University of California Press, one of the most distinguished university presses in the United States, enriches lives around the world by advancing scholarship in the humanities, social sciences, and natural sciences. Its activities are supported by the UC Press Foundation and by philanthropic contributions from individuals and institutions. For more information, visit www.ucpress.edu.

University of California Press
Berkeley and Los Angeles, California

University of California Press, Ltd.
London, England

Library of Congress Cataloging-in-Publication Data

Hyde, Sandra Teresa.
Eating spring rice : the cultural politics of AIDS in Southwest China / Sandra Teresa Hyde.
p. cm.
Includes bibliographical references and index.
ISBN-13: 978–0-520–24714–7 (cloth : alk. paper)
ISBN-10: 0–520–24714–0 (cloth : alk. paper)
ISBN-13: 978–0-520–24715–4 (pbk. : alk. paper)
ISBN-10: 0–520–24715–9 (pbk. : alk. paper)
1. AIDS (Disease)—China—Yunnan Sheng. 2. AIDS (Disease)—Government policy—China—Yunnan Sheng. 3. AIDS (Disease)—Social aspects—China—Yunnan Sheng. I. Title.

RA643.86.C62H93 2007
362.196'97920095135—dc22 2006009345

Manufactured in the United States of America

15 14 13 12 11 10 09 08 07 06
10 9 8 7 6 5 4 3 2 1

The paper used in this publication meets the minimum requirements of ANSI/NISO Z39.48–1992 (R 1997) (*Permanence of Paper*).

Contents

List of Illustrations ix

List of Tables xi

Acknowledgments xiii

Notes on Transliteration xix

Introduction The Cultural Politics of AIDS in Postreform China 1

PART ONE · *Narratives of the State*

1. The Aesthetics of Statistics 37
2. Everyday AIDS Practices: Risky Bodies and Contested Borders 75

PART TWO · *Narratives of Jinghong, Sipsongpanna*

3. Sex Tourism and Performing Ethnicity in Jinghong 105
4. Eating Spring Rice: Transactional Sex in a Beauty Salon 128
5. A Sexual Hydraulic: Commercial "Sex Workers" and Condoms 150
6. Moral Economies of Sexuality 169

Epilogue What Is to Be Done? 193

Notes 209

References 231

Index 257

INTRODUCTION

The Cultural Politics of AIDS in Postreform China

PATTERN THREE: THE "NEW" ASIAN EPIDEMICS

Despite "the fact that AIDS had appeared simultaneously in disparate cultures and apparently unconnected places around the globe," by the late 1980s, the World Health Organization had carved up the world based on epidemiologic maps of HIV/AIDS (Patton 2002: xi–xii). The pattern of incidence associated with North America and Europe, where cases were concentrated among homosexual men and injection drug users, was called Pattern One.[1] This was followed by African cases, which were initially found among heterosexuals who were non–injection drug users, and labeled Pattern Two. The World Health Organization now warns that Asian AIDS will be the next large epicenter for the pandemic.[2] Epidemiological risk group categories of homosexuals, drug addicts, or heterosexual "sex workers" defined Patterns One and Two,[3] but geography and time define Pattern Three. In moving beyond the narrow nomenclatures that "pattern thinking" leaves us with, the public health world has been slow to explore new infections that lie in countries such as China, places outside the purview of the predominant focus on AIDS in Africa and North America. Yet Asian AIDS cases, predominantly driven by HIV in India, China, Thailand, Cambodia, and Vietnam, are placing Asia firmly on these global maps of disease.[4]

Cindy Patton (2002) notes that pattern thinking emerged out of the Global Program on AIDS (GPA) and its early divisions of the world into

six different administrative regions.[5] Within these divisions, developing countries in Asia were strangely aligned with Japan and Australia. The World Health Organization's (WHO's) official story read: "Researchers believe that the virus was present in isolated population groups years before the epidemic began. Then the situation changed: people moved more often and traveled more; they settled in big cities; and lifestyles changed, including patterns of sexual behavior. It became easier for HIV to spread, through sexual intercourse and contaminated blood. As the virus spread, the isolated disease already existing became a new epidemic" (WHO 1989 in Patton 2002: 60–61). As Patton so eloquently points out, this common tale meant there was a tension between the actual disease and its translocation. Confusing time and geography, it is a tale about a virus and a description of the particular bodies that might transmit it.

China is facing a revolution in massive population migration from its rural enclaves to its cosmopolitan centers. A mobile force of some 140 million people, roughly 10 percent of the population, migrate both within and across provinces from county towns to large cities such as Chengdu, Beijing, and Shanghai. This mobility has been both theoretically and empirically associated with a rise in urban poverty and crime, risky behaviors, epidemics in drug use and sexually transmitted infections, and now, HIV/AIDS.[6] This book describes how diseases map onto certain places and people more readily than onto others and how HIV/AIDS becomes embedded in political and economic relations, embodied practices, and cultural imaginations. As a disease of postmodernity, HIV/AIDS becomes culturally inhabited at each site where it appears on the map. How representatives of the Chinese state first responded to the epidemic points toward what is particularly unique about the Chinese approach to infectious diseases and what is also shared globally and transnationally.[7]

Yunnan Province was ground zero of the epidemic, where heroin users were first identified as infected in the late 1980s and early 1990s. However—and this is key to the China story—any analysis complicates the singular idea that it was only translocal bodies, and not also government neglect or state-condoned unsafe blood-banking practices, that dispersed Chinese HIV. Therefore, as a quiet and very deadly epidemic was emerging in Henan in the late 1980s and early 1990s in villages where officials were complicit in using local poor peasants as economic canon fodder in blood and plasma collection schemes, the epidemiological emphasis was still on the counties in rural minority Yunnan (Zhang Feng 2004; Chan

2001). Since the first AIDS case was reported in 1985, China has moved into second place for the fastest-growing epidemic in Asia, behind India, and had declared close to one million infections by the end of 2004 (Bloom et al. 2004; Micollier 2004a; Hunter 2005).[8] In contrast, health experts estimate that at least one million poor farmers were infected in these "botched" blood-selling schemes in central China (Reuters 2005).[9]

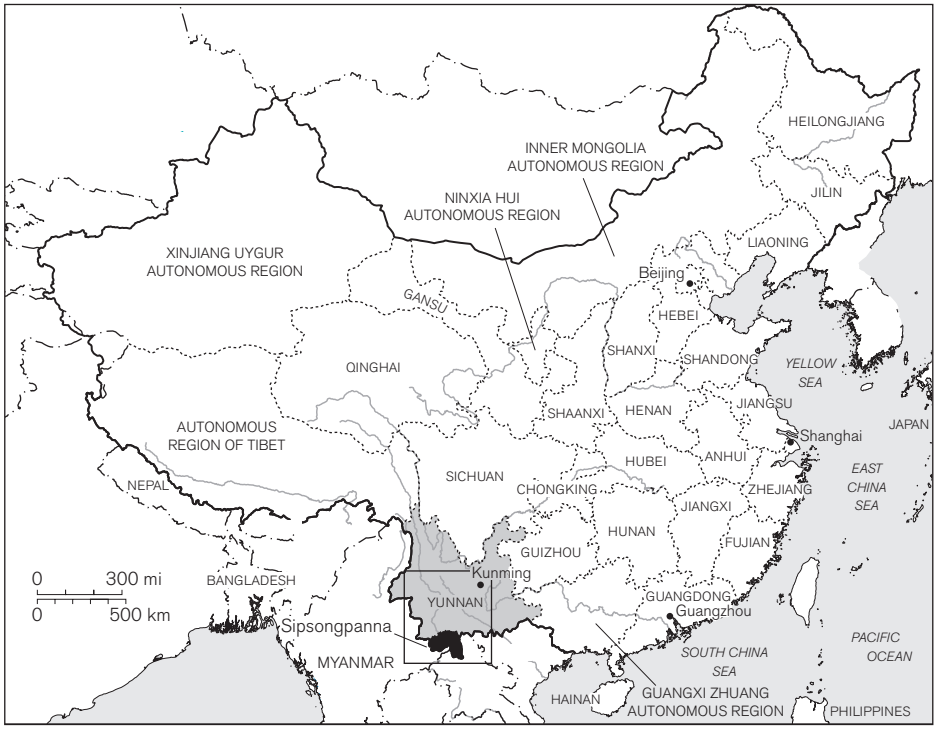
REMAPPING, RECONFIGURING, AND RETHINKING THE STUDY OF EPIDEMICS

One of the major goals of this book is to approach HIV/AIDS less in terms of a study of a bounded minority prefecture and more in terms of the circulation and movement of conceptualizations of the disease across various boundaries, boundaries that require different kinds of anthropological thinking and methods. This work is *not* a definitive ethnographic account of the nascent HIV/AIDS epidemic in Yunnan Province, but an investigation into what I call *everyday AIDS practices*. It begins in the early days of the Chinese epidemic before it was seen as a major public health problem.[10] In the mid-1990s, HIV/AIDS in China was considered a minority problem; minority prefectures in Yunnan revealed the highest number of cases. However, beyond the racial dichotomy of white and nonwhite bodies—or in much of the world, white and black bodies—comes the more nuanced and regionally rooted issue of Han and non-Han bodies. Such ethnic distinctions differentiate an anthropology of epidemiology from cultural studies of disease, straight epidemiology, or a political economy of health. Toward these ends, my lines of inquiry throughout this book demonstrate that understanding transmission of HIV/AIDS requires attention simultaneously to the rise of science and public health in postreform China and to the stories of lives touched by public health in China's borderlands. In doing so, I focus on both the discursive and the material dimensions of the epidemic.

. . .

1985

At spring festival, preparing for a two-day train ride heading west, I sat on top of my backpack at Guilin train station. I joined the cacophony of hundreds of families yelling train numbers and mingled with peasants carrying shoulder poles, their goods swaddled like



Map 1. People's Republic of China, 2005 (for detail, see map 2)

infants and tied at the two ends. Before arriving, we would travel by train, airplane, bus, and minivan to reach our destination of Xishuangbanna, the former Tai tributary kingdom of Sipsongpanna in Southwest China [see map 1].[11] I was part of a delegation of American and Chinese English teachers, colleagues from the Ministry of Mining and Metallurgy, departing for vacation following the end of our annual meeting. On a packed-dirt road in front of the state-run Xishuangbanna Hotel, known as the Banna Bingguan, sat a corner shop with one small bare lightbulb hanging down on an electric wire. The proprietor laughed when we asked, "Where is the Mekong?" He knew only the local name, the Lancang River. In the early morning hours in the town of Jinghong, the former Tai kingdom capital of Tsen Hung, we watched smoke rise from small cook fires at the local Buddhist temple. Young Tai boys performed their morning rituals dressed in the long saffron robes that mark their

Map 2. Southern Yunnan and Sipsongpanna Tai (Xishuangbanna Dai) Autonomous Prefecture

traineeship in Buddhism. With their chants we rose to greet the day. Over the next three days, our delegation traveled down roads that roamed between rubber trees and rice paddies through the tropical jungle. Greeting the wide expanse of the river, we followed the sounds of water flowing into the black night, where we heard crickets and saw twinkling stars in the sky.

1995

Ten years pass and Jinghong is no longer a sleepy town on the Lancang River. Hawkers yell, bicycle bells ring, cars race, and tourists wake to begin another day in the life of the city. Travelers discuss

with their guides where to venture for the next few hours, and decisions are made before the stifling afternoon heat drives everyone indoors into the privacy of their air-conditioned hotel rooms. Motorcycles race past shops, hair salons, brothels, karaoke bars, the beer hall, the large department store, and the government buildings crowned by a single red star. The new national bird, the construction crane, dominates the Jinghong skyline as it does in every other Chinese city. Along with these cranes are numerous construction sites decorated with an intricate latticework of bamboo poles. Rather than tending their rice fields, Han migrant workers balance gracefully on these fragile slippery scaffoldings. Money and capital are the dreams and desires of the city in postreform China.

. . .

After a ten-year hiatus, in May 1995, I returned to China and to Yunnan Province in the southwest. This time I was no longer a teacher of English as a second language but a graduate student hoping to conduct field research in ground zero of the Chinese AIDS epidemic in Dehong Tai-Jingpo Nationality Autonomous Prefecture, in western Yunnan. I went to study why the Chinese public health literature ascribed high rates of the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome (AIDS)—or in Chinese, *aizibing*—to the Tai minority in two counties in rural Yunnan. Even though Yunnan had 80 percent of the Chinese AIDS cases in 1995, on my first trip to Yunnan that year, I met few people that were HIV-positive, nor did anyone provide me with Tai prevalence rates for AIDS. What I did confront was a plethora of myths, rumors, stories, and educated guesses about why the Tai minority had high rates of HIV/AIDS. I left puzzled.

Dr. Wu, my initial contact at Kunming Medical Center in the Department of Traditional Chinese Medicine, showed me her before-and-after pictures of drug addicts incarcerated in a Ruili drug prison (in Dehong Tai-Jingpo Prefecture) whom she had treated for Kaposi's sarcoma with Chinese herbs. She, along with almost every tourist who passed through the small guesthouse where I was staying, insisted that HIV/AIDS was still a confinable disease in China. They repeated like a mantra that by containing the Tai in Dehong Tai-Jingpo and Sipsongpanna prefectures, China would not repeat the public health mistakes of neighboring Thailand. By contrast, Tai villagers just south of Jinghong scoffed at the notion that Han public health officials thought they had HIV/AIDS.

When, in November 1995, I arrived back in Kunming, the capital of Yunnan Province, for a yearlong research project, my sponsors at Yunnan University informed me I could not get permission to conduct research in Dehong Tai-Jingpo Prefecture, as it was a remote area of Yunnan and on such a politically sensitive topic. However, all was not lost; instead, my sponsors selected Jinghong, in Sipsongpanna Tai-Lüe Nationality Autonomous Prefecture, as an appropriate alternative field site due to its emergent sex tourism industry—an industry viewed by many doctors, bureaucrats, and officials in Kunming as symptomatic of Tai-Lüe cultural values. The underlying assumption was that the Tai are a loose and sexually uninhibited people (*luanjiao*) and that their sexual practices were leading to high rates of sexually transmitted infections (STIs) and now, HIV/AIDS. According to several individuals in the provincial medical community, my role, since I was a medical anthropologist and a former public health specialist in sexually transmitted infections, was to find the cultural clues that predisposed the Tai to risky sexual practices. However, these views of Sipsongpanna were not new.

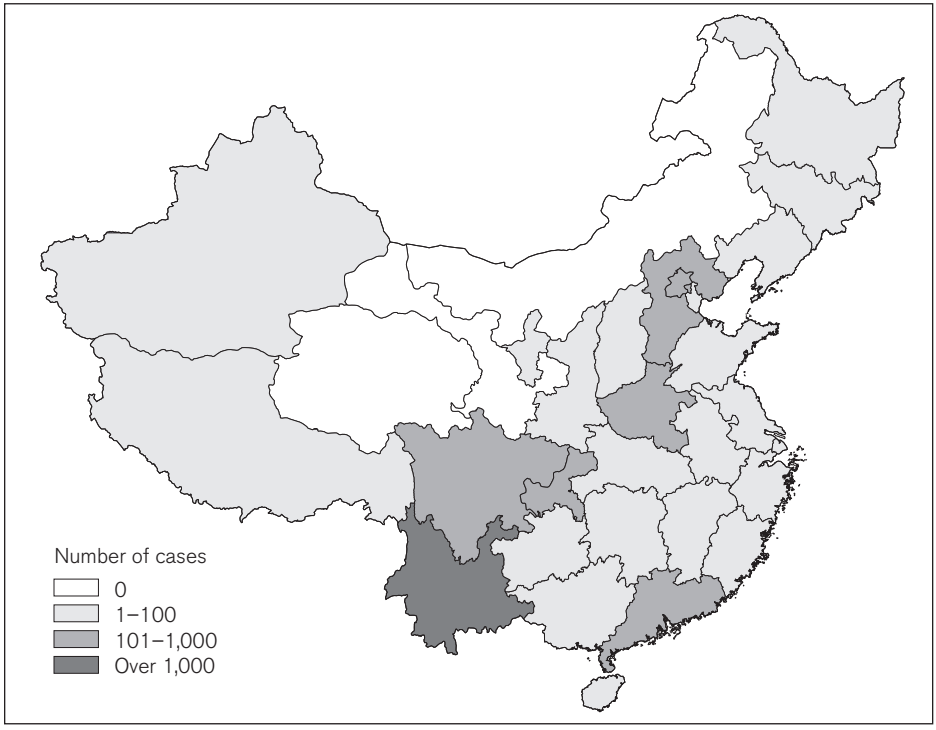
In another, nineteenth-century world, William Clifton Dodd, an American Protestant missionary, described Sipsongpanna in 1838 as "a country of darkness, [as] dark as pockets, [a] darkness of ignorance, superstition, and sin" (Dodd 1923: 181). In the late 1950s, a group of ethnologists working for the Yunnan Provincial Communist Party as part of a nationwide social research project to document and catalogue China's ethnic groups, described the roads to Sipsongpanna as plagued by cerebral malaria and leprosy (Yin 1986). And now, more than forty years later, I describe the roads to Sipsongpanna as linked to sex tourism and the rise of this new infectious disease. While state socialism worked to eradicate sexually transmitted infections, market socialism and the post-1979 reforms have served as a catalyst for the re-emergence of illegal drug use and prostitution and exponential increases in STIs and AIDS (Fan 1990; Zheng Xiwan 1991; Wang N. 1991; Fox 1996; Cheng Hehe et al. 1996; Cheng Hehe, Zhang, Pan, Jia, et al. 2000).

One of the chief internists in Jinghong, working at the local Tai medical center, told me that she spent several afternoons trying to convince a Tai man that because of his HIV status, he could not possibly date, let alone marry. After reviewing my field notes from my first return trip to China, I realized that Dr. Wu's perceptions of the Chinese epidemic, while considered prejudiced and even AIDS-phobic by public health workers and AIDS activist communities in the West, had a certain logic

to it. From the outset, a link between two subgroups of the Tai in two regions was assumed to account for the potentially high incidence across Yunnan: the Tai-Nüa were thought to be increasingly infected in Dehong Tai-Jingpo Prefecture because of China's heroin trade, and the Tai-Lüe were thought to be infected in Sipsongpanna due to China's newly emerging sex trade and political economic ties to Thailand.

This book is both an ethnographic account of an emerging epidemic and an attempt to understand the cultural and political complexities of that same epidemic in the prefectural capital of Jinghong in Sipsongpanna Autonomous Tai Minority Prefecture (Xishuangbanna Daizu Zizhizhou), near China's border with Laos and Burma (see map 2). Thus, I focus on AIDS less as a bounded, already emerging entity than as a series of everyday practices deployed by both government representatives and working people in Jinghong who reveal how the concept of HIV/AIDS is constantly being made and remade over time. Discourses, in order to remain active and alive, must be reiterated and performed, and I treat them here as active in constituting and making and remaking cultural, political, and public health landscapes. In thinking about modern pandemics, I consider both moral and geographic imaginaries, a world where culture maps onto place, and place onto people, and where tidy models of border partition thinking fueled much of the early public health policies toward containment of HIV/AIDS (see map 3).

This book thus adds to the emerging literature on the anthropology of epidemics by addressing the following questions: How does Sipsongpanna respond to the rise of an infectious disease often characterized as a "radio disease"—heard but not seen? In both Sipsongpanna and Menglian minority autonomous prefectures in Yunnan, how does a new infectious disease challenge fundamental cultural systems of sexuality, gender, and ethnic relations and present challenges for representatives of the state—the prefecture's anti-epidemic stations, public security bureaus, and international nongovernmental health organizations? How have epidemiological prejudice and ethnic stigmatization affected calculated policy decisions situated within transnational discourses on HIV/AIDS, which in turn affect local prevention practices (Taylor 1990; Schoepf 1992; Sobo 1993; Farmer, Connors, and Simmons 1996; Farmer 1999; Pigg 2002)? How are sexual entertainment workers implicated in these epidemiological profiles and prevention projects, and what kinds of transactional sex are they involved in, with whom, and why?



Map 3. HIV/AIDS Infection by Province, 1985–1995

Traditional ethnography presupposes that an ethnographer conducts research in one country, most likely one place, and builds on that location for understanding the larger questions about trajectories of infection. However, infectious diseases by nature are mobile and multiply; to study them requires tracing their fault lines through various epicenters as well as through the people involved in controlling them. As the epicenter of the virus in rural Yunnan was not open to investigation when I began this research, I moved my focus to tracing the actions, thoughts, and discourses of people both directly and indirectly involved in HIV. I drew not only from multiple sites for this research—a wide ethnographic map that included research trips to three countries, China, Thailand, and Hong Kong (prior to 1997)—but also on many different people. These included physicians, government officials, police officers, public health workers, and the myriad of people working in Sipsongpanna—tourist

experts, shopkeepers, entertainment industry workers, sex workers, Buddhist practitioners, Tai activists, and ordinary local citizens.

ETHNOGRAPHY ACROSS SPACE AND TIME (1995–2002)

During twenty-two months, between May 1995 and August 2002, I conducted intensive multisited fieldwork in Kunming, Jinghong, Menglian, Beijing, Hong Kong, and Chiang Mai. Phase one (May 1995 to January 1996) consisted of six months of urban fieldwork in the Yunnan provincial capital of Kunming, where I worked with two nongovernmental HIV/AIDS organizations—Save the Children–Hong Kong and the Australian Red Cross—and waited patiently for government permission to go to the field. Phase two (February 1996 to August 1997) consisted of twelve months of fieldwork in Sipsongpanna (referred in the local Mandarin slang as "Banna"), Menglian, Beijing, and Hong Kong. I conducted follow-up fieldwork in the summers of 2000 and 2002 in Hong Kong and in Yunnan. In between I also attended three critical conferences—two in Chiang Mai, Thailand (one on cultural survival among the Tai, the other on HIV/AIDS in Asia and the Pacific) and Hong Kong's first big conference on HIV/AIDS. In Sipsongpanna (in 1996, 1997, 2000, and 2002), I observed patrons in video shops, hair salons, cafés, movie theaters, and karaoke bars in the city of Jinghong and made visits to Tai villages in the countryside. In the city and in the villages, I observed local cultural practices and behaviors and, more important, the representation and circulation of stories about HIV/AIDS. The practices and cultural events I observed ranged from courtship rituals between teenagers at pool tables and movie theaters, to businessmen negotiating sexual transactions with local prostitutes, to Tai villagers talking about why the Han view their sexual practices as uncivilized and backward. Due to the tremendous stigma attached to the disease, initially no one would admit to having HIV, so people with the disease in Sipsongpanna were relatively hidden.

Besides participant observation, I conducted two types of interviews. First, I interviewed twenty government officials to learn how ideas about HIV/AIDS were constructed, contested, and altered among representatives of the Chinese state. Second, I interviewed twenty migrant workers in Jinghong in order to explore individual attitudes and experiences with respect to changing ideas of sexuality, gender relations, and sexually transmitted infections. In addition, I participated in two types of behavioral surveys: a "knowledge, attitude, behavior, and practice" (KABP)[12] survey in Menglian County in 1985 and a survey in Dehong

Tai-Jingpo Prefecture in villages near the city of Ruili in summer 2002. I conducted several focus groups (each with between five and ten participants)—with villagers in Menglian in 1996, with students at the Xishuangbanna Teacher's College the same year, and with sex workers and drug addicts in Kunming in summer 2002. I also conducted archival research on the Tai-Lüe, the social history of sexually transmitted infections, and contemporary HIV/AIDS epidemiology in the archives at the University Services Center at Chinese University of Hong Kong, Yunnan University, Kunming Medical College, Countway Medical Library at Harvard Medical School, and the Asian Collection at the Kalmanovitz Medical Library at the University of California, San Francisco. In addition, I collected contemporary public health propaganda messages and the physical icons of popular sexual culture: condom boxes; sex toys; condom and sex toy advertisements; posters, pamphlets, and the other accoutrements of what is known as information, education, and communication (IEC) materials; and stories and folklore about HIV/AIDS in the popular press.

As it is now commonplace for anthropologists to position themselves within the texts they write in order to define where Western representations of the Other begin and end, I too include myself in the following narratives and stories (Marcus and Fischer 1986; Abu-Lughod 1991 & 1993; Rofel 1992 & 1999; Ebron 2002).[13] Through Save the Children–Hong Kong and the Australian Red Cross, I interviewed and interacted with government officials from Menglian to Chiang Mai who, beginning in the mid-1990s, were the pioneers in developing HIV/AIDS prevention strategies. What facilitated my access to these often tightly secured bureaucracies was my own subject-position. I was conducting dissertation research in anthropology but with a master's degree in public health and several years of work experience in HIV/AIDS, women's health, and sexually transmitted infections; I became at times a consultant. When analyzing the culture of HIV/AIDS, I was a social scientist, and when working on prevention projects, I was a public health expert. This dual positioning was a valuable asset, as my public health credentials opened many doors that an anthropologist's brief would not have; however, this also meant I had to balance and bridge the divide between public health and anthropology. The secrecy, stigma, and fear attached to the epidemic meant that many people did not want to talk about, see, or catch even the faintest breath of it, let alone share sensitive information about it with a foreign anthropologist. It also meant that my critiques of the HIV/AIDS epidemic were tainted in the

sense that I often participated in studies and prevention projects, so that I was altering the very practices I was attempting to document. As Paulla Ebron (2002) notes, ethnographic interviews are another kind of performance that we ethnographer's collect and in no way are they less important than the tales and stories that informants share us with.

THE ANTHROPOLOGY OF EPIDEMICS

As anthropologist Chris Lyttleton (2000) points out, AIDS can be interpreted as an epidemic of signification (Treichler 1999), as a moral panic (Watney 1997), and following Michel Foucault (1980), as a new set of sexualities born through recurrent disciplinary responses. For Lyttleton (2000), as for myself, coming to terms with global AIDS means "laying bare aspects of the social order to calculated scrutiny and reconfiguration" (10). It is through putting a litmus test on the social orders of the Americas, and then Africa, and now Asia that anthropologists have called for a more finely tuned analysis of HIV/AIDS epidemics and the global transfer of scientific knowledge from one country to another (Farmer 1992; Biehl 2001; Carillo 2002; Eaton 2002; Nguyen 2001 & 2005).

In the process of tracking the shape and terrain of public health policies and practices around HIV/AIDS in China, I capture the transfer and circulation of scientific and technical knowledge from several different global sites—Australia, Britain, Thailand, Hong Kong, and the United States and United Nations—to China and back again. I argue that a shift in methodological thinking is essential because large public health surveys and epidemiological analytics cannot capture the subtleties of local, regional, and even national-transnational aspects of identity and sexual practice that drive this epidemic. The study of AIDS changes our thinking about just how far the Chinese state envisions the multiethnic state and also how far the state reaches into the small corners of borderland China. Cultural studies and political economy alone cannot describe the weight and tenor of epidemics such as HIV.

Much literature on epidemics in the social sciences takes either a cultural studies approach of discourse analysis, analyzing the textual and visual representations of an epidemic (Gilman 1988a & 1988b; Treichler 1991; Altman 2001; Hood 2005), or a political-economy-of-health approach, often focusing on the mechanics of how economic and political power influences where and why people get sick (Farmer 1992 &

1999; Schoepf 1992; Frankenberg 1993; Parker et al. 1993; Walby 1997; Singer 1998;).[14] I advocate building on these two sets of analytics, to be in dialogue with them, in considering an anthropology of epidemics that analyzes how people simultaneously represent, understand, and respond to epidemics through writing about practices that emerge in everyday life. My discussion of practices involves an in-depth exploration of epidemiology, the structure of certain public health practices, and the personal tales of sex workers. Thus one cannot keep either local practices or political structures as separate categories, as they are forever integrally intertwined.

I first introduce the concept of everyday AIDS practices and three main themes: socialist governmentality and epidemics, ethnicity and epidemics, and epidemics and the imagination. In addition to briefly presenting my own thoughts about how epidemics are shaped by relevant theory, I suggest how this study contributes to a better understanding of the relationships between disease and representation, the state and minority others, and the power and practice of public health in the postmodern global arena. None of these concepts is discrete; hence there is much overlap in my discussion of them.

EVERYDAY AIDS PRACTICES

HIV/AIDS, while signifying diseased bodies, also unfurls a taut canvas depicting some of the fetishes of late modernity: sexuality, desire, nonwhite bodies, and in this case, non-Han bodies. While Patton (2002) views epidemics from above and distinguishes between a purely epidemiological and a tropical medicine approach to understanding them, I take the view from below that advocates for the study of everyday AIDS practices.[15] I use the term "everyday AIDS practices" for two rather broad reasons. First, following Pierre Bourdieu (1977 & 1990) and Michel de Certeau (1984), I use the term "everyday practice" because it allows me to capture a whole array of practices, thoughts, policies, words, and actions involved in a discussion of HIV/AIDS.[16] I employ Bourdieu's (1977) notion that history continually mediates structures and subjective responses; that individual practices do not ignore power structures. Bringing practice theory to an epidemic allows me to bridge the variety and range of human endeavors that are involved in the social practice and discourse associated with documenting and preventing a new epidemic.

Second, in linking the very notion of Bourdieu's structured practices with Foucault's notion of discursive practice and biopower, which is much more diffuse than Bourdieu's, I move away from time-based and spatial analyses that foster a neat chronology of HIV/AIDS. I draw on what Liu Xin (2000: 24) has called the uncertainty in practice and on how practices transform themselves in the very moment when they are actualized. More important, this rubric joining practice theory and Foucault's analytics (1980) allows me to incorporate a broad range of events and activities—from the development of HIV/AIDS prevention policy to the contours of the everyday lives of HIV/AIDS bureaucrats, the medical screening of the blood supply, policies on HIV/AIDS education in middle schools, and the random surveillance and screening of prostitutes and injection drug users. As policies are subject to constant flux and change, it is the processes behind them that are important for anthropologists to document. We must situate ourselves in the creation of state public health projects and the power dynamics that accompany them. Studying public health responses to the epidemic reveals not only local state apparatuses but also a country in transition, from reform to postreform, from socialism with Chinese characteristics to something entirely new.

However, neither practice theory nor Foucault is without shortcomings. As Judith Farquhar (1994: 4) points out, "Anthropologists often express a discomfort with Bourdieu's unconcern with thought, knowledge, and intention except as epiphenomenon of unspoken bodily, spacial, and temporal practices." Farquhar advocates a study of human action in all its historical specifics, exploring the links between intention and action and, at the same time, recognizing that we do not act as we choose; we are constrained. There is also a certain slippage here between practice theory and Foucault's notion of discursive practice. The very idea of focusing on the practices of individuals is antithetical to Foucault's radically anti-humanist notion of power. Through a sort of analytical elision of Foucault's visions of power combined with Bourdieu's notion of humanistic everyday practice, I chart a unique route for studying the cultural politics of transnational infectious diseases. I focus on both representations of HIV/AIDS and the ways science created and furthered certain representations in actual scientific processes.

Anthropological scholarship on China since the Communist Revolution (1966–76) has often stressed that the state is responsible for determining identity and social relations. Although state agents and ideology have played a key role in building Chinese socialism, they have never

operated with carte blanche or without local adjustments, resistances, and changes to these very narratives (Siu 1989; Zhang Li 2001; Mueggler 2001; Litzinger 2000a; Schein 2000). In an effort to understand the complexities of subjects as both influenced and changed by the state, such as the processes involved in labeling epidemics among particular ethnic groups, I present two different sets of narratives—the technical and the personal. The first discusses scientific and technical narratives of an epidemic that point toward a wide range of techniques in the collection, dissemination, and analysis of various statistical data, behavioral surveys, prevention programs, and activities that range from peer education focus groups to informational HIV/AIDS telephone hotlines. The second set discusses personal narratives of sex workers, tourists and tour guides, and small-business owners in Jinghong that reveal changing identities, political economies, and ideas about this infectious disease. In both of these sets of narratives, I move back and forth between the central government, the local government, and transnational flows of prevention capital (the AIDS industry) and between officials, outcasts, entrepreneurs, drug addicts, and prostitutes.

It would appear that I am posing two contradictory questions: First, is there or is there not an HIV epidemic in China among the Tai-Lüe? And second, how are representations of the Tai-Lüe as human vectors for HIV circulated, discussed, and repeated throughout the region? Although my fieldwork was in an area where the Save the Children Foundation found a low incidence of HIV/AIDS, members of the Kunming Anti-Epidemic Station claimed there was a much higher incidence rate.[17] Nonetheless, I am less interested in retelling epidemiological stories about the epidemic than in exploring questions around why the Chinese government represented certain areas and persons as having high rates of HIV/AIDS compared to other places and peoples.

All fieldwork accounts are partial, and mine is no exception. I had access to certain places and peoples more readily than to others. For example, I spent much time with female sex workers and very little time with their male partners and clients due to the ease of working among one's own gender in China and because of the expectations of male-female contact in this atmosphere. While I did approach several male clients, I found that their expectations were almost always different from mine. I also privilege heteronormative practices for the simple reason that homosexuality in rural China is relatively hidden and I would have had to use a very different set of research tools and methods to get at those communities. Finally, because I was working during the nascent

phase of the Chinese HIV/AIDS epidemic, the stories I tell here do not concern infected and diseased bodies, as few people I came into contact with already knew they were infected or were willing to openly talk about their status.

HIV/AIDS BORDERS IN A BORDERLESS EPIDEMIC

Scholarship on HIV/AIDS has suffered not only from widespread prejudice and stigma but also from the outdated and contested official focus on epidemics as regional problems, as if they fit neatly into a post–World War I area-studies format. The way that nation-states define both regional and national boundaries is a key problem in mapping and then later developing the apparatuses of prevention. Although nongovernmental international aid organizations such as the Australian Red Cross have linked up with regional HIV/AIDS projects, such as the greater Mekong HIV/AIDS Peer Education Prevention Project, their models take the periphery as the locus of HIV/AIDS without deconstructing what exactly this periphery is.[18] Dru Gladney (1994) points out that China is often divided into a center and periphery: metropolitan areas constitute the center and rural areas the periphery. The borders in one sense define the center; the civilized metropolitan financial and political areas are bolstered by perceptions of the periphery as barbaric and exotic in comparison. The borderlands are where China's "barbarians" (*man, yi,* or *fan*) have lived since before the Yuan dynasty and where ethnic minorities live in the twenty-first century. This view of non-Han peoples as barbarians is often associated with bygone imperial China; however, it is definitely not dead (see McKhann 1995: 42).

To understand the Chinese epidemic and how it differs from epidemics in other places in Southeast Asia, such as Thailand, the center and the periphery must be investigated in relation to each another. According to the teleological view of epidemiology, HIV moved from the global northern centers of North America and Europe to the south—Africa and, more recently, Asia. However, in thinking of an epidemic in terms of borders, we miss an important point, that borders also depend on imagined other sides (see Tsing 1993). While the geographic borders of Yunnan fade into rural jungle on both sides of Laos and Burma, beyond them are imagined a whole new means of economic survival and culture. In 2000 the "go west" campaign aimed to develop China's western region by imposing several large road construction projects, the Kunming-Laos highway

among them, eventually linking Yunnan with Thailand. This campaign builds on the imagined notions of increasing regional prosperity; however, in reality, rural areas along this highway sink deeper and deeper into poverty, creating even greater economic disparity between the wealthy eastern cities and the poor western countryside (Rui 2005).

The HIV/AIDS epidemic in China did not begin in Sipsongpanna; nor will it end there. It is, I reiterate, present in every province, municipality, and autonomous region. The main mode of transmission is still injection drug use; however, epidemics seldom remain within one place or one population (Yu Xiaofang et al. 2003; Wu et al. 1995). They move, grow, and terrorize other places and peoples. What is unique in China is that, in borrowing from ideas developed in early-twentieth-century colonial medicine, health officials mapped AIDS onto locations that made sense only through colonial thinking. For example, in the early 1920s and 1930s, both leprosy and malaria were prevalent in Sipsongpanna—so now, why not also HIV/AIDS? The proximity, both geographically and commercially, to Thailand, which has the largest epidemic in southeast Asia, meant that links between places on a map were set.

Cindy Patton (2002) notes in her study of global AIDS that two different twentieth-century scientific rationales of public health actually collided when it came to understanding this disease. Tropical scientific rationality argues through homology, is obsessed with geography, always views the world colonially, and spacializes disease; its goals are to map the disease, with immunity as the solution. In a different set of scientific rationales, epidemiological thinking argues through production of statistical correlation, is obsessed with transfer between bodies, abstracts or rather hides bodies in the data, temporalizes disease, defines and redefines bodies through disease categories, and has as its goal to simulate a cure solution. Alongside "tropical thinking" were also the language and the tools of "epidemiological thinking," which was less concerned with place than with specific behaviors grounded in particular bodies (Patton 2002: 27–50). These two types of scientific rationality concerning AIDS are prevalent around the world, and they reflect an incapacity to decide whether AIDS is located in bodies or in places. In my case, they are useful in thinking through how HIV/AIDS moves vectorally from minority borderlands to Han centers, and how discussions of containment lead to quarantines and police searches and seizures among prostitutes and drug addicts.

As René Sabatier (1988) points out, "Sex in nearly all human societies is surrounded by taboos. Few people discuss such a sensitive issue without making or implying moral judgments—or feeling that moral judgments are being made about them. And when people from one ethnic group discuss HIV/AIDS in another ethnic group, which inevitably involves discussing other people's sexual behavior, suspicions of racial and ethnic prejudice are easily aroused" (1). Furthermore, as Stuart Hall (1992) observes: "The question of AIDS is an extremely important terrain of struggle and contestation. How could we say that the question of AIDS is not also a question of who gets represented and who does not?" (285). Several informants (both Han and non-Han) believed that one of the main cultural characteristics of the Tai-Lüe is their high level of sexual promiscuity and, as a result, their propensity for the spread of sexually transmitted infections.[19] This belief was prevalent even in light of the rapid changes in epidemiology as more Han Chinese were registered as infected and rates among the Tai in Yunnan were proportionally decreasing.[20]

I link this sexual pathology in part to the notion that attractive sex workers in Jinghong are local Tai Lüe women.[21] In my interviews with the sex workers, I discovered that almost 90 percent were Han Chinese migrants from the adjacent provinces of Guizhou and Sichuan who came to Jinghong in search of work in the tourist industry.[22] These Han Chinese women who worked in the brothels, nightclubs, and karaoke bars of Jinghong increased their chances of receiving customers by dressing in ethnic minority clothing—that is, traditional Tai dress. While prostitutes are the current focus in the transmission of HIV/AIDS, there is also a long history of stigmatizing particular minorities in China (Harrell 1990 & 1995; Gladney 1991 & 1994; Evans 1996).[23]

Quite simply, the categories of people identified as traveling human vectors for the HIV virus in China fit rather comfortably into the larger global epidemiological narratives of disease contamination and stigma (Farmer and Kleinman 1989).[24] When I use the term "stigma," I am not talking about how Tai women are shunned on the streets of Jinghong because they are presumed to be diseased. I am talking about the larger implications of representing one ethnic group as a key vector in a ubiquitous epidemic, an epidemic that flows over the territorial and linguistic borders between Han China and non-Han China, and over national borders into Burma, Laos, and Thailand. The spread of the epidemic itself is evidence of the struggles to both resist and manifest national sovereignty along territorial borders. The transmission of HIV in China's

border regions is a metaphor for the globalization of investment, trade, and cultural identity (Porter 1997).

I am not claiming that there are no Tai-Lüe with HIV/AIDS in China, but rather that there were not very many people of Tai-Lüe descent in Sipsongpanna with the disease when I conducted fieldwork in the late 1990s and early 2000s. In contrast, Dehong Tai-Jingpo Prefecture in northwestern Yunnan had high rates among the Tai Nüa, or Dehong Dai,[25] and therefore a scientific link was made that Sipsongpanna's Tai-Lüe would also have high rates. And while one can argue this is merely a function of the limits of surveillance and the hidden nature of the early epidemic, the actual numbers in Jinghong are nowhere near the numbers in the mountainous regions of northwestern Yunnan where the Tai Nüa live. This also has to do with the ethnolinguistic distinctions between the different groups of the Tai. The Tai Nüa have high rates of HIV in Dehong Tai-Jingpo Prefecture due to their proximity to Southeast Asian drug routes, with infections among injection drug users, but the Tai-Lüe near Laos and Burma in 2005 had low infection rates (Zhang Xiaobo et al. 2002; Yu Huifen 2001).

In interpreting research that points to high rates of HIV among Yunnan's minorities in the early to mid-1990s, I am not downplaying the very real lives of people with HIV, but rather questioning the beginnings of scientific inquiry into these places that are clearly crucial to continuing control of China's sovereign borders. Just what does linking minorities with AIDS do? How is this linkage interpreted? What is then done? Several interpretations are relevant here. The areas in China with high heroin trafficking, those bordering the old Burma and Silk roads, include counties with high rates of HIV such as Liangshan County in Sichuan. Recent heroin trafficking routes from China through Central Asia to Western Europe mean that drugs and AIDS affect certain kinds of people more readily than others. However, rather than looking to geography, Chinese public health and social science research studies proliferate in linking HIV to ethnic culture and its culturally specific behaviors, when actually, poverty and drug trafficking drive much of the epidemic. Part of the reason regional illegal economies, including the influence of the Asian drug trade, are ignored is a refusal to acknowledge the downsides of China's economic miracle as part of the problem. It is much easier to just define the problem as part of a small group of ethnic minorities that engage in illegal, unhealthy, and unsafe practices. Furthermore, these studies in one sense perpetuate the notion that ethnic minorities in China have been historically represented, and continue to

be so, as less than ideal citizens. Johanna Hood (2005: 23), in her work on cultural representations of HIV in China, suggests that there is a new minority emerging in postreform China that she labels the *aizu* (AIDS minority). The *aizu* are people with AIDS treated as if they were all ignorant rural peasants who lack the proper scientific knowledge (for preventing AIDS) that modernity affords. Here this AIDS minority emerges without the benefit of advocacy groups that we find in much of the world, although people living with HIV/AIDS (PLHIV), and their advocates, are beginning to gain strength in China despite government interference (see Wan Yanhai 2005).[26]

SOCIALIST GOVERNMENTALITY AND EPIDEMICS

Governmentality studies abound within many disciplines and involve a wide range of engagements with Michel Foucault's (1980) thinking about power as productive versus merely repressive. His work has been applied widely in disparate studies on population and demography, civil society and development, social service industries, and the family and psychotherapy (Donzelot 1979; Elias 1982; Burchell, Gordon, and Miller 1991; Dean 1999; Rose 1999).[27] As Lisa Rofel (1999: 30) suggests in her work on women workers in a silk factory in Zhejiang, it is more useful to analyze how technologies of state power have shifted their gaze and mode of operation, and to thus move away from focusing on the amount of power citizens and states possess toward how power operates through multiple arenas, including the policing of certain borders of difference—Han/non-Han, feminine/masculine, periphery/center, and Maoist socialism/late socialism.

The tools of ethnography and the anthropological attention to details of everyday life, with all its contradictions, contestations, and multiple dimensions, are perfect for deconstructing state practices. Anthropologists have disrupted teleological thinking about both state socialism and the transition to a market economy, but they have not yet explored epidemiology in China nor epidemiological thinking and the ways it reduces the terrain of an epidemic to faceless vectors.[28] Although anthropologists working in China have produced valuable studies that examine particular populations, genders, ethnic groups, and migrants in relationship to health care and health issues, none has taken up the study of contemporary epidemics (Kleinman 1986 & 1994; Henderson and Cohen 1984; Farquhar 1991 & 1994; N. Chen 2003; Greenhalgh

1994 & 2005; Kohrman 2005). In contrast, historians have conducted studies of particular public health concerns—most important to this discussion, prostitution in late imperial and Republican China; few have talked in-depth about contemporary history (Dikötter 1995; Hershatter 1997; Sommer 2000).[29] Two key social scientists who write about the contemporary period are sociologist Pan Suiming (1992 & 1999), who is published widely in Chinese, and Elaine Jeffreys (1997 & 2004), who recently completed research on prostitution and police surveillance.[30]

To avoid reifying the state, I follow the lead of several ethnographers who focus on state actors and institutions that are far from unitary (Gupta 1995; M. Yang 1994; Zhang Li 2001). To comprehend the role of the state ethnographically means analyzing what Akhil Gupta (1995) calls "the everyday practices of bureaucracies" and the discursive construction of the state in public culture (375). He dissects the state by focusing on different bureaucracies without supposing an overall coherence or unity. My analysis is not what Gupta (1995) terms an "ethnography of the state," although it does focus on the complex relationships between state actors, public health institutions, policies, and everyday practices among the people who deal with HIV in southern Yunnan. It is difficult to separate the state from other kinds of institutions and practices, as the state does stand in for a certain kind of governance in late-socialist societies. Here I tackle the often conflicting and messy state decision-making processes attendant to ideas and policies regarding HIV/AIDS prevention.

I draw on Foucault's concept of governmentality as the "conduct of conduct." As Mitchell Dean so aptly summarizes, "the emergence of modern governmentality is identified by a regime of government that takes as its object, [first,]the population, and is coincident to the emergence of political economy, . . . and only second, its particular relationship to sovereignty and discipline" (Dean 1999: 11, 99). Discipline here is linked to biopolitics, as it is concerned with how to rationalize problems facing human beings constituted as a population, as in the organization of health, sanitation, birth rates, and race and sexuality (Foucault 1997: 73). Foucault's notions of governmentality—and by extension, biopower—are particularly useful for moving beyond the dichotomy between state and society, because in controlling and succoring an epidemic, social institutions and informal networks function within regimes of power that shape individual people's thoughts and practices. One cannot possibly study the technologies of power without also un-

derstanding the rationales that precede them (see also Petryna 2002; Kohrman 2005).

New forms of biopower technology have emerged with the regulation of bodies and diseases in the postreform era. Here I locate HIV/AIDS not only in macro-institutions but also in the interstices of biopower over local township, provincial, and national everyday practices. Foucault's concept of biopower emerges in his first volume of *The History of Sexuality* (1980) and can be defined as a matrix of relations that "brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent in the transformation of human life" (1991: 143). Foucault resists a singular causality; rather, he pushes for an analytic of power that links technology, human beings, and their modern political and social relations. Biopower is extremely elastic in its own theoretical force as a tool for understanding power as based neither in a hierarchical sovereignty nor within particular institutions, but within the interstices, webs, networks, cracks between these grand institutions that many political scientists, economists, and I dare say, anthropologists explore. Although several have contended that Foucault ignores the role of the state in exacting biological power, in China, as Kohrman (2005) has pointed out, it is impossible to ignore its institution.

Building on previous work on the state in China, I argue that even the Chinese state is not a monolithic political entity; rather it is a multifaceted system composed of individuals whose agendas reflect the personal goals and desires of both themselves and the institutions where they work (Anagnost 1985 & 1997; Litzinger 2000a & 2000b; Zhang Li 2001).[31] While neoliberal theorists predicted that the role of the state would retreat under democratic reforms, it has done precisely the opposite; it is still present and productive.[32] Socialist governmentality is about not only control and surveillance but also resistance; it espouses local conduct and leaves space for what I call sidestepping the state.

How does the state become a social subject in the everyday life of epidemics? As Begoña Aretxaga (2003) suggests, the question of desire as well as fear becomes crucial in rethinking the kind of reality the state might be acquiring at this moment of globalization (395). Through the category of governmentality, I unfold just what is at work in the postreform socialist state and how this dynamic directs the emergence of a worldwide pandemic in the interstices of its own multiple epidemics. Understanding the epidemic in these terms means focusing on local actors and their subjectivity—party cadres who are also ethnic minority members—and exploring how the migrant population poses new challenges

to the Chinese state, in particular the Ministries of Public Security and Health. The workings of a translocal institution, the Yunnan Provincial Department of Public Health, can be made visible in localized practices through their joint projects with the Australian Red Cross to develop peer education programs as a strategy for prevention among Yunnanese youth. In my interviews with state officials working on and researching the HIV/AIDS epidemic, I was struck by how strongly personal goals and desires influenced policy decisions by Chinese officials and employees of international nongovernmental organizations (NGOs). In working through the notion of governmentality, I illustrate just how the Chinese socialist state, often viewed as a monolithic category, needs to be disaggregated into everyday dynamic practice in order to fathom the logic of disease control. And I show how agents of the state in different geographic locales wed diseases to geography.

My concerns about disease and governmentality are fundamentally related to questions of the role of consumer culture in the postreform era, the cultural politics of epidemics, and what I term the processes by which an infectious disease becomes a major public health crisis. The physician-anthropologist Paul Farmer (1992) notes in his study of Haiti that HIV/AIDS appears most prevalent in areas of great poverty and despair. Poverty forced rural Haitians, held in the vice of economic hardship, to emigrate to other parts of Haiti and to other countries in search of work. Farmer argues that the Haitian epidemic is integrally bound to the United States government's development strategies in the region and thus to global economic development. I argue that it would be a mistake to view the spread of HIV/AIDS in China as simply a product of postreform economies, development, tourism, and global politics. Just the opposite may in fact be true. Closely linked to this notion of governmentality and epidemics is also the position of ethnicity and ethnic relations in the postreform era.

ETHNICITY AND EPIDEMICS

Under Mao Zedong, race *(minzu)* was understood as synonymous with class, and racial minorities in China were counted predominantly in relationship to poverty. In contemporary China this notion of race is still prevalent, but it is intersected by other conceptions of race and ethnicity. Several scholars' work on race in modern China attests to the fact that racial preferences are not just an aberration of Anglo-Saxon culture (Harrell 1991; Dikötter 1992; Diamond 1995; McKhann 1995; Mueg-

gler 2001). These scholars used their research in the postreform era to highlight the deeply engaged relationships between the Han and the non-Han. Race in the Middle Kingdom not only was a highly contested category but was also subject to *internal colonialism*.[33] Several scholars (Goodman 1983; Schein 1997; Gladney 2002) have utilized the idea of internal colonialism, an extension of Edward Said's (1978) notion of the unequal power relations between a colonial metropole and its colony, to look internally at a country's own peripheral groups, be they the Uighur minority in Xinjiang or the Tai minority in Yunnan.

Since the late 1980s, anthropologists studying China have become increasingly concerned with cultural analyses of the market economy under late socialism and how it is socially constructed through and across time, space, place, gender, and ethnicity (Gladney 1991; Honig 1992; S. White 1993; Harrell 1995; Hansen 1999; Litzinger 2000a; Schein 2000; Mueggler 2001; Du 2002). Drawing on Ann Stoler's work (1989, 1995, & 1998) on colonial Southeast Asia, I argue that one must understand the confluences of governmentality and its attention to organizing, controlling, and succoring populations as they are simultaneously sexualized, racialized, and I emphasize, ethnicized. Rather than treating these as distinctive analytic categories, Stoler in her work on colonial Indonesia tackles the subtleties of the category of race in terms of colonial classifications—white (the colonizer) and black (the colonized)—in relationship to ethnicity and sexuality.

The key here is that the categories themselves are unstable. In modifying Stoler's analysis, I apply it to Han and non-Han ethnic groups within China. Although Stoler (1998) critiques Michel Foucault's almost exclusive focus on the nineteenth-century habit of reducing desire to something sexual, in contrast to the Freudian habit of projecting the sexual onto everything, she agrees that the practice of empire building and its attendant construction of a racial Other, influenced the discourse of sexuality in nineteenth-century Europe (28–30). The European sexual discourse was read against the rest of the world, which was understood as apart from European sensibility.

Moving away from the European colonial contexts to another Manichean division, one finds that in parts of China, defining oneself as a proper Han requires defining oneself against an uncivilized racialized other. In an extension of Stoler's thinking, it stands to reason that Han China would perceive non-Han China as a repository of pleasure, a China that is as highly sexed as it is raced. Both the Chinese state and its citizens are key players in producing and reproducing the discourses

about the borderlands *(bianjiang)* with alternative ethnicities and sexualities. The state and social relationships are crucial in understanding the emerging epidemic because all prevention projects in China are filtered and regulated through layers of government ministries that are ultimately peopled by individuals with often contradictory personal and political agendas.

Across the globe much of the recent scholarship in English on sexuality and HIV/AIDS discusses why the responsibility for the transmission of the HIV virus is often squarely placed on the backs of disenfranchised others such as drug addicts and prostitutes. During the 1980s in the United States, HIV/AIDS was portrayed in the popular press as a disease of the "four H's": hemophiliacs, homosexuals, heroin addicts, and Haitians (Farmer 1992). In China, by contrast, HIV/AIDS transmission was not identified with or divided into categories of transmission: sexual, intravenous, and medical (this includes needle sticks, blood transfusions, and unsterilized medical equipment). However, by the 1990s these three modes of transmission became mapped onto the cultural disease geography of China. In China's borderlands, the public health bureaucracy began first to address the epidemic and then to blame the minority inhabitants for its spread.

In two particularly cogent studies of ethnicity, Ralph Litzinger (2000a) and Louisa Schein (2000) move away from what Liisa Malkki (1995) calls the "anthropology of sedentarism." Because anthropologists in China traditionally studied remote peoples in remote areas of the world, they often referred to people and places as if they were codetermined. It was Litzinger who pointed out that the notion of "remote" has a double significance in the Chinese imagination. It signifies geographic remoteness, the romance of the rural, and the landscape of mystical mountain peaks and colorful non-Han peoples. Inherent in this representation is also the moral construction of the stigmatized margin, the vulgar contours of backwardness, of hill tribes—in Litzinger's study, the Yao minority—and of poverty. Litzinger (2000a) focuses on how this moral framework is shaped by history as it is told by multiple actors, whereas Schein's research (2000) shows that the Miao, the fifth largest ethnic group in China, have worked to define themselves as agents in modernity, while also being cast as quaint backward rural minorities. These two studies take scholarship on ethnicity in China in new directions. As Schein (2000) says, "China's identity has to be continually crafted out of heterogeneity and . . . cultural others have played a variety of parts in this productive endeavor." She asks, "How is it that the

political systems of post socialism create, foster and organize difference" (3)? "Difference" in this case points in several directions.

Here I highlight ethnic difference because it has become a crucial trope in the ways that HIV has been imagined in contemporary Sipsongpanna. However, a simple Han/non-Han binary is not the only division at work. Not only economic class and occupation mark ethnicity in Sipsongpanna, but ethnic groups are also spatially divided in terms of the lands they inhabit. While spacial division and ethnicity are discussed in chapter 3, I want to briefly point out here that the Tai minority control the lowland wet-rice fields, the Bulang minority the middle hillsides, the Akha the mountaintops, and the Han Chinese the townships of Mengla, Menghai, and Jinghong. The poorest villages in Sipsongpanna are often the minority groups that represent the smallest proportion of the population: the Jinuo, Yao, and Wa.

By focusing on ethnic boundaries in Yunnan, I argue that ethnicity is directly shaped by the history of Sipsongpanna as a suzerain state. This colonizing history affects the ways public health bureaucrats aimed to rid China of HIV/AIDS.[34] As Foucault (1980) reminds us, "We must account for the subject within a historical framework" (117). The Chinese postreform state mirrors earlier nationalist projects to organize minority peoples in order for them to internalize governmental mechanisms of control. Here this means defining "normal" versus "abnormal" sexual acts (see Canguilhem 1991). This regime of control is not dissimilar to Mao's earlier civilizing projects and the remaking of sexuality under reform, and brings us back to Patton's distinctions (2002) of "good" versus "bad" citizens (see also Cheng Sealing 2005).

In this context, HIV prevention strategies are never easy. An edifice of state controlling practices and regulations accompanies persons placed in these risk categories. HIV/AIDS epidemiological surveillance has been carried out since 1995 with twice-a-year sentinel screening among the following political targeted groups: STD patients, drug users, truck drivers, and pregnant women (UNAIDS 2002: 12). What this means is that AIDS became more about keeping the disease contained in contaminated bodies than about preventing the spread among healthy bodies. For example, several AIDS activists and social scientists have warned that the containment strategy meant that many people who were also at risk did not see themselves as such. Several heterosexual friends and acquaintances of mine in China believed that since AIDS was a disease of homosexual men in Europe and America and of drug addicts in China, they had no need to worry about ever getting infected. What this leads to is

the problem of fighting an imagined disease with imaginary figures, precisely because the question of who gets tested and who is marked as a carrier has everything to do with how someone is politically labeled or geographically located, rather than how someone behaves.

Development projects in contemporary China lead to the creation of particular kinds of subjects, ones that emerge out of the chaos of the postreform era (Greenhalgh 1994 & 2005; Kohrman 2005). In understanding Chinese ethnic subjectivity, a key ideological trope reappears around HIV/AIDS and its connection to the geographic divide between center and periphery. What is unacceptable in the center, which lies in Han China, suddenly becomes pleasurable on the periphery, in non-Han China. For example, prostitution has become ubiquitous behavior for rural Han migrant women living in large metropolitan cities, but when introduced by Han migrants into rural Tai China, it becomes the locus of disease and moral decay. The reversal sharpens the association between the taboo and the pleasurable. In bringing to light the locus of disease and now sexual pleasures, I return to the notion of the imagined other side, a society free of disease and full of pleasure. Current efforts are under way by the Ministry of Health in cooperation with local and international NGOs to both control the current epidemic and reduce China's incidence rate of new cases to a level more in line with a country like Thailand. Thailand, which still has the highest prevalence in Asia, has been able to reduce its incidence rate through cooperation between active local NGOs, the government, and Buddhists who have focused on behaviors to curb transmission (Celantano et al. 1996a & 1996b). Part of this process of thinking about an imagined other side is how the imagination works to shape the course of an epidemic. I argue that it is not enough, for example, to analyze the political economy of HIV, as one must understand that it is also very much a disease of moral and geographic imaginations.

EPIDEMICS AND THE IMAGINATION

Here I want to highlight the imagination as a concept rarely addressed in discussions of epidemics (see Biehl 2005). In postmodernity we live in a plurality of imagined worlds where ordinary people deploy their imaginations in the practice of day-to-day living. Social theorists from Karl Marx to Max Weber have written about the disenchantment of modernity, in which commoditization stifles our creative imaginations and we become dupes of a grand coercive civilizing process. However, the imag-

ination can be liberating. New consumption acts coupled with changes in the political economy can lead to new forms of agency through resistance, selective consumption, and ironic play. In the ways that the image, the imagined, and the imaginary actually influence global cultural processes, the imagination is a social practice par excellence.

The relationship between the imagination and fantasy is particularly pertinent to Sipsongpanna, as the region is seen as a paradise variously imagined by the people who live, work, and travel there. Fantasies are intentions that are not materialized in action. By fantasizing, we escape from our work lives into our imaginations (Tuan 1998). In fantasy we create nations, communities, and moral economies, including ways to receive higher wages and better working conditions. The imagination provides not only an escape from reality but also a way to re-create that reality in our own image. This is precisely the paradox I want to address in presenting Sipsongpanna as a land where imaginations run wild and at the same time are grounded in a new vision for the postreform multiethnic Chinese state.

The way the tourism industry in Sipsongpanna works to extol the exotic has everything do with the ways images of place are nurtured by social relations stretching across borders through the imagination. Borrowing from Benedict Anderson's (1992) notion of the imagined community and Cornelius Castoriadis' (1987) work on the social imaginary, I make a case that China's border region constitutes a terrain for an *imagined social community* of minority cultures for the sojourners, tourists, and immigrants who increasingly dominate the region's economy (see also Hansen and Stepputat 2001). In turn, these individuals map imaginings back onto Sipsongpanna and, in the process of seeking tourist vacations or jobs, reimagine the region through stories and tales transmitted back home.

Referring to an epidemic as "imagined" can easily be construed as creating either a misnomer or an outright deceit. How could an epidemic be linked to the imagination? When I use the term " imagination," I refer to several things at once. First, I refer to the way stories about HIV in southern Yunnan have an impact on the representation and material circumstances of the disease. In moving from Anderson's (1992) idea of the imagined community to anthropologist Lisa Rofel's (1999) idea of "imagined spaces"—in which people come together to create fantasies through re-creating their personal stories—one comes to understand the complexities of the sign of ethnicity in Sipsongpanna. In many ways, due to new media technologies, we now live simultaneously

in the local and in several imagined communities. It is this imagined community that links my multiple field sites, that connects the Tai-Lüe with HIV/AIDS, and that repositions ideas about sexual transmission across time and space.[35]

Exploring Sipsongpanna as an imagined social community, or as an imagined space per Rofel, allows us to move away from the error of sedentarism and links the worlds of public health and disease prevention. If Sipsongpanna is created and re-created through the dialectical relationship between the people who imagine it (through tourism and tourist brochures) and the people who create the tourist experience, including Han entrepreneurs and Tai villagers, the imagination of HIV/AIDS also links these various peoples, places, and practices. When a male physician from Peking Union Medical College conducted one of the first public health surveys on HIV in Yunnan in Jinghong, Beijing imagined Tai actors as the site of HIV-diseased persons. However, alongside the HIV/AIDS imagination lies what I call the *Han imagination*. The Han imagination juxtaposes beautiful, rural Sipsongpanna as a tourist fantasy against another association, that of Tai-Lüe women working in the HIV/AIDS-ridden Thai sex industry and bringing an influx of disease back into China (see Tu Qiao 2000).[36]

The dominant Han imagination is a set of predispositions and ideas about ethnic groups in Yunnan. It is not just prejudice that leads the Han Chinese in the medical, HIV/AIDS, and research communities to target the Tai-Lüe as vectors for spreading infectious diseases in China, but also the difficulty of imagining ethnic relations in a remote part of China. The Chinese state officially recognizes fifty-five minority groups, but they are not all recognized equally—definitely not in Sipsongpanna. The minority project *(minzu shibie)* in the 1950s was based on the desire of the Communists to document and classify the remaining 8 percent of the Chinese population, as 92 percent of China was Han.[37]

Anthropologist Cai Hua (2001) noted in his work among the Na: "The permanent committee of the popular National Assembly of China conducted research, between 1956 and 1963, into all of the ethnic minorities in Yunnan to create an historical survey folded into a monograph on each" (25). The definition of a minority was based on Stalin's four common criteria for a nationality: territory, language, economy, and psychological nature (Fei 1980; Harrell 1995: 22–24). The Tai are an interesting case for exploring this Han imagination, because the positioning of the Tai within a local ethnic hierarchy means they are simultaneously vilified as carriers of disease and emulated and admired as the most beau-

tiful people in all of China. Many Han and non-Han informants reiterated that the Tai are the most beautiful people in Asia. This Han imagination evidences that ethnicity is just one of the intrinsic characteristics of how a culture is perceived by its dominant Other. But of course even these categories are unstable and change over time. Historically, the Han imagine the Tai for the purposes of developing and capitalizing on the agriculturally fertile and mineral-rich region near Laos and Burma.

