CONSTRUCTING POLITICAL ACTORHOOD:  

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ABSTRACT

The global health system is in a period of rapid transition, confronted by changing health challenges, an upsurge in funding and political recognition, and new rules and norms such as human rights and multisectoralism. Despite the popular acclaim of how this new governing architecture opens up participation to a wider range of non-state actors, the domestic impact of such changes remains poorly understood. My dissertation addresses the questions of when, why, how, and with what consequences changes in health governance at the transnational level affect the characteristics of domestic politics in ways that are detrimental to social well-being. It does so by strategically focusing on China, one of the strongest authoritarian regimes traditionally insusceptible to external pressure.

My dissertation centers around the historical trajectory of AIDS activism in China – from the early failed initiatives of the 1990s, to the first wave surrounding contaminated blood issues in rural areas from 1999-2004, and finally, to the second wave of a sexual-identity-based activism from 2005-2012. This process has generated an unprecedented rise of grassroots community organizations in public health in China, driven by the institutionalization of the transnational AIDS regime against ever tightening state control. Far from indicating a successful story of transnational intervention, however, the historical trajectory of Chinese AIDS activism signals a rather more complicated institutional building process of disease control and prevention, in which international organizations, the state, and social movement actors fight for authority over knowledge and policy.

The first part of my dissertation examines how and why transnational AIDS institutions have transformed state behavior and political repression. In most scholarly models, external intervention only mediates the level of a given type of repression. My findings however show that transnational institutions have actually transformed the very configuration and constitution of Chinese state repression in the AIDS area. In more theoretical terms, I find that the cultural frameworks of transnational AIDS institutions – as a set of practices, organizational forms, and repertoires of action – shape the technologies and political models that fashion state coercive practice. AIDS is not a political issue simply because of something inherent in the nature of the disease. Rather, it became a political problem in China as a result of the consolidation and expansion of transnational AIDS institutions that pressured the state to comply with a multisectoral AIDS governance model involving civil society participation and human rights protection. Rather than simply accepting or opposing global norms, the Chinese state actively focused on interpreting and translating abstract governance principles and models into local practice. This process attenuated the traditional coercive repertoire of the Chinese state, but also enabled it to generate new actors and means of repression to demobilize grassroots AIDS activities. My findings demonstrate the constitutive interplay between transnational institutions, strong states, and collective action. I conclude that in the context of globalization, health – traditionally perceived as “low politics” – became a key site through which the authoritarian regime was both challenged and reinforced.
The second half of my dissertation studies 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 within the otherwise repressive environment. However, by providing specific scripts and models of action, these programs also 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. In this way, the categorization of subpopulations as MSM (men who have sex with men), FSW (female sex workers), and PLWHA (people living with HIV/AIDS) constitute relevant subjects. Each category is associated with a specific set of assumptions that define individual risk behavior patterns, explain how they form, and decide how they can be managed. While urban gay groups were able to utilize transnational intervention frameworks for self-organizing, other communities in China found their local experience of the disease as a social and political phenomenon could not be transformed into transnational medical categories and policy terms.