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HIV/AIDS IN XINJIANG: A SERIOUS "ILL" IN AN "AUTONOMOUS" REGION

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ABSTRACT

This paper investigates the sociographic history of HIV/AIDS in the Xinjiang Uyghur Autonomous Region[1] *in the People's Republic of China (PRC). Xinjiang is China's largest province and it is located in north-west China. It is home to a number of different minority nationalities as well as increasing numbers of Han Chinese migrants to the region. Xinjiang is also home to a serious HIV/AIDS epidemic and was one of the first areas to be significantly affected by HIV in China. The serious nature of the HIV/AIDS epidemic in Xinjiang, combined with growing concerns by Xinjiang locals that the Chinese government is not doing enough to combat HIV/AIDS among minority nationalities in the region, has the potential to increase regional tensions and provide further fuel to the tinder box that is ethnic relations in Xinjiang. While for the most part, tensions in the region have been focused around separatism and minority rights, HIV/AIDS poses an enormous threat to security within the region due to its ability to strip economic gains and reverse social developments made there over the past few decades and its potential to exact a huge toll in human life. Xinjiang is an important region for China due to both its wealth of natural resources and its strategic capacity as a buffer region between the PRC and Central Asian states. However, an ever-burgeoning HIV/AIDS pandemic in the region threatens to destabilise China's grand plan for this north-western province if its HIV/AIDS epidemic continues to grow.*

Keywords: HIV/AIDS, Uyghurs, minority nationalities, Han Chinese, ethnic relations

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[1] Hereafter referred to as Xinjiang.

INTRODUCTION

At the end of 2009, it was estimated there were 740,000 people living with HIV/AIDS (PLWHA) in the PRC (Ministry of Health of the People's Republic of China 2010: 5). Although the Chinese government reported that the epidemic in China was slowing and the national prevalence of HIV/AIDS there has remained low at approximately 0.057% by the close of 2009 (Li et al. 2010: ii66), it also stated that HIV transmission was diversifying and sexual transmission had become the primary transmission mode (Ministry of Health of the People's Republic of China 2010: 5). Sexual transmission of HIV increases the likelihood of HIV/AIDS spreading rapidly through the general population. Therefore, although national figures on HIV/AIDS for China appear to be steady, these numbers could rise quite fast if China experiences a growth period of HIV transmission among the general population. The hardest hit provinces in China are Yunnan, Guangxi, Henan, Sichuan, Guangdong as well as the Xinjiang Uyghur Autonomous Region. It has been estimated that they account for approximately 70–80% of China's total reported HIV/AIDS cases (ibid). These provincial statistics demonstrate that some regions of China are experiencing characteristics of epidemic growth among the general population. In Xinjiang, there is a significant HIV/AIDS epidemic among traditional high-risk groups such as injecting drug users (IDUs) and commercial sex workers (CSWs), as well as sections of its general population. Xinjiang is the PRC's largest administrative district and it is located in north-west China. The total number of people living with HIV/AIDS (PLWHA) in Xinjiang is officially estimated to be in the vicinity of around 60,000 (Gill and Gang 2006; Tianshan Net 2010; Xinjiang Bureau of Health HIV/AIDS Control Office 2010). Furthermore, Xinjiang is home to almost 10% of the total HIV infections in China, even though its population only accounts for approximately 1% of China's overall population (ibid). According to Tianshan Net (2010), Xinjiang "has the fastest spread of the disease [HIV/AIDS] in China." Therefore, it is important that the HIV/AIDS epidemic there be given considered attention and research focus. This paper examines the HIV/AIDS epidemic in Xinjiang Uyghur Autonomous Region and considers how the sociographic history of Xinjiang is intertwined with both its burgeoning epidemic and Chinese government responses to the epidemic.

BACKGROUND: ETHNIC RELATIONS AND REGIONAL "AUTONOMY"

Xinjiang has a diverse minority nationality (*shaoshu minzu*) population and is home to Uyghurs, Huis, Mongolians, Kazakhs, Xibos, Kirgiz, Uzbeks, Manchus, Tatars, Tajiks, Daghurs and Russians, along with other minority groups who have recently been migrating to the region (Tianshan Net 2007). Its total population numbers in the vicinity of 20.5 million, of whom 60.3% belong to the minority nationalities (Statistical Bureau of Xinjiang Uyghur Autonomous Region 2007). The Uyghurs have long been the region's majority population and they number in the vicinity of 9.5 million. They account for nearly 46% of the region's total population. However, their majority status within the region is changing due to continued Han Chinese migration to the area.[2] The Han population recently reached 8.12 million and they now account for approximately 39.7% of the overall population in Xinjiang (Tianshan Net 2007).

Government programs, as well as private economic motivations, have encouraged Han Chinese to migrate to Xinjiang. Their presence and influence has caused a "Sinicisation" of the region. This Sinicisation has not gone unnoticed by the region's minority nationalities, many of whom resentfully regard the migrants as competition for jobs and thus as competition for the enjoyment of economic prosperity within the region. Mackerras (2004) states that some Uyghurs regard Han migrants to the region as "foreign overlords who take land and jobs from local people." However, this is not a view applied to all Han migrants. Those who migrated to the region in the 1950s and 1960s are often less resented because they are seen to be more sympathetic to Uyghurs and to have demonstrated their loyalty to Xinjiang. This differentiation is partly to do with the large numbers of migrant workers who travel to Xinjiang each year with the sole aim of making money to remit back home. This is seen as a significant drain on the region's economy and long-term prosperity.