ORGANIZATION OF THE BOOK

In illuminating the technicalities of disease prevention and their links to individual practice, I demonstrate how the scientific-technical and personal narratives influence and play off one another in a dialectical fashion. Because my research was split between two distinct kinds of fieldwork narratives—those from a collectivity of government officials and public health NGO workers, and those from individual residents in the town of Jinghong—I divide the book into two distinct parts. Part I concerns official state narratives of HIV/AIDS. Part II focuses on my fieldwork in the town of Jinghong.

Part I: Narratives of the State

Chapter 1 focuses on early epidemiology and the Chinese state's capacity to map the epidemic at a particular place and time and among particular peoples. I examine the first HIV/AIDS knowledge, attitude, practice, and behavior (KABP) survey, conducted in southern Yunnan's Menglian Tai-Lahu-Wa Nationality Autonomous County, which borders Burma. The survey is significant in involving the intersection of several factors: the late-socialist Chinese state and the rising hybrid NGOs, international survey techniques, and the aesthetics of statistical practice. Statistics often take on a life of their own; they become part of a public health aesthetic that relies heavily on the production of numbers and on surveillance, both literal and figurative, of bodies. The processes associated with giving certain kinds of legitimacy to the nation-state—and by extension, increasingly to international NGOs—has to do with recent transnational social and scientific practices of studying and examining smaller and smaller categories of bodies. Why was this border region a focus for HIV/AIDS with so few reported cases? And how did the penetration of a global pandemic into China provoke representatives of the state to survey minority autonomous counties on Yunnan's borders with Laos and Burma, rather than other areas with higher concentrations of HIV?

Chapter 2 focuses on the practices and subjectivities of state actors who worked in the borderlands of Yunnan Province in the early years of the epidemic (1995–2000), the years prior to the 2001 official acknowledgment that China even had an epidemic. These are actors, Communist Party members or not, who first began to police, control, and prevent the spread of HIV/AIDS from the minority borderlands into the Han interior. I first discuss the value of focusing on the concept of borderlands for understanding the intricacies of disease prevention as a goal of the Chinese state. Second, I present a brief history of the question of sovereignty in Sipsongpanna. Third, the chapter portrays four individuals who work in different locations—Beijing, Kunming, Jinghong, and Menglian—in the Ministries of Health and Public Security. It concludes with a discussion of the utility of linking borders, diseases, and the subjectivity of state actors for understanding contemporary HIV/AIDS.

Part II: Narratives of Jinghong

Chapter 3 begins Part II and shifts my focus to the small town of Jinghong, Sipsongpanna. I explore what everyday AIDS practices look like on the ground through the story of development in Jinghong. The chapter provides a sketch of the discursive links between the rise of occupations on the periphery and the emergence of sexual practices as markers of Chinese modernity and urbanity, practices that are mitigated, contested, and controlled by the state.[38] How is sex tourism imagined, proposed, assembled, and incorporated into the modern Chinese state? In Jinghong I observed how Han prostitutes construct and fulfill fantasies of the exotic Tai for Han male tourists, and how one male client observes them in return.

Chapter 4 continues the theme of prostitution by moving closer to addressing my question: why do prostitutes constitute a key focus within narrative and statistical accounts of how HIV/AIDS is spread? Currently, very little is known about sex workers' daily interactions with customers, with other business owners in Jinghong, or with the Chinese state. Although representatives of the state in Jinghong know little about the everyday lives of prostitutes and their intimate sexual practices, there is much speculation and policing of the prostitution industry due to fears about HIV.

Chapter 4 builds an ethnographic understanding of sex workers in Jinghong by focusing on the daily interactions between the women and men who worked and played in the "New Wind Hair Salon." The chap-

ter captures the liveliness of everyday life beyond the organizational hierarchies in the health department and beyond the meanings of epithets such as "prostitute" *(jinü)* and "sex worker" *(xing gongzuozhe)*.

Chapter 5 takes up the question of prevention and argues that when the power of the state and the power of the market compete, they collectively work toward opening the door for a potentially potent weapon against sexually transmitted infections and HIV/AIDS, the condom. First, to understand why prostitutes and their clients want to buy condoms on the market, rather than receive them free of charge from the state, I open with a brief discussion of the local market. Second, to understand how the state ethos of birth control changes with regard to the different locations of Chinese citizens, I turn to public health history in China and the discourse on the representations of prostitutes and their risk for HIV/AIDS. The third section of the chapter analyzes the changing relationships between, on one hand, the state birth control ethos that promoted the IUD (intrauterine device), sterilization, and the rise of disease prevention and, on the other, the modern marketing of condoms. I argue that the market allows individuals to sidestep the state family planning apparatus and purchase birth control on the free market rather than in state-sanctioned hospitals and clinics.

Chapter 6, which concludes Part II, focuses on my interviews with ordinary citizens in Jinghong. The stories of four key informants simultaneously challenge and embrace the notion of their Sipsongpanna homeland as a place of disease and desire. I examine the connections between new-identity formation and behavioral changes, demonstrating that it is not only economic development but also a whole new way of thinking about leisure activities that form a "new" modern Chinese sexual identity and morality that promote sex tourism. I describe the moral economy of sexuality in postreform China and build an argument for four different moral economies as ways of thinking about sexuality: the liberal market, the parochial Maoist, the Han nationalist, and the ethnic revivalist. I argue that the development project that cultural and sex tourism represents is often driven by the metamorphosis of Confucian and Maoist moral categories into particularly new sexual moral economies.

I conclude the book with a short epilogue bringing readers up-to-date, from summer 2002 to fall 2005, by laying out some of the current struggles and projects concerning HIV/AIDS in Yunnan in the ever evolving epidemiological, political, and cultural landscape. In the end, through the voices of my informants, I relay some suggestions about

what should be done to prevent the further spread of this devastating disease.

AIZIBING AND RICE METAPHORS

With every new disease comes new terminology that allows it to be classified, labeled, and deciphered both within technical scientific worlds and among general publics that are affected by the disease. In mainland China the term for HIV/AIDS was first translated in the mid-1980s as the "love breeds sickness" (using the character for love *ai*); however, that term connoted that HIV/AIDS came from love. Later the characters were changed to a simple transliteration using the character for the Chinese medicinal herb mugwort, *ai,* to make it apparent that the three characters were not connected in meaning but were merely a translation of a foreign word. Some activists in East Asia have advocated translating AIDS as *aizhibing,* using the character for knowledge, *zhi,* in combination with the original term of love, yielding "love-knowledge-illness," thus suggesting that through knowledge and love we can overcome this disease.

Another term critical to this study, and serving as the book's title, is the popular saying used in late 1990s China that references young women and their choice of occupation: *chi qingchun fan,* or "eating spring rice." The phrase is a play on the socialist-era metaphor of having iron rice bowls *(tie fanwan)*, which meant that the Chinese people would always have enough to eat, as their rice bowls would never break. The saying *qingchunfan,* "youth rice bowl" or what I have translated as "eating spring rice," plays on the earlier saying, implying that youth rice bowls do not last forever, and as girls' youth fades, they can no longer live off their youthful beauty.[39] Under late socialism, the saying expresses how young women are living off their youthful appearance and sex appeal—in this case, as female sex workers. Rice metaphors abound in discussing sexuality and modernity in China. At one of the many hair salons that were fronts for brothels, one of my informants teased me by asking, "How can you know China without tasting Chinese men?" According to her, in Sipsongpanna men taste like sticky rice *(nuomifan)*; in Thailand, where she worked briefly, they tasted like pineapple rice *(boluofan)*; and in her hometown of Guizhou, they just tasted like plain white rice *(bai fan)*.

To reiterate, while AIDS signifies diseased bodies, here the study of Chinese AIDS unfurls a taut canvas painted with fetishes of late moder-

nity: sexuality, desire, and nonwhite, non-Han bodies. This book offers a way to showcase what is unique about Chinese AIDS, but links it back to everywhere on the globe. In understanding the anthropology of epidemics by focusing on everyday AIDS practices, one captures people, institutions, and processes in order to arrive at a more nuanced and contoured analytic of a disease in motion.