The Party outlined six principal strategies for social organizations to prevail over grassroots NGOs at the transnational level: (1) “being present” (*you ying*) in order to participate in international activities; (2) “being articulate” (*you sheng*) in presenting the state’s perspectives; (3) “being appealing” (*you hu*) in advancing the state’s interest; (4) “being persuasive” (*you ying*) in advocating for support; (5) “being active” (*you wei*) in developing connections with international NGOs networks; and (6) “being important” (*you wei*)—becoming core members of global civil society. These principles were further elaborated as follows:

(1) and (2) are the first step. We are not familiar with how international NGOs act. So we need to attend various international conferences to understand who

they are, what they think, and what they do. So we can shoot at the target. (3) and (4) focus on how to draw international attention. We shall interact with transnational advocacy networks but not getting in any direct conflict with them. When they accuse us, our own social organizations need to be there to publicize ourselves. So the audience can be exposed to different views and make those NGOs' words suspicious. The next level is (5) and (6). We need to have our social organizations established in major international NGO networks. So we can always fight back when the state is under attack.<sup>502</sup>

In short, social organizations working around AIDS carved out new types of structures, activities, and functions in response to the growing interconnections between grassroots groups and transnational AIDS regimes. They became a vehicle for the state to suppress AIDS activism by interrupting the cohesion of activist campaigns, contaminating the effect of their activities, displacing grassroots groups' access to material resources, disrupting their internal organization, creating dissension between groups, and distracting the focus of AIDS activism.

#### **IV. New Repressive Repertoires: “Using NGOs to Control NGOs”**

Contrary to mass organizations, which declared grassroots NGOs illegal in the early 2000s, social organizations claimed their own legitimacy as rooted in civil society politics. By promoting themselves as implementing multisectoral governance in China, social organizations produced a non-political and cooperative NGO model that focused on supporting and serving the government in order to contest and marginalize the existing political advocacy model within AIDS activist communities. While traditional repressive action is limited to the domestic level (Earl 2003), social organizations made

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<sup>502</sup> Interview 243 (Government), June 30, 2009.

it possible for the Chinese state to extend its reach to the transnational level to influence and shape AIDS grassroots groups.

Social organizations became the major representatives of so-called civil society and essentially enabled the state to attend a variety of international conferences, starting with the 7<sup>th</sup> International Congress on AIDS in Asia and the Pacific in 2005. They also served as the state's mouthpiece to the international audience. In 2007 and 2009, social organizations were in charge of writing the "Participation and Support of Civil Society Organizations and Community-based Groups" session of the first UN General Assembly Special Session on HIV/AIDS Country Progress Report.<sup>503</sup> Social organizations also hosted a series of meetings with grassroots groups to collect information, a move that lulled several of the groups into not producing their own shadow reports. However, none of the grassroots groups' critiques and suggestions appeared in the report, which stated simply that "the Chinese government will promote the deeper participation of civil society organizations in the AIDS response, and will increase its financial commitment. In turn, we hope that community-based organizations will coordinate their efforts with the national strategy."<sup>504</sup>

In 2009, the Chinese government submitted for the first time a national report under the universal periodic review to the UN Human Rights Council. The International Department of the Communist Party organized social organizations to participate in the writing of the report as NGOs. One social organization involved in the process explained:

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<sup>503</sup> Ministry of Health, April 2, 2010.

<sup>504</sup> Ministry of Health, March 31, 2012.

The Party attached great importance to this report. Hu Jintao, our president, gave specific directives to win the battle. It had become clear to the Party that those experts of the Human Rights Council did not take the government's report seriously. Why? Because no government would say bad things about itself. So they actually concentrate on NGOs' reports. This is why our work is important. You know, many government officials are used to write reports in the name of the state. But we know how to frame the report properly.<sup>505</sup>

At the domestic level, social organizations employed four strategies.<sup>506</sup> First, social organizations sought to compete with grassroots advocacy organizations for leadership. In addition to fashioning their own internal structure to mimic NGOs, social organizations formed the Chinese NGO Alliance to Combat STD/AIDS using British governmental funding in 2007 in direct response to the building of grassroots advocacy networks. The Alliance's stated mission is to "provide information and technical support for grassroots groups, increase their organizational capacity, and mobilize unite grassroots groups in supporting the government in AIDS intervention."<sup>507</sup> More tellingly, however, the Alliance's so-called "Guidelines for NGO Action in Fighting AIDS" stated that "NGOs are not anti-government so NGOs should abide by rules of domestic laws and government disciplines and collaborate with local governments."<sup>508</sup>

Second, social organizations disseminated the "proper" model of NGO participation in AIDS intervention among NGO communities and the general public. In line with transnational models, social organizations edited manuals of project operation,

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<sup>505</sup> Interview 242 (Activist), June 23, 2009.

<sup>506</sup> While the state uses social organizations like pawns or puppets in a sense, social organizations themselves as a semi-bureaucratic organ do enjoy certain autonomy, albeit still in accordance with the state's interests. It would be mistaken to think social organizations only act on orders from above.

<sup>507</sup> "The Founding of Chinese NGO Alliance to Combat STD/AIDS," *Health News Report*, November 15, 2007.

<sup>508</sup> Chinese Association of STD/AIDS Prevention and Control, "The Working Report of the Third Council of the Chinese Association of STD/AIDS Prevention and Control," June 28, 2009.

monitoring, and evaluation to set up standards for grassroots organizations. They also produced several reports on the activities of Chinese NGOs, some of which were translated and sent to the Global Fund<sup>509</sup> and World Bank.<sup>510</sup> They also began publishing journals for grassroots organizations and PLWHA.

Third, social organizations tempted grassroots groups with offers of technical assistance, organizational training, and especially funding trustee service<sup>511</sup>—something social organizations were able to do given their lion share of international funding. Then, in selecting which groups to assist, social organizations favored grassroots organizations working with gay communities in urban areas. This process deepened the divisions already developing between groups working with gays, female sex workers, and peasants infected via blood. When one of the most famous activists, Hu Jia, was arrested in 2008, only activist groups working on contaminated blood issues participated in the rescue campaigns, while all other groups remained silent. One activist complained how Hu Jia was sentenced because international pressure could not be translated into domestic mobilization any more.<sup>512</sup> Tension between grassroots organizations started to rise especially after 2008. For example, social organizations often spread rumors to attack the personal integrity or private life of various activists.

Fourth, social organizations tried to influence AIDS advocacy campaigns directly and to pre-empt other activists' efforts. After avoiding the issue of

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<sup>509</sup> Joint Meeting of NGOs in AIDS Prevention and Control, October 2005.

<sup>510</sup> Chinese Association of STD/AIDS Prevention and Control, "A Report on NGOs' Activities in Xinjiang," 2005.

<sup>511</sup> While most grassroots NGOs do not register with the government, they do not possess the independent legal standing to open a bank account to receive foreign funds. Usually grassroots NGOs need a funding trustee to receive and distribute funding.

<sup>512</sup> Interview 342 (Activist), May 27, 2009.



contaminated blood for a long time, the China Red Ribbon Forum in Beijing was founded to address human rights related to AIDS in 2010.<sup>513</sup> This forum was chaired by former officials from the Ministry of Health who later served as the heads of the Chinese Association of Preventive Medicine and Chinese Association of STD/AIDS Prevention and Control. Ironically, these were the very officials who were involved in covering up the blood selling issues during their tenure in office. Funded by UNAIDS, the first meeting of this forum was supposed to discuss the issue of compensation for people who were infected via blood, but failed to invite anyone from the infected communities. In his speech at the meeting, the vice Minister of Health claimed that the forum showed the Chinese government's efforts in leading the society to protect the human rights of people living with AIDS. The statement was true, though not in the way he intended. Later, during a campaign to help another activist Tian Xi, the China Red Ribbon Forum issued a statement. This statement used a writing style similar to statements issued by advocacy groups that had actually supplied false information about Tian's situation and justified the local government's action.<sup>514</sup>

Overall, social organizations aimed to promote male gay organizations and marginalize PLWHA organizations—all of which was consistent with the broader effort to reframe AIDS as a homosexual disease, rather than something connected to structural failures, such as blood contamination. By 2012, the state-sponsored version of civil society was well established in AIDS governance.

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<sup>513</sup> “The Founding of the China Red Ribbon Forum (Beijing),” *People's Daily*, July 5, 2010.

<sup>514</sup> The China Red Ribbon Forum (Beijing), March 18, 2011.

## V. Conclusion

This chapter demonstrates how transnational AIDS institutions empowered urban gay male groups, but impeded female sex worker groups and derailed the activism of peasants who were infected via contaminated blood. I argue that the contradictions embedded in transnational AIDS institutions account for the paradoxical proliferation *and* fragmentation of the Chinese AIDS movement. Transnational AIDS intervention programs authorized the legitimacy of civil society participation, which enabled AIDS activism to grow within an otherwise repressive environment by adopting the organizational form of AIDS advocacy NGOs. However, in providing specific scripts and models of action, transnational intervention programs privileged technical, medical, and policy rationality as criteria determining who counts as authorized actors and stakeholders in AIDS governance, as well as who governs and how. Subpopulations such as gay men, female sex workers, and people living with HIV/AIDS were thus constituted as subjects and prioritized (or deprioritized) accordingly. Ultimately, while urban gay groups with high levels of education were able to orient themselves around transnational intervention frameworks for self-organizing, other communities in China could not translate their local experience of the disease into transnational medical categories and policy terms. Such a split only played into the hands of the state, which led to the failure of the whole movement.

This chapter stresses a relational and dialectical conception of power and its multi-sided manifestations in the social interactions of local actors. This perspective emphasizes that movements are never intrinsically bounded entities with one single defining issue and an ideal-type of constituents and participants; rather, it reminds us of

the importance of examining the uneven and power-laden transnational relationships that constitute social movements.

## Chapter 7

### Conclusion: Challenging or Defending Authoritarian Rule?

Right before World AIDS Day in November 2012, China's incoming prime minister, Li Keqiang, met with leaders of several grassroots AIDS NGOs in Beijing. This was the first time that a top Chinese leader ever shook hands with grassroots NGO members on TV. With a large red ribbon pinned to his jacket and in front of the United Nations International Children's Emergency Fund (UNICEF)'s representative to China, Li said that "NGOs play an indispensable role in the national battle against AIDS."<sup>515</sup> Li further ordered the Minister of Health to pledge funding to the Shenlan Volunteer Working Group, an NGO working for homosexual males based in Tianjing, a large city next to Beijing. All but one of the grassroots leaders were homosexual men, including three who represented people living with HIV/AIDS. The meeting led to widespread public attention, with the *New York Times* describing it as "a high-profile endorsement" for the AIDS movement.<sup>516</sup>

The next day about ninety peasants from Henan province who were infected with HIV via contaminated blood broke through various obstacles and arrived in

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<sup>515</sup> "Li Keqiang: Pooling the Strength of the Society to Deal with Challenges of AIDS," *Xinhua News Agency*, November 28, 2013.

<sup>516</sup> "In China, Grass-Roots Groups Take On HIV/AIDS Outreach Work," *New York Times*, January 2, 2013.

Beijing to petition the central government to keep its promise to provide basic care for children affected by HIV and AIDS. This was the seventh collective petition organized by grassroots NGOs working with infected peasants since the policy was released in 2009.<sup>517</sup> No official in Beijing was willing to meet with them and the peasants were forcibly returned to Henan.

Grassroots AIDS NGOs did not exist in China before 2002. The episodes above reflect the remarkable growth as well as the fragmentation and decline of AIDS activism as one of the few national-level social movements in post-socialist China since the late 1970s. This dissertation demonstrates the role of transnational institutions in driving the emergence and transformation of grassroots advocacy organizations. I argue that transnational institutions do not simply serve as suppliers of structural or symbolic leverage and material resources. Instead, I present a conflict-centered institutional approach that emphasizes how the cultural frameworks of transnational AIDS institutions—as a set of practices, organizational forms, and repertoires of action—actually *constitute* local activists as actors by shaping and reshaping the domestic institutional terrain where mobilization and repression take place.

My findings display two ways in which the cultural influence of transnational institutions was transmitted to the local level: (1) indirectly, by shifting state repressive behavior, and (2) directly, by promoting specific organizational forms and marginalizing others for local activism. The Chinese state has been facing increasing external pressure from transnational AIDS institutions to reduce its repression of

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<sup>517</sup> Ministry of Civil Affairs, “Circular of the Ministry of Civil Affairs of the People’s Republic of China, On Further Strengthening Guaranteeing the Welfare of Children Affected by HIV/AIDS (*Minzhengbu Guanyu Jinyibu Jiaqiang Shou Aizibing Yingxiang Ertong Fuli Baozhang Gongzuo de Yijian*),” issued March 6, 2009.

grassroots groups since the early 2000s. Importantly, the organizational model promoted by transnational AIDS institutions actually disclaims states' central role in domestic health institutions and grants legitimacy to grassroots self-organizing. This process put the very issue of AIDS squarely on the political agenda of the Chinese state which had for decades until then simply avoided the issue. However inadvertently, as the external intervention of transnational institutions constrained certain repressive behavior, it has also been constitutive of a new repertoire of repressive state strategies. Instead of accepting or opposing global norms, the Chinese state actively focused on manipulating international material and symbolic resources to develop semi-state repressive agents along with traditional security/police forces within and even outside its territory. The objectives in countering the AIDS movement shifted from extinguishing *all* AIDS activism, to facilitating and shaping urban gay groups in a particular direction in order to manufacture a fake "civil society" to distract international attention and undermine the movement from within China. The characteristics of repression have thus transitioned from overt and direct coercion to covert and indirect strategies.

The other mechanism highlighted in the dissertation concerns how the increasing impact of transnational AIDS institutions promoted local mobilization in a formal organizational form, which empowered urban gay male groups, but impeded female sex worker groups and derailed the activism of peasants who were infected via contaminated blood. Transnational AIDS intervention programs authorized the legitimacy of civil society participation, which enabled AIDS activism to grow within the otherwise repressive environment by adopting the organizational form of AIDS

advocacy NGOs. However, in providing specific scripts and models of action, transnational intervention programs privileged technical, medical, and policy rationality as determinants of who counts as authorized actors and stakeholders in AIDS governance, as well as who governs and how. Subpopulations such as gay male groups, female sex workers, and peasants living with HIV/AIDS were thus constituted as subjects and prioritized (or deprioritized) accordingly. Ultimately, while urban gay groups with high levels of education were able to orient themselves around transnational intervention frameworks for self-organizing, other communities in China could not translate their local experience of the disease into transnational medical categories and policy terms. Such a split only played into the hands of the state, which led to the failure of the whole movement.

This concluding chapter situates the conflict-centered institutional approach within the broader scholarship on transnational contentious politics. It discusses analytical issues raised by the contention that institutional logics of AIDS governance were central to challenging and/or maintaining authoritarian rule in China. It then outlines the implications of the findings of the dissertation for debates about global health governance, domestic conflict, and community development.

## **I. Transnational Institutions, Politics, and Actorhood**

I employ a conflict-centered institutional approach to understand how and with what consequences changes in the nature and operation of power and domination at the global level affect the characteristics of domestic politics. This approach is cultural in

that it treats actors as culturally constructed and their action as highly scripted. This is part of a broader scholarly movement that specifically rejects a view presuming the existence of autonomous and rational social movement actors and understands those actors and their agency as embedded in multiple and contradictory institutions. The goal of much of this work is not to reject the validity of traditional sociological factors such as power, resources, or even interests, but to broaden the explanatory power of existing contentious politics studies to capture the characters of emerging transnational structures and processes.

The conflict-centered institutional approach redirects analytical focus to the construction of activist actorhood and strives to explain why challenges take the form they do. This departs from existing studies of social movements in authoritarian contexts that are designed, first and foremost, to explain the conditions under which challenges originate, survive, and succeed. While this set of research questions has effectively undergirded many transnational social movement studies, a growing amount of evidence raises questions about how well those questions are generative of insights that capture the nuance of transnational institutions and their interactions with domestic political processes (Bob 2002; Tarrow 2005). The conflict-centered institutional approach extends this line of thinking and contributes to a growing body of literature that focuses on identifying new research questions and developing new descriptive and theoretical tools in order to study how power structures are constituted and operationalized in a fundamentally different way at the transnational level (Kay 2011; Khagram, Riker and Sikkink 2002) in two ways.



First, the conflict-centered institutional approach conceptualizes transnational institutions as a cultural model constituted of specific institutional arrangements, organizational principles, and administrative techniques. This model is marked by the presence of myriad voices and the increased relevance of non-state actors, which generates a new form of governance and political participation. This dissertation demonstrates how transnational AIDS institutions gave rise to a new AIDS governance model, which generated conflict regarding the roles and boundaries of responsibility held respectively by international organizations, states, and non-state actors, and regarding the relationships between them in the distribution and delivery of public health goods. Chapters 4 and 5 show how this process not only enabled the formation of blood politics which otherwise would not have emerged, but also put in motion the making of civil society politics by redefining the principal values and issues of collective action in the domain of AIDS.

My findings demonstrate that cultural changes redefined politics and resistance around AIDS by prescribing “the appropriate procedure, tactics, and institutional forms through which conflicts could be carried out” (Offe 1985, 820). Transnational AIDS institutions are not a polity at the global level that diminish or replace the power of nation states. Rather, they are a problem-solving-oriented governance model manifested in rationalized, standard, and professional language. I argue that this a model served as an engine driving the formation and reconfiguration of AIDS activism in China in two ways. On the one hand, this model encouraged individuals and groups to mobilize in the form of formal organizations to pursue their “interests.” On the other hand, this model is still in the process of formation as transnational AIDS institutions expand and

develop. This ongoing process involves the creation of different organizational entities, disputes over institutional principles, norms, rules, and procedures between those who govern and who are governed, which in turn generates focal points of domestic conflict.

Second, the conflict-centered institutional approach allows me to identify the social mechanisms that transmit global precepts to domestic groups and individuals, and shows that these mechanisms are ill-captured by classical concepts of coercion, normative influence, and mimesis. As my findings show, transnational structures and processes channel or facilitate the formation of certain—but importantly, not *all*—actors, goals, and strategies of local communities. Much of the current literature rests on a view of “globalization from below” (Falk 1999) that emphasizes how globalization provides a fertile setting for democracy from below, as characteristic of more voluntary, reciprocal, and horizontal patterns of interaction (della Porta and Tarrow 2005). Even though some scholars notice the ambiguous influences of external factors on local social movements (Bob 2001, 2002; Henderson 2003; Lunsing 1999; Tarrow 1998), most studies examine mostly successful cases of transnational ties and applaud how transnational institutions provide more incentives, resources, and other favorable circumstances for domestic activism. As a result, current approaches downplay the divergent effects of transnational institutions and pay inadequate attention to power imbalances and conflicts among activists.

Instead of articulating a celebratory paradigm about the impact of rising transnational institutions, this dissertation distinguishes and explains the mobilizing and demobilizing effects of transnational engagement. It highlights that movements never emerge as intrinsically bounded entities with one single defining issue and an ideal-

typical constituency and participants. The research questions, instead, which issues are prioritized, whose voices are heard, and who is ultimately silenced in the unfolding process of transnational influence.

## **II. Transnational Contentious Politics and Authoritarian States**

Examining the consequences of changes in the nature and operation of power and domination at the global level for domestic politics is a major theoretical concern to academics across a range of disciplines, such as sociology, political science, international relations, public policy, and development studies. Many theorists have noted the ways in which the emerging governing architecture at the supranational level opens up participation to a wider range of non-state actors in a range of areas. However, the role of strong states in light of such changes remains hotly contested. A thriving literature on the global dimensions of social movements demonstrates that nation-states are no longer the dominant organizing framework for politics of resistance. On the other hand, scholars within mainstream transnational relations traditions argue forcefully to the contrary: that the political structuration of strong states continues to determine the domestication of global factors. The dynamics between global processes and strong national regimes thus remain at the center of debate.

This dissertation takes on this theoretical challenge by examining the ambivalent encounter between transnational AIDS institutions and the Chinese state as a strategic research site. Transnational AIDS institutions are in a period of rapid expansion, driven by changing health challenges, an upsurge in funding and political recognition, and new

rules and norms such as human rights and participant democracy. At the same time, China has become the most robust one-party authoritarian regime, despite internal and external challenges since the dissolution of the Soviet Union in 1991.

Based on this particular empirical case, I argue that the solution to the current theoretical impasse is to recognize the relationship between globalization and any given state as a historically-contingent linkage. Many studies tend to emphasize an incompatible interplay between globalization and authoritarian states by focusing on the regime-type of the state, defined by its degree of democratization and state oppression capacity. This conceptualization makes the state a powerful independent variable in explaining cross-national differences in mobilization over a long period of time.

However, when the state is reduced to only the most stable and observable aspects of its political regime (Khattra, Jasper, and Goodwin 1999), the state becomes an unitary entity that pursues fixed preferences as “*diabolus ex machina*, producing opportunities, awaiting mobilization, landing heavily on some actors and facilitating others, but not participating directly in contention” (McAdam, Tarrow, and Tilly 2001, 78).

In contrast, this dissertation perceives authoritarian states as a complex organization composed of multiple overlapping and nested subfields, each of which is self-contained to a different degree and operating more or less autonomously with its own central logic. Those subfields are defined and shaped, in part, by transnational institutions. While the political apparatus of the Chinese state has been increasingly tightening its control in various arenas, its domestic health institutions were more vulnerable to external pressure as they are marginal and weak among various institutions. Chapter 6, for example, discusses how public health officials were attuned

to the impact of transnational AIDS institutions when external intervention facilitated the expansion of the health bureaucracy. My findings demonstrate the paradoxical dynamics between transnational AIDS institutions and authoritarian states.

On the one hand, this dissertation highlights how the increasing influence of transnational institutions feeds or transforms existing frictions between different domestic institutions, which provides various cultural scripts and organizational principles for local actors to internalize and elaborate. This is why AIDS activism was able to evolve into one of the few national-level social movements in China challenging the aggravated repression of political institutions.

On the other hand, my analysis shows that, even though transnational AIDS institutions have been ceded more authority, the success of the governance architecture promoted by transnational institutions, ironically, relies on the performance of the national health systems. In other words, the requirement of a capable state government is built into the foundation of global health governance. So, instead of being simply replaced or diminished, the legitimacy of the Chinese state can, in many ways, be reinforced when it engages with the AIDS governance models of transnational health institutions. I argue that authoritarian states are dynamic actors translating abstract global models into concrete practices of local AIDS governance. As Chapters 5 and 6 illustrate, the Chinese state did not simply accept or reject transnational norms. Instead, it seemed to seize upon the fact that AIDS reframed as a “global disease” opened up a new arena for state-building. China thus adopted an aggressive interventionist stance in the HIV/AIDS arena in order to reclaim its leading role in the public health governance. I conclude that in the context of globalization, health—traditionally perceived as “low

politics”—has become a key site through which traditional authoritarian regimes are both challenged and reinforced.

### **III. Global AIDS Governance and Local Conflict**

Despite its significant impact, the global politics of health governance is not an area typically studied by sociologists. However, analysis of the transnational institutionalization occurring in this area has the potential to yield rich theoretical insights and inform debates of central concern to political sociologists regarding globalization and nation states. The new multi-institutional power structure emerging in global AIDS governance fundamentally challenges a key principle of political sociology and international relations—the conceptions of politics and resistance as being narrowly determined by formal political institutions as the single source of power and domination. Instead, this project suggests that globalization comprises processes through which the political field is redefined both in the configuration of its context and in the way politics evolves to generate new actors, values, and processes. This view is far more complicated and dynamic than the prevalent idea of simply adding another identical layer or variable to previous domestic politics discussions.

This dissertation makes an important intervention in the emerging field of global health by analyzing the inequality of access to the institutions of global health governance. In today’s world of changing health risks and opportunities, the development of a broader health agenda and governing architecture opens up participation to a wider range of non-state actors. This dissertation is an especially

timely and critical evaluation of these new forms of governance that exposes and interrogates concepts like democracy, participation, community, and civil society—concepts that usually serve as uncritically examined assumptions in most discussions of social movements and authoritarian regimes in general.

Ultimately, this dissertation explains why, despite massive investment, external intervention failed to achieve the goals of reducing human rights violations against people living with HIV/AIDS and promoting participant democracy in public health policy making in China. The key insight of my analysis is that the current institutional arrangements allowed the Chinese state to actively engage with transnational institutions, going so far as to manufacture a state-sponsored “civil society” in order to defend the state’s legitimacy and central role in public health governance. This process ironically contributed to China’s ability to achieve desired foreign policy objectives and craft an image of a responsible status quo power participating in the global health system, rather than a rule breaker or a challenger. This finding has broad policy implications. Private foundations, for example, constitute major actors in transnational health institutions and China has become a favored destination for U.S. foundation funding since 2003. Among 195 countries, China ranked third in the number of grants received in YEAR, with AIDS intervention programs receiving the most funding. By providing a critical evaluation of international health intervention projects, I bring a different perspective to authoritarian state and international relations studies.

However, I would be remiss to conclude this dissertation without acknowledging that while AIDS activism has declined, it was, indeed, one of a few social movements that challenged the Chinese state to build and invest in a new policy

area. Uncertainty caused by transnational institutions and AIDS activism has made it even more crucial for authoritarian states to ensure obedience in new arenas of social life, and to prevent the growth of alternative centers of power. Modern authoritarian systems of rule are exercised through the appropriation of the state as the one central source of power and domination. The statehood of authoritarian regimes is thus erected on and preserved through the realization of the a priori state-centered principal about what and how societal institutions should be constituted, their logics, and the particular ways in which they operate (Dawisha and Zartman 1988; Perlmutter 1981). In contrast to European states, but much like authoritarian cases in East Europe (Way and Levitsky 2006), Middle East (Buchs 2009), and Asia (Boureau 2009), the Communist Party has built a new nation-state in China by establishing institutions that monopolize rule-making and the use of force. State repression has thus become a central part of authoritarian state-building, rather than simply an attempt to police order in general (Burton 2005). As transnational AIDS institutions displaced the authority of nation-states and called for local mobilization, the Chinese state was challenged to penetrate into the new space the transnational regimes had created. From the state's perspective, the making of an AIDS policy area thus became a project to build organizational structures and practices that could extend the reach of the authoritarian order against external pressure. As a result, public health as a policy domain was established.



## **Appendix 1**

### **Historical Comparison and Multi-Institutional Ethnography: Methods and Data**

The research on which this dissertation is based began as a straightforward comparison between three activist sub-groups in China: female sex workers, gay males, and peasants infected via blood. The rationale behind this three-pronged approach was to explore the power dynamics within the AIDS movement and explain why certain sub-groups were able to address the needs of the people it claimed to represent, while others failed to do so. Once I entered the field site in 2007, however, I realized not only that I would have to expand my fieldwork to include transnational AIDS institutions and the Chinese state, but also that these two entities did not simply constitute the background or target of the AIDS movement. Instead, both were actors that actively facilitated or channeled the formation of certain – but importantly, not all – actors, goals, and strategies of AIDS activism. Further, it became evident that comparative historical research is indispensable to develop explanations of transnational contentious politics that are at once historically grounded and generalizable beyond the unique case of China. The advantage of this method is that it offers a way to depart from a series of assumptions, rooted in American organizational society, about why social movements emerge, what social movements should look like, what the carriers of social movements are, and how social movements relate to other actors. Instead of taking grassroots

advocacy NGOs as a starting point, historical analysis questions (1) why and how people constructed formal organizations rather than other social forms; and (2) why and how civil society became an organizational and normative goal and principle of AIDS activism. The key to understanding the overall proliferation of AIDS NGOs and conflicts between sub-groups lies in the historical origins and development of the AIDS movement.

I combine archival research, participant observation, and in-depth interviews to explore three field sites – grassroots advocacy groups, the Chinese state, and transnational AIDS institutions – between 2007-2013.<sup>518</sup> The three sub-groups of female sex workers, gay males, and peasants infected via blood were not separate and discrete cases; indeed, they were acutely aware of one another. They were also embedded in a broader inter-organizational network and subject to the same measures of success. Multi-institutional ethnography was an appropriate way to uncover the organization of the trans- or extra-local interactions (Smith 2005) that structured the particularity of local grassroots groups. And archival research directed my attention less towards the specific strategic choices made by individual grassroots groups, and more to how the rules and scripts of the whole AIDS movement evolved over time.

My research focused on a sensitive, risky, and controversial topic inside and outside Chinese activist communities. My own identity as a Chinese female heterosexual researcher with degrees from one of the most prestigious universities in China and currently studying abroad made dealing with barriers and capitals of class,

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<sup>518</sup> All the informants were Chinese. I am responsible for the translation of the data used in this dissertation with the exception of a few published documents. Pseudonyms are provided for all the informants for their safety.

gender, and sexuality an important part of the field work itself at three distinctive field sites.

## I. Grassroots Advocacy Groups

Grassroots advocacy groups were my first field site. In June and July 2007, I began participant observation by volunteering my time and skills as an intern (*shixi*) and researcher at what I call the Health Education Institution in Beijing, one of China's largest national grassroots AIDS NGO incubators. The Health Education Institution presented an ideal position for me to gain an overall view of the AIDS NGO landscape. Its activities involve all kinds of local communities affected by HIV/AIDS and it collaborates with around 60 grassroots AIDS groups throughout the country and provides material and organizational support for more than 20 advocacy groups. It was through this initial participant observation work that I selected three activist sub-groups – female sex workers, gay males, and peasants infected via blood – and identified major actors in the AIDS movement.

Gaining access to the Health Education Institution was not easy. During my initial stage of data collection between February and May 2007, I surveyed news reports provided by three official press agencies of the Chinese central government – *Xinhua News Agency*, *People's Daily*, *China Youth Daily*, and *Guangming Daily* – between 2000-2007 with the assistance of a master's student in Sociology at Beijing University. While I was able to identify a list of major AIDS NGOs and activists, I could not find valid addresses or contact information. After waiting for almost a month in vain for activists to answer my phone calls and e-mails in Beijing, I visited a leading activist and

scholar in Guangzhou, who suggested that I start my research at the Health Education Institution. She also introduced me to the head of the Institution, who received me with little hesitation.

While the Health Education Institution had three primary project offices, it mostly focused on male homosexuality issues during my stay. I was assigned to the Policy Research and Advocacy Project Office (hereafter, PRAP). The PRAP office, sponsored by the Open Society Foundation based in the U.S., was tasked with internal organizational building such as setting up a Board of Directors. It also represented the Institution at different international and national meetings, conferences, and workshops. More importantly, the PRAP office served as a secretary for the largest national network of grassroots AIDS NGOs at the time, responsible for its routine operation and monthly online meetings.

I worked at the PRAP office mostly from 9 to 4, five days a week. Sometimes I was invited to take part in the outreach activities and inter-organizational meetings conducted on nights and weekends. The Health Education Institution was located in a rented office space in a business and residential condo community. The PRAP office was about 10 square feet with five computer desks. At first my co-workers were not thrilled about my presence and most of them were reluctant to instruct me. The first week on the job I found myself in the position of the observed more than of the observer, though I gradually learned that this was a feature of the workplace and not simply of my personal reception by my co-workers. On the one hand, the Institution was undergoing further organizational formalization at the time and the PRAP was trying to enforce stricter workplace discipline. Each individual staff member was trying

to figure out how to make work plans and summaries without making mistakes. My co-workers later told me that they thought it would only be a week before I started to come to work late or just disappeared, as other “westerns” interns had. On the other hand, the Institution began to see the existence of soft repression. Even though there was no public or overt repression, the Institution was taking measures to strengthen its security vis-à-vis the office space and computers.<sup>519</sup> The whole organization was penetrated with suspicion and fear, which made it even harder for staff members to accept outsiders. As Chapter 5 and 6 discuss, indirect and covert use of non-force could disrupt grassroots activists, scare off potential supporters’ communities, and indirectly affect activists’ perception of political opportunities. My old professors in college called me during my fieldwork when security officers inquired about my background.<sup>520</sup> Those professors tried to persuade me to switch to a safer topic. The situation rendered me sleepless for nights and I even changed my cell phone worrying about whether it was tapped. However, these experiences brought my co-workers and me closer. By the time I left the Institution, I had become familiar enough with the work that my co-workers had come to involve me in their own projects.

My role at the PRAP office was ambiguous. I was working on several independent projects assigned by the head of the office, as well as assisting my co-workers with things like translation, proposal writing, press releases, conferences organizing, and volunteer training. The fact that I was a PhD student from the

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<sup>519</sup> For example, only three members could open the front gate for the Institution. I only had the key for our individual office. Everybody had to log off their computers whenever they leave their seats even for a five-minute interval. Nobody was allowed to share computers with other staff.

<sup>520</sup> Their questions focused on who sponsored my research and what my agendas were.

University of Michigan presented the Institution with the opportunity to engage in a little publicity. To note just one example, when the director of the Chinese Center for Disease Control and Prevention visited the Institution, I was particularly highlighted during the introduction. My research was never covert; I could ask questions and take field notes openly. The head of the Institution offered me opportunities to attend Global Fund meetings and UN conferences, as well as exposing me to their inter-organizational meetings with other grassroots NGOs working with gay males, peasants infected via blood, IDUs, and immigrant women and children.

At the same time, my foreignness could provoke hostility. As discussed in Chapter 6, many members of AIDS activist communities began to question whether foreign organizations and people were sincerely concerned about local NGOs and people or whether such outsiders cared only about their own agendas. For instance, the Institution hosted its annual forum and invited its collaborative groups as well as many major activists to attend. For the sake of my research, the head of the Institution generously assigned me to take meeting notes. However, some activists got angry during the discussion of international cooperation and suddenly accused me of taking advantage of grassroots groups for self-interest. I left the conference room and started crying. Even though my co-workers comforted me, I did not come to realize until later that the incident was reflective of tensions between various organizations across borders.

I did not start conducting interviews until my last two weeks at the Institution, when I was already familiar with my research site (see Appendix 2-a). Both the head of the Institution and my co-workers became enthusiastic about my research and they

raised a lot of important issues and questions. The first one to reach out to me was a young European woman, PLM, who worked at the PRAP office. PLM spoke fluent Chinese, had worked at the Institution for a long time, and was successfully blending in. We were both familiar with the language of civil society and human rights in western society and we started talking about my research in English. PLM taught me the ropes and introduced me to her contacts in the Law and Human Rights Project Office and LGBT/MSM Health Education Project Office. PLM was also the one who translated my project to other staff members at the Institution, who soon began to accept me not just at the workplace, but also began to invite me to lunch and dinner, even opening their homes and families to me.

In this way, staff members were able to help me refine my research approach and, in some cases, helped me to carry out the research. They also introduced me to people at two other incubator NGOs for interviews (see Appendix 2-a). Each interview lasted around 1.5–3 hours. Half of the participants gave me permission to use recorders, and I took notes for the rest. During interviews, I focused on people's activities, their relationships with major local actors in HIV/AIDS intervention, and their evaluation of the AIDS grassroots organizational field as a whole. I did not use a formal interview guide other than a set of broad questions, as both of my co-workers as my first two participants expressed a strong preference for unstructured interviews.

The contacts I accumulated at the Institution eased my entry into the whole activist community, especially among gay male activists. I conducted follow-up interviews with most of my participants over the following years in order to trace AIDS activism's development. I also remained friends with some staff members at the

Institution even after they left for other NGOs or foundations. They continued to provide me with updates about AIDS activism. They also assisted me in recruiting participants, especially from incubator NGOs and gay male communities (see Appendix 2-a).

### **i. Gay Male Sub-Group**

I and my assistants conducted 28 semi-structured interviews with gay activists in Beijing and Shanghai between 2009 and 2013.<sup>521</sup> While all the interviews were based on a set of standard questions (see Appendix 2-b), I translated them into Chinese and customized the interview guides for every single participant based on my knowledge of their organizational background. Most interviews were conducted in participants' offices, as gay male NGOs usually had fixed formal office spaces of their own. Conducting the interviews in these spaces also gave me access to observe their daily activities and routine operations. Some interviews were conducted at high-end restaurants or coffee shops chosen by participants.<sup>522</sup> The sites for these interviews were in stark contrast to where my interviews with peasants and female sex workers were conducted. Interviews with gay men ranged from 1 to 2.5 hours and all but two was audiotaped and transcribed in Chinese. Some participants gave consent to have their photos as well as the office's photos taken in the manner they preferred. Detailed field notes were made after interviews to describe the participants, interview space,

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<sup>521</sup> Interviews in 2013 were conducted with the assistance of a team of six undergraduate students at the School of Public Health of the Beijing University Health Science Center. I gave them a qualitative research training section.

<sup>522</sup> Some participants even paid for my meals.



processes, and unexpected encounters. Those interviews were supplemented by hours of informal conversations over meals and drinks along with observing three outreaches and one conference in each of 2007, 2012, and 2013.

Gaining access to gay male organizations was the most straightforward. Most of my gay male informants had at least a college degree, and were young professionals who were used to cosmopolitan life styles. My class and education background made it easier for gay male activists to relate to me as a friend or counselor who knew western society well. A lot of our informal conversations focused on their travels to the United States or other foreign countries to attend conferences and workshops. They were also familiar with speaking to western researchers and journalists and knew how to present a positive picture of their organizations suitable for a western audience. It facilitated the research when I was aiming at examining the rules and norms and standards of successful grassroots AIDS NGOs. However, I did conduct structured interviews with a detailed interview guide to more strictly control the interview process.

Furthermore, my fieldwork occurred during a period of intense public health globalization, when international public health researchers, especially those from the United States, were increasingly interested in using grassroots NGOs to gain access to local Chinese communities to operate projects or obtain data. My identity as a Chinese person studying abroad thus became a double-edged sword. It allowed some of my gay male activists to talk about their engagements with foreigners in a more critical and open way. I shared my experience regarding how to apply for an overseas degree in public health or public administration and how to navigate the western world of philanthropy when participants asked for my opinion. However, my identity also put me

in a complicated position. At first, I attempted to volunteer my skills as a HIV/AIDS advocate, which turned out to be more disruptive than constructive after 2010. As I discuss in Chapters 3 and 6, gay male communities in China have a long complicated history interacting with the western world. There has never been any consensus within gay male activist communities except for a brief period of time between 2004 and 2007, as discussed in Chapter 5. As conflicts within the activist communities escalated, only 1/2 of my participants were recruited through informants, as developing close working relationships with any one male gay NGO could put me in opposition to others. As a result, I had to try to adopt a neutral position, which was not always successful.

## **ii. Infected Peasant Sub-Group**

Gaining access to activist sub-groups composed of and/or working on behalf of infected peasants was even more difficult and time-consuming. Even though I met with leading activists in this sub-group in Beijing in 2007 and 2009, those activists only represented a particular group of local actors who had the resources to travel to Beijing and conduct advocacy activities there, as discussed in Chapter 5. However, this activist sub-group became increasingly isolated as the rift within the activist community was growing. While my fieldwork was mostly conducted in urban areas, the tension between urban and rural activists left me in an awkward position and nobody was willing to introduce me to local communities in rural areas. It was my good fortune that I got in touch with DEH in May 2012. DEH is an urban activist who had only begun to focus his attention on the blood contamination issue earlier that year. Since then, he had

traveled throughout rural areas in Henan and Hebei provinces to visit and help local peasants by showing documentaries on infected peasants' struggles against HIV/AIDS and training activists to utilize computer and internet technology. He was thus equipped with local knowledge regarding how to contact and interact with infect peasants and navigate poor rural areas. In particular, DEH had no formal organizational affiliation, which made him a great guide who was accepted widely by all the local activists. We traveled together in June 2012.

My entrance into the field site of infected peasants was rather dramatic. Two days after I arrived in Zhengzhou, the capital city of Henan province, a security officer called my participant while we were talking in a hospital. The officer's first question was "Is this girl an American or Chinese?," even before he asked what I was doing. Dissatisfied with our answers, two local policemen detained me at the hotel the next morning. Although activists had told me stories about getting detained or arrested, it wasn't until those policemen knocked on my door, ordered me to open it, and asked me to leave with them that I realized what repressive state apparatus means in reality. I was certainly mindful that being detained was always a possibility, so all the interview recordings along with field notes were already uploaded to my online space to protect participants' identities. Nonetheless, it was such a terrifying experience that I would tremble in fear whenever I saw a police station or car on the street afterwards. Fortunately, this detention was simply a warning. I was released after being interrogated for three hours by three officers. The security officer dropped DEH and I off at the train station. After we were forced to leave, the whole process was recorded in my field notes. Ironically, the whole detention process was broadcast online by DEH through

twitter who was standing outside the police station, which actually helped to facilitate subsequent recruiting for interviews when activists considered me on their teams.

I visited 23 grassroots groups in 19 towns and villages, and conducted 46 interviews with grassroots advocacy group leaders, members, peasants living with HIV/AIDS as well as independent activists with no organizational affiliation (see Appendix 2-a). The interviews ranged from 0.5 to 4 hours. Most interviews took place either in hospitals or activists' homes, where they conducted activities. I chose those locations because of the dearth of information available on these extremely widespread but understudied environments. Three group leaders preferred my hotel room due to security concerns. The three groups with offices chose to talk to me at their offices. All but two interviews were recorded and transcribed in Chinese. I took notes of unrecorded interviews. Certain participants gave consent to have their photos taken. Five group leaders invited me to spend nights at their home. I usually waited until the end of the day to take field notes in English.

As most infected peasants were not used to speaking to outsiders, I decided to conduct in-depth unstructured interviews using the oral history method (Wang Zheng 1999). I wanted to attend to narrators' voices and the overall logic of the narrative in order to uncover infected peasants' perspectives, which were already so marginalized in AIDS activism. The advantage I had in exercising this method was that I had already been immersed in AIDS activist communities for five years, so I was familiar with major events, campaigns, and actors, and I already had a sense of the epidemic's history and trajectory. What was left out in my previous fieldwork, however, was the more subjective realm of opinions, attitudes, appraisals, evaluations, emotions, values, and

beliefs. My interviews with infected peasants focused on the choices they had made – and how they might have been made otherwise. More specifically, after introducing my research topic, every interview started with participants’ own narratives of how they had become AIDS activists. The interviews in general covered (1) their activities; (2) their interaction with the Global Fund agent, governments, and other sub-group activists; and (3) their translation and utilization of transnational rules and resources. I usually ended interviews with at least one meal to have more informal conversations.

Simply getting access to rural field sites was very difficult, but conducting research there posed a whole different set of hurdles. To stave off exposure to local police and security departments, we did not stay at any village or county for more than 2 days. I changed my cell phone to hide my tracks.<sup>523</sup> Uncertainty and suspicion permeated activist groups given the government’s use of electronic surveillance, informants, and cooptation. I had to cancel two interviews when, in each case, more than five other activists alleged that the activists in question were collaborating with the government.<sup>524</sup> We did not even tell our participants we were coming until we arrived at their front doors.<sup>525</sup> Rural areas hit hard by HIV/AIDS in Henan province suffered from poverty and a lack of transportation infrastructure. We moved around on trains, buses, taxis, motorbikes, and tricycles and spent hours on unpaved roads. With limited access to clean water and food, both DEH and I got sick due to heat and fatigue. My physical limitations (which are related to my class) proved to be obstacles to data collection. For

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<sup>523</sup> Luckily jurisdiction of those officials who detained me was limited to Zhengzhou city rather than the whole province. I was thus able to continue to conduct research in other areas.

<sup>524</sup> I could not determine whether those allegations were true. In fact, it proved to be rumors in some other cases. However, this is an example how soft repression could create enmity and distrust inside the activist community and damage their coalitions.

<sup>525</sup> In rural areas this type of behavior is acceptable.

instance, when I visited one activist's rental house next to a hill of garbage, the house was covered in flies inside and out. I already had two inflamed wounds on my feet. The whole interview process was so excruciatingly uncomfortable that I declined the host's invitation to stay with them overnight.

In addition to posing physical challenges, the data collection process also provoked strong emotions on my part, which certainly shaped my perspective. For instance, one 22-year-old man living with AIDS passed away from a sudden heart attack when we were visiting the grassroots group with which he was affiliated. He was infected through a blood infusion during a surgery when he was 6. Looking at the cold body of a young man who was actually talking to us the night before was nothing less than heartbreaking. What was even more upsetting was that we had to leave to complete my research schedule.

However, conducting research in rural areas was made successful by the participation of infected peasants. They welcomed me with open arms, eager to share their experiences and thoughts. My class background did not affect the data as I expected it might. Surprisingly, only three participants paid attention to my overseas background; most of them tended to focus instead on Beijing University, where I got my college degree. These participants were facing isolation and marginalization in their daily lives, so the fact that a young woman from a prestigious university was willing to pay them a visit and listen to their stories was comforting and encouraging. During most interviews, it did not take much time before participants were relaxed and elaborating on their responses. Nobody gave me brief answers, asked how many more questions I had, or just stopped talking. Meanwhile, I noticed how my small figure, younger

looking and casual outfits made me resemble one of those sympathetic volunteering college students from the city who were welcomed in village.

### **iii. Female Sex Worker Sub-Group**

Only two female sex worker groups were included in this dissertation, which was reflective of their status in the AIDS movement. Between 2007-2012, I was only able to access male sex worker groups and conduct 7 interviews with them. Equipped with fixed office space, all of those groups identified themselves as gay male groups. The history of female sex worker groups was much shorter. There was only a brief window of opportunity after 2007 when those groups began to emerge. But I did not have funds to research this community during that period. This young activist sub-group was hit the hardest in 2010 when the security and police departments started to crack down on the female sex industry and the whole AIDS movement took a turn for the worse. The trajectory of female sex worker groups was exactly the outcome of the paradoxical expansion and decline of the AIDS movement discussed in Chapter 6.

### **iv. Archival Research**

In addition to participant observation and interviews, I also developed an archival dataset composed of two parts. The first part consists of news reports of AIDS activism in both Chinese and English. For reports in Chinese, I conducted a full search of the *Xinhua News Agency* Multimedia Database and China Core Newspaper

Databases from 1989 to 2012. For reports in English, I did a similar search of LexisNexis Academic Databases with the assistance of an undergraduate student at the University of Michigan. The second part consists of documents generated by activists. I started building this dataset at the Institution based on its internal e-mail archives from 2003. I was allowed access to this archive until 2010. All the e-mails were downloaded, sorted, and organized with the assistance of a Master's student at Beijing University. The e-mails were combined with (1) one of the largest public online forums of AIDS activists, the posts (2005-2012) of which were downloaded with the assistance of two undergraduate students at Beijing University and the University of Michigan; and (2) the internal e-mail group of one of the largest grassroots advocacy networks, the e-mails (2010-2012) of which were provided and downloaded by two activists. My informants also provided me with a wide range of statements, declarations, reports, activity announcements, campaign materials, public letters, pictures, and posts in both paper and electronic forms.

## **II. Chinese State**

I combined archival research and in-depth interviews to collect data on the Chinese state. For archival research, I surveyed (1) China Statistical Yearbooks through China Data Online; (2) China's policies, regulations, and law through the University of Michigan Asia Chinese Studies Online from Wanfang; (3) news reports in Chinese through the *Xinhua News Agency* Multimedia Database and China Core Newspaper Databases and those in English through LexisNexis Academic Databases; (4) internal



documents provided by officials during interviews; (5) secondary literature in Chinese, including China Academic Journals, China Doctoral Dissertations, and China Masters' Theses through China Knowledge Resource Integrated Databases from 1989 to 2012.

My interview data came from two field sites. The first study conducted in 2009 focused on government and Communist Party agents in four provinces who were in charge of regulating and policing NGO activities and social movements including the Bureau of Civil Affairs, the Foreign Affairs Office, the Police Department, and the Homeland Security Department. My objective was to study the operation of the state repressive apparatus in general and in AIDS issue areas specifically.

This study was a small part of what I call the Chinese Social Organizations Project (CSOP). I was fortunate to be hired as a research assistant working for CSOP, which provided me with highly restricted access to Chinese government departments. The principle researcher of CSOP was an enthusiastic support of my research while he had been involved in AIDS activism. He also granted me access to all the data generated in the study of CSOP.

19 unstructured interviews were conducted with 36 government officials between May and August 2009 (see Appendix 2-a). Interview requests were sent to the departments who decided when and what officials would take part in interviews. The participants for each interview ranged from 1 to 3 officials. The interviews lasted between 1 and 2 hours. 15 interviews were recorded and transcribed in Chinese. Notes were taken for unrecorded ones. All the interviews took place in government office buildings. The principle researcher of CSOP was present at all the interviews. He was the one who started each interview by elaborating on how our purpose was to

understand how to regulate the cross-border activities of NGOs better. Then participant officials started talking. The process was closer to formal reporting instead of conversations. I only asked questions from the perspective of a layman. In general, interviews covered not only AIDS NGOs, but also the goals, tactics and plans of the central government and Party, as well as the participants' assessment of the international and national situations behind the political and policy orientations. Interviews were usually followed with lunches paid for by the government, which provided me with opportunities to have more informal conversations and ask more questions.

Conducting research with officials was much easier than gaining access to them. Most participants recognized the significance of the topic. They were willing to talk about the specific challenge they were facing in dealing with booming transnational activism as an organizational problem for their individual departments. Compared to activists, participant officials more frequently used terms such as social movements, activism, human rights, control, and repression. They were also interested in hearing what solutions we can come up with as scholars.

My gender and age were an important factor in shaping the data. I was cast as a young female assistant for the CSOP principle researcher. Participants did not always respond to my questions. Sometimes sexism that was prevalent at the governmental workplace surfaced in the interviews. For example, one official next to me put his hand on my leg during lunch. I had to find an excuse to leave the table and then pretended nothing happened. On another occasion, officials mentioned an important internal

document. When I asked if I could use it, one official suggested jokingly that I might have to flirt (*sajiao*) and drink with one of them to get it. Everybody laughed.

The second set of interviews, conducted in June and July 2013, targeted Chinese public health officials in Beijing with the assistance of the research team mentioned in the last section. Officials of the Chinese Center for Disease Control and Prevention were selected since they were the principle recipient of the Global Fund financial support in China, and the major entity of HIV/AIDS program implementation. Starting in 2007, I had tried different ways to get in touch with China CDC officials but never succeeded. Only two officials agreed to have informal conversations with me in 2007. Fortunately, a Chinese scholar agreed to use their personal connections to help me recruit participant officials in 2013. At participants' request, I was only given their department affiliation with no personal information, in order to avoid bureaucratic procedures.

6 officials agreed to participate in structured interviews (see Appendix 2-a). Based on a set of standard questions in English (see Appendix 2-c), I created a Chinese interview guide for every participants based on their department affiliations. The Chinese scholar mentioned above screened the interview guide and sent them to participant officials upon request. All but one interview was conducted in participants' office buildings. They lasted between 1.5 to 2.5 hours, all of which were recorded and transcribed in Chinese. Participants were mostly in control during interviews as they would start answering questions in the guide. Interviews covered three sets of questions, including (1) public health officials' interactions with transnational AIDS institutions;

(2) impact of the Global Fund on the design and implementation of AIDS intervention programs; and (3) China CDC officials' interaction with grassroots AIDS NGOs.

### **III. Transnational AIDS Institutions**

Data collection consisted of two parts. For the first part, I conducted extensive archival research and set up an archival dataset. The first part of this dataset was collected through United Nations Official Documents System Search for (1) HIV/AIDS related UN resolutions, declarations, and implementations; and (2) UNAIDS/WHO policies, guidelines, reports, and briefs between 1981 to 2011. An undergraduate student at the University of Michigan assisted me in compiling data. I also conducted a full search of LexisNexis Academic Databases from 1989-2012 for news reports, press releases, and media statements from the United States and European Union countries, as well as major international foundations and human rights organizations' reports related to AIDS activism in China. Drawing on these archival resources, I was able to construct the evolution of the principles, norms, rules, and decision-making procedures of the transnational AIDS institutions that legitimize a code of conduct and certain types of programs in the HIV/AIDS intervention arena.

The Global Fund was the focus of the second part. At the international level, I established a historical timeline that charts when the Global Board created and/or revised which institutional and organizational initiative with what purposes, based on online documents of the Global Fund including board meeting minutes, newsletters, reports, funding application guidelines, funding applications, and program reports. This

body of documents was combined with secondary reports obtained through the organization Global Fund Observer. My search was limited to documents related to NGO participation.

At the national level, I concentrated on the China Country Coordinating Mechanism (China CCM) as a national-level committee responsible for governing Global Fund operation within countries. I conducted participant observation at the Secretariat for China CCM in Beijing between June and August 2009. I began to observe the campaigns for the second election of the China CCM of the Global Fund in Beijing in 2009. At the time, the Secretariat was recruiting interns to handle a surge in workload caused by the election controversies. Knowing my research topic, a senior Chinese professor with whom I used to work introduced me to the Executive Secretary.

It was much easier for me to blend into the environment at the Secretariat with many young public health professionals. The Secretariat is located in a high-level building in an upscale area of Beijing, where most of the foreign embassy and UN entities are clustered. I could look over the whole city of Beijing from the office. My co-workers enthusiastically coached in almost every aspect of the job – from accounting, human resources, and public relations to communication and coordination. I was not only assigned to assist with the election, but I was also involved in the daily operation of the office and participated in one CCM Plenary meeting, as well as two national working group meetings. The working hours were usually between 9 a.m. to 6 p.m. each day, 5-6 days a week.<sup>526</sup> Sometimes I worked for 12-14 hours a day when elections became hectic. I usually took very short notes during intervals at work and

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<sup>526</sup> I took time off work at the Global Fund to do interviews with governmental officials while the Secretariat was being accommodating.

then completed them on my subway ride home. Staff members of the Secretariat were friendly and welcoming and I was able to spend hours socializing with them over meals and/or after work as we became friends.

My stay at the Secretariat presented a unique place from which I was able to participate in the operation of the Global Fund in China, observe the election process that involved the entire AIDS activist communities, interact with various grassroots leaders, and speak to other major players such as governmental officials, private foundations, and international organizations. The Secretariat actually shared a conference room, kitchen, and other common areas office space with the UNAIDS China Representative Office, which also allowed me to have informal conversations with UNAIDS staff members. In addition, my participant observation provided me with access to the archival records of the China CCM, such as planning and management documents, consulting reports, meeting minutes, letters of opinions and suggestions from representatives from multilateral/bilateral organizations, academic sectors, and grassroots NGOs.

However, as a researcher who had worked with grassroots groups before, I was without question an oddity. The first time an NGO meeting was hosted at the Secretariat, one activist recognized me. I was not allowed to participate in the meeting as a result, due to concerns regarding a potential conflict of interest. After confirming that I would not release information about the election to any group I knew, I was finally assigned the task of taking, organizing, distributing notes of meetings with two election consultants in Hong Kong and Shanghai. Still, every time that grassroots representatives took part in meetings, my presence would be made known to make sure

nobody would dispute it. I also stopped going to NGO meetings outside the Secretariat and chose to send a Master's student at Beijing University to take notes for me. The ethnographic work was supplemented by 5 interviews with 2 UN officials, 2 international NGOs, and 1 international foundations (see Appendix 2-a). All the interviews were conducted and transcribed in Chinese.

## Appendix 2-a

### The Transformation of AIDS Activist Actorhood in China

| No. | Sub-Activist Group | Organization                                 | Position | Name | Year | Date   | Place   |
|-----|--------------------|--|----------|------|------|--------|---------|
| 1   | Incubator          | Health Education Institution                 | Leader   | 342  | 2007 | 1-Jul  | Beijing |
| 2   | Incubator          | Health Education Institution                 | Leader   | 342  | 2007 | 10-Jul | Beijing |
| 3   | Incubator          | Health Education Institution                 | Leader   | 342  | 2007 | 19-Jul | Beijing |
| 4   | Incubator          | Health Education Institution                 | Leader   | 342  | 2009 | 13-May | Beijing |
| 5   | Incubator          | Health Education Institution                 | Staff    | 221  | 2007 | 7-Jul  | Beijing |
| 6   | Incubator          | Health Education Institution                 | Staff    | 43   | 2007 | 16-Jul | Beijing |
| 7   | Incubator          | Health Education Institution                 | Staff    | 41   | 2007 | 16-Jul | Beijing |
| 8   | Incubator          | Health Education Institution                 | Staff    | 321  | 2007 | 16-Jul | Beijing |
| 9   | Incubator          | Beijing Anti-Discrimination Center           | Leader   | 21   | 2007 | 10-Jul | Beijing |
| 10  | Incubator          | Center for Human Rights Education and Action | Leader   | 31   | 2007 | 1-May  | Beijing |



|    |           |  |        |     |      |        |           |
|----|-----------|--|--------|-----|------|--------|-----------|
| 11 | Incubator | Center for Human Rights Education and Action | Leader | 31  | 2007 | 19-Jul | Beijing   |
| 12 | Incubator | Center for Human Rights Education and Action | Leader | 31  | 2009 | 19-May | Beijing   |
| 13 | Incubator | Center for Human Rights Education and Action | Leader | 31  | 2013 | 1-Aug  | Beijing   |
| 14 | Incubator | Beijing Anti-Discrimination Center           | Leader | 21  | 2008 | 22-Jun | Ann Arbor |
| 15 | Incubator | Health Education Institution                 | Staff  | 122 | 2009 | 16-Jun | Beijing   |
| 16 | Incubator | OFM  | Staff  | 42  | 2009 | 20-Jul | Beijing   |
| 17 | Incubator | YA Love Home                                 | Staff  | 32  | 2009 | 2-May  | Beijing   |
| 18 | Incubator | HSL  | Staff  | 11  | 2013 | 23-Jul | Beijing   |
|    |           |  |        |     |      |        |           |
| 19 | Gay male  | DB Group                                     | Leader | 33  | 2007 | 30-Jun | Tianjing  |
| 20 | Gay male  | DB Group                                     | Leader | 33  | 2007 | 30-Jun | Tianjing  |
| 21 | Gay male  | DB Group                                     | Leader | 23  | 2012 | 19-Jun | Tianjing  |
| 22 | Gay male  | Happy Group                                  | Leader | 42  | 2009 | 26-Jun | Shanghai  |
| 23 | Gay male  | Happy Group                                  | Leader | 11  | 2009 | 16-Aug | Shanghai  |
| 24 | Gay male  | Heart and Life Group                         | Leader | 42  | 2011 | 12-Apr | Ann Arbor |
| 25 | Gay male  | Heart and Life Group                         | Leader | 42  | 2012 | 1-Jun  | Shanghai  |
| 26 | Gay male  | Heart and Life Group                         | Staff  | 34  | 2012 | 1-Jun  | Shanghai  |
| 27 | Gay male  | Heart and Life Group                         | Staff  | 22  | 2012 | 1-Jun  | Shanghai  |
| 28 | Gay male  | Shanghai AB Group                            | Leader | 21  | 2012 | 2-Jun  | Shanghai  |

|    |                  |                                       |        |      |      |        |          |
|----|------------------|---------------------------------------|--------|------|------|--------|----------|
| 29 | Gay male         | YY Group                              | Leader | 132  | 2012 | 2-Jun  | Shanghai |
| 30 | Gay male         | China AIDS Intervention Working Group | Leader | 11   | 2013 | 11-Jul | Beijing  |
| 31 | Gay male         | China AIDS Intervention Working Group | Staff  | 11   | 2013 | 11-Jul | Beijing  |
| 32 | Gay male         | Beijing 412 Center                    | Staff  | 322  | 2013 | 17-Jul | Beijing  |
| 33 | Gay male         | LB Public Goods                       | Leader | 34   | 2013 | 17-Jul | Beijing  |
| 34 | Gay male         | LB Public Goods                       | Staff  | 1422 | 2013 | 26-Jul | Beijing  |
| 35 | Gay male         | NM Society                            | Leader | 411  | 2013 | 19-Jul | Beijing  |
| 36 | Gay male         | NM Society                            | Leader | 411  | 2013 | 19-Jul | Beijing  |
| 37 | Gay male         | JJ Heart Development Center           | Leader | 22   | 2013 | 20-Jul | Beijing  |
| 38 | Gay male         | Sincerity QQ                          | Leader | 241  | 2013 | 20-Jul | Beijing  |
| 39 | Gay male         | Love Home Working Group               | Leader | 431  | 2013 | 20-Jul | Beijing  |
| 40 | Gay male         | Beijing Hope                          | Leader | 211  | 2013 | 20-Jul | Beijing  |
| 41 | Gay male         | Love Home Working Group               | Leader | 431  | 2013 | 20-Jul | Beijing  |
| 42 | Gay male         | Beijing Hope                          | Leader | 211  | 2013 | 20-Jul | Beijing  |
| 43 | Gay male         | Intelligence China                    | Leader | 31   | 2013 | 23-Jul | Beijing  |
| 44 | Gay male         | PLWHA Network                         | Staff  | 42   | 2013 | 25-Jul | Beijing  |
| 45 | Gay male         | PLWHA Network                         | Staff  | 11   | 2013 | 25-Jul | Beijing  |
| 46 | Gay male         | YY Group                              | Leader | 132  | 2013 | 26-Jul | Beijing  |
|    |                  |                                       |        |      |      |        |          |
| 47 | Infected peasant | SY Group                              | Leader | 14   | 2012 | 4-Jun  | Henan    |
| 48 | Infected peasant | SS Self-Help Group                    | Leader | 43   | 2012 | 4-Jun  | Henan    |

|    |                  |                  |        |     |      |        |       |
|----|------------------|------------------|--------|-----|------|--------|-------|
| 49 | Infected peasant | DC Group         | Leader | 123 | 2012 | 4-Jun  | Henan |
| 50 | Infected peasant | DC Group         | Leader | 123 | 2012 | 5-Jun  | Henan |
| 51 | Infected peasant | DC Group         | Leader | 32  | 2012 | 5-Jun  | Henan |
| 52 | Infected peasant | XZ Home          | Leader | 32  | 2012 | 5-Jun  | Henan |
| 53 | Infected peasant | LY Group         | Member | 241 | 2012 | 5-Jun  | Henan |
| 54 | Infected peasant | HSL Station      | Member | 111 | 2012 | 7-Jun  | Henan |
| 55 | Infected peasant | LK Group         | Member | 142 | 2012 | 8-Jun  | Henan |
| 56 | Infected peasant | NL Group         | Member | 442 | 2012 | 8-Jun  | Henan |
| 57 | Infected peasant | NL Group         | Member | 122 | 2012 | 8-Jun  | Henan |
| 58 | Infected peasant | SQ Working Group | Leader | 41  | 2012 | 8-Jun  | Henan |
| 59 | Infected peasant | LY Group         | Member | 242 | 2012 | 9-Jun  | Henan |
| 60 | Infected peasant | LY Group         | Leader | 231 | 2012 | 10-Jun | Henan |
| 61 | Infected peasant | RZ Group         | Leader | 342 | 2012 | 11-Jun | Henan |
| 62 | Infected peasant | RZ Group         | Leader | 241 | 2012 | 11-Jun | Henan |
| 63 | Infected peasant | LS Candle Group  | Leader | 222 | 2012 | 11-Jun | Henan |
| 64 | Infected peasant | LS Candle Group  | Member | 212 | 2012 | 12-Jun | Henan |
| 65 | Infected peasant | LS Candle Group  | Member | 341 | 2012 | 12-Jun | Henan |
| 66 | Infected peasant | LS Candle Group  | PLWHA  | 111 | 2012 | 12-Jun | Henan |
| 67 | Infected peasant | LS Candle Group  | PLWHA  | 112 | 2012 | 12-Jun | Henan |
| 68 | Infected peasant | LS Candle Group  | PLWHA  | 213 | 2012 | 12-Jun | Henan |
| 69 | Infected peasant | LS Candle Group  | PLWHA  | 314 | 2012 | 12-Jun | Henan |
| 70 | Infected peasant | LS Candle Group  | PLWHA  | 221 | 2012 | 12-Jun | Henan |
| 71 | Infected peasant | LS Candle Group  | PLWHA  | 133 | 2012 | 12-Jun | Henan |

|    |                  |                    |        |     |      |        |          |
|----|------------------|--------------------|--------|-----|------|--------|----------|
| 72 | Infected peasant | LS Candle Group    | PLWHA  | 211 | 2012 | 12-Jun | Henan    |
| 73 | Infected peasant | LS Candle Group    | PLWHA  | 231 | 2012 | 12-Jun | Henan    |
| 74 | Infected peasant | NY Group           | Leader | 231 | 2012 | 12-Jun | Henan    |
| 75 | Infected peasant | NY Bamboo Group    | Leader | 411 | 2012 | 13-Jun | Henan    |
| 76 | Infected peasant | SC Group           | Leader | 242 | 2012 | 14-Jun | Henan    |
| 77 | Infected peasant | SC Group           | Leader | 221 | 2012 | 14-Jun | Henan    |
| 78 | Infected peasant | SP PLWHA           | Leader | 41  | 2012 | 15-Jun | Henan    |
| 79 | Infected peasant | XX Love Heart      | Leader | 142 | 2012 | 15-Jun | Henan    |
| 80 | Infected peasant | HB Sunshine Home   | Leader | 212 | 2012 | 16-Jun | Henan    |
| 81 | Infected peasant | HB Sunshine Home   | Member | 231 | 2012 | 16-Jun | Henan    |
| 82 | Infected peasant | HB Sunshine Home   | Member | 133 | 2012 | 16-Jun | Henan    |
| 83 | Infected peasant | HB Candle Group    | Leader | 142 | 2012 | 18-Jun | Hebei    |
| 84 | Infected peasant | GA Half Sky Group  | Leader | 242 | 2012 | 18-Jun | Hebei    |
| 85 | Infected peasant | HSC Group          | Leader | 242 | 2012 | 18-Jun | Hebei    |
| 86 | Infected peasant | HSC Group          | Member | 112 | 2012 | 18-Jun | Hebei    |
| 87 | Infected peasant | HSC Group          | Member | 111 | 2012 | 18-Jun | Hebei    |
| 88 | Infected peasant | TJ Group           | Leader | 241 | 2012 | 19-Jun | Tianjing |
| 89 | Infected peasant | N/A <sup>527</sup> | N/A    | 24  | 2012 | 3-Jun  | Henan    |
| 90 | Infected peasant | N/A                | N/A    | 441 | 2012 | 3-Jun  | Henan    |
| 91 | Infected peasant | N/A                | N/A    | 211 | 2012 | 15-Jun | Henan    |

<sup>527</sup> Independent activists with no organizational affiliation.

|     |                   |                             |          |        |      |        |         |
|-----|-------------------|-----------------------------|----------|--------|------|--------|---------|
| 92  | Infected peasant  | N/A                         | N/A      | 41     | 2012 | 23-Jun | Beijing |
| 93  | Female sex worker | ZY Angles                   | Leader   | 131    | 2013 | 8-Aug  | Beijing |
| 94  | Female sex worker | YHC Group                   | Leader   | 234    | 2013 | 9-Aug  | Beijing |
| 95  | Government        | Civil Affair                | Official | 424    | 2009 | 14-May | A       |
| 96  | Government        | Civil Affair                | Official | 12242  | 2009 | 19-May | A       |
| 97  | Government        | Civil Affair/Foreign Affair | Official | 212    | 2009 | 17-Jul | A       |
| 98  | Government        | Police                      | Official | 112    | 2009 | 16-Jul | A       |
| 99  | Government        | Security                    | Official | 122    | 2009 | 29-Jul | A       |
| 100 | Party             | Civil Affair                | Official | 413314 | 2009 | 14-May | A       |
| 101 | Party             | Civil Affair                | Official | 413    | 2009 | 4-Sep  | A       |
| 102 | Party             | Foreign Affair              | Official | 44     | 2009 | 19-May | A       |
| 103 | Party             | Foreign Affair              | Official | 44     | 2009 | 16-Jun | A       |
| 104 | Party             | Foreign Affair              | Official | 124    | 2009 | 8-Jul  | A       |
| 105 | Party             | Civil Affair                | Official | 43242  | 2009 | 3-Aug  | B       |
| 106 | Party             | Foreign Affair              | Official | 44     | 2009 | 3-Aug  | B       |
| 107 | Party             | Civil Affair                | Official | 31242  | 2009 | 5-Aug  | C       |
| 108 | Party             | Foreign Affair              | Official | 44     | 2009 | 5-Aug  | C       |
| 109 | Party             | Foreign Affair              | Official | 2344   | 2009 | 6-Aug  | C       |
| 110 | Party             | Foreign Affair              | Official | 1444   | 2009 | 6-Aug  | C       |
| 111 | Party             | Civil Affair                | Official | 14242  | 2009 | 6-Aug  | C       |
| 112 | Government        | Civil Affair                | Official | 222133 | 2009 | 27-Aug | D       |
| 113 | Party             | Foreign Affair              | Official | 2244   | 2009 | 27-Aug | D       |
| 114 | Government        | Health                      | Official | 241    | 2013 | 12-Jul | A       |
| 115 | Government        | Health                      | Official | 443    | 2013 | 15-Jul | A       |
| 116 | Government        | Health                      | Official | 244    | 2013 | 18-Jul | A       |
| 117 | Government        | Health                      | Official | 12121  | 2013 | 20-Jul | A       |
| 118 | Government        | Health                      | Official | 121    | 2013 | 21-Jul | A       |

|     |  |            |          |      |      |        |         |
|-----|--|------------|----------|------|------|--------|---------|
| 119 | Government                             | Health     | Official | 443  | 2013 | 22-Jul | A       |
| 120 | International<br>NGO                   | RMR        | Leader   | 122  | 2009 | 6-Sep  | Beijing |
| 121 | International<br>foundation            | AFT        | Staff    | 1113 | 2012 | 18-Jun | Beijing |
| 122 | Inter-<br>governmental<br>organization | UNDP       | Staff    | 311  | 2013 | 15-Jul | Beijing |
| 123 | Inter-<br>governmental<br>organization | UNAIDS     | Staff    | 314  | 2013 | 17-Jul | Beijing |
| 124 | International<br>NGO                   | AC Society | Staff    | 12   | 2013 | 22-Jul | Beijing |

## Appendix 2-b

### Semi-Structured Interview Questions (For Leaders and Members of Grassroots Advocacy NGOs)

#### 1. Grievances and Targets

- 1) Please describe issues that your group focuses on.
- 2) Please rank these issues in importance. Why?
- 3) Has your group changed its issue focus over time? If so, why?

#### 2. Tactics and Strategies

- 1) What types of tactics and strategies does your group use?
- 2) Please rank them in importance and effectiveness. Why?
- 3) Have your tactics and strategies changed over time? If so, how and why?
- 4) What factors led to your tactics and strategies?
- 5) Do you think your current tactics and strategies successful?
- 6) Are there other tactics and strategies you want to implement but cannot? What are your obstacles?

#### 3. Organizational forms

- 1) Please describe the organizational type of your group.
- 2) Do you consider your group as a NGO? What do you consider as a NGO?
- 3) Who are the founders?
- 4) Has your group changed its organizational forms? How and why?
- 5) Does your group have an official mission? When did you come up with this?
- 6) Please describe your group's funding situation and other kinds of support you have received. Have they changed since the beginning?
- 7) Please describe your members.
- 8) Would you like to grow your group as an organization? If yes, in what way? What help would you need? If no, why?

#### 4. Initiatives and Programs

- 1) What programs and projects are your group working on?
- 2) How has the project developed over the years?

#### 5. External Relations with the State

- 1) Please describe your relations with local governments including CDC and monitoring departments such as civil affair bureau, police department and so on.

Please rank those offices and officials in importance as well as openness. Have them changed over years? How and why?

- 2) What kinds of relations does your group prefer? Why?
- 3) What do you do to build and maintain those relations?
- 4) What impact does the Global Fund have on your interactions with local governments?

#### 6. External Relations with the Global Fund

- 1) Please describe your group's relations with the Global Fund. Has it changed over the years? If yes, why?
- 2) How did you know the Global Fund and establish contact?
- 3) What does the Global Fund offer (e.g., information, materials, resources, technique, personnel)? Has this changed over time? If yes, how?
- 4) What conditions or agreements are in order to receive help?
- 5) Have you felt pressured by those requirements?
- 6) What impact does the Global Fund have on your organizational development and program initiatives?
- 7) What responsibilities or duties do you have in the relationship with the Global Fund?
- 8) How do you work with the Global Fund? (e.g., meeting with the staff, training, funding application, project implementation)
- 9) What do you think of the Global Fund framework? Other alternative frameworks?
- 10) Do you have contact with international AIDS governance bodies other than the Global Fund? If yes, please compare them.

#### 7. Relations with the community

- 1) Please describe your group's personnel. Volunteers or employees?
- 2) Please describe the most important community that you work with. Has it changed over time? If yes, why?
- 3) What is the role of local communities in your activities?
- 4) Has your group changed in any way the possibility to meet with the community? How?
- 5) Please describe your community's needs. Are they consistent with your activities?
- 6) How does your community perceive the Global Fund framework?
- 7) What did you think the Global Fund need to know about your community?



## Appendix 2-c

### Structured Interview Questions (For Health Departments)

1. Please describe the main activities related to HIV/AIDS that your office engages in.
2. Which of your activities are directly related to the practice of the Global Fund framework: agenda-setting, financial and resource allocation research and development, implementation and delivery, and monitoring, evaluation, and learning?
3. Are there specific areas of the Global Fund framework more prevalent than others? Why?
4. When did your office start to engage in activities involving Global Fund frameworks?
5. What factors led to your office participating in these activities (e.g., domestic and international factors as internal needs, other offices, political policy, professional regulation, press/media, international organization/NGO pressure, and so on)?
6. What does your office hope to achieve by adopting and implementing the Global Fund framework?
7. What types of issues did your office consider before a Global Fund framework program was introduced and instituted (e.g., politics, legitimacy of framework and program, specificity to office goals)?
8. When practicing intervention programs within the Global Fund framework, are there specific forms of programs that are more prevalent than others (e.g., prevention over treatment, sex workers over affected peasants)? Why?
9. What role does the China CCM play in your office's activities?
10. Please describe your interactions and relationships with members from non-state actors in the China CCM for the Global Fund (e.g., international organization, international NGO, grassroots organization, affected communities).
11. Does your office interact with non-state actors outside the Global Fund framework? Why or why not?
12. Please describe the areas in which those activities take place. When did they start?
13. Are there activity areas that are more open to non-state actors than others? Why?
14. Are there specific types of non-state actors that are easier to work with? Why?
15. What obstacles does your office face in implementing the Global Fund framework (e.g., politics, efficiency, unable to reach local communities)?

16. Do you think that your office has successfully implemented the Global Fund framework? Why or why not?
17. If your office required assistance in implementing the Global Fund framework, would it seek assistance from within the department or from other organizations (e.g., other state agencies, international organizations, international NGOs, grassroots organizations, affected communities)?
18. What future does the Global Fund framework have in your office?

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