It is also perceived that Han Chinese migrants are taking jobs that could be filled by Uyghurs and other minority nationalities. If we consider government, party and social security sectors this is an accurate conclusion to draw. Han Chinese workers account for 59% of the employees in these sectors (Iredale et al. 2001: 169). In prospecting and geological surveying they account for 88% of the workforce, in the scientific fields the percentage is 85.2%, in health and hygiene it is 66% and in the real estate market

[2] In 1949, Uyghurs accounted for 76% of Xinjiang's population. By 1964, this figure had dropped to 55%, it was 46% in 1986, returning to 47% by 1990 (He and Guo 2000: 147). This demonstrates that Han migration to the region has had a significant impact on the ethnic ratios in Xinjiang. In 1949, Han Chinese constituted only 6.7% of the population in Xinjiang. By 1990, this figure had risen to 37.6% (Iredale et al. 2001: 166).

70.4% of employees are Han Chinese (ibid). These figures indicate that the provision in Article 23 of *The Law on Regional National Autonomy* (1984) calling for the preferential hiring of minority nationalities in personnel recruitment has not been implemented (Mackerras 2003: 22). Han monopoly over these jobs is counterproductive for China, as it has contributed to a "divided society" where skilled employment is predominantly Han Chinese, with Uyghurs being most concentrated in agricultural employment (ibid). However, this monopoly has also led to minority nationality populations seeking out economic opportunities with their ethnic cohorts in the neighbouring Central Asian states. This serves to reinforce ethnic identities among Xinjiang's minority nationality populations, weakening their national identity as citizens of China (Liew 2004). This in turn could reinforce separatist ambitions among more radicalised segments of society.

In 2000, the Chinese government launched the Great Western Development Strategy (GWDS) (*Xibu Da Kaifa Zhanlüe*). The purpose of this policy was to improve living standards, infrastructure and ethnic relations. Thus far however, the GWDS has been focused on the development of urban areas (predominantly populated by the Han), not the countryside (predominantly populated by minority nationalities). This has caused an increasing disparity in wealth among Xinjiang's population based on location and ethnic identity, and the developmental and economic outcomes of this strategy have been unevenly distributed. More disturbing, however, is that this was able to occur despite the fact that the GWDS was introduced largely to improve conditions in the south-west areas of Xinjiang (Mackerras 2004). In addition, it has been difficult to determine whether or not the GWDS has minority nationality support. According to Iredale et al. (2001:195) "[m]inority autonomy may again be 'losing out' in the interest of the wider population policy and overall Chinese development," so this support could be unlikely in areas where minority nationalities feel they are 'losing out' to Han Chinese.

There are also disparities in the political and educational representation of minority nationalities. While at the primary and secondary school levels Uyghur children are generally well represented, there is a significant drop in the number of Uyghur enrolments between the secondary and tertiary sectors. Furthermore, since the 1990s there has been a noticeable decline in the numbers of Uyghurs in the tertiary sector (Mackerras 2004). This disparity also applies to political representation. According to Mackerras, it is common for Chinese Communist Party (CCP) heads to be Han Chinese and government counterparts to be Uyghur. As a result, it is the Han who occupy the powerful political positions, meaning Uyghurs and other minority nationalities, may be missing out on having a

strong political influence in the CCP (Millward and Tursun 2004). Education and political representation are important factors in providing a "Uyghur voice," representing Uygur concerns in state affairs. Without such a voice it is likely the Uyghurs may feel increasingly marginalised and continued social and political unrest could result.

Resentment is also fuelled because the Han migrants are believed to be serving a strategic government manoeuvre. Their presence in Xinjiang is regarded as an attempt by the CCP to ensure the region remains part of China by way of increasing the proportion of Han to non-Han in the population as a whole, thereby preventing attempts at secession by minority nationalities. Moreover, intermarriage is not common in the region and Mackerras (2004) found quite hostile attitudes among minority nationality populations toward intermarriage with Han Chinese. On the other side of the coin, there has also been some Han resentment towards Uyghurs who enjoy more favourable conditions under the One Child Policy. Uyghurs living in the countryside are permitted to have three children while urban couples may have two children; most Han Chinese couples are restricted to just one child per family. Therefore, the growth in Han Chinese numbers has been achieved primarily through sustained Han migration to Xinjiang.

Lack of autonomy in what is purportedly an "Autonomous Region" is also counterproductive to China's goals of national unity. Mackerras (2004) has stated that many Uyghurs regard their current autonomy as "totally false" and desire greater autonomy and a reduced presence of the CCP. However, he also rightly warns that "autonomy" should not be confused with "independence" as that was not the purpose of the autonomous regions (Mackerras 2003: 22). Since Xinjiang became a province of Qing Dynasty China in 1884, there has been continuous rebellions and secession attempts (Clarke 2007).[3] Ethnic relations in the region have been unstable, and during the more radical years under Mao Zedong, such as the Anti-Rightist Policy (1957), the Great Leap Forward (1958–61) and the Cultural Revolution (1966–76), the Uyghurs and other minority nationalities suffered significant hardship and cultural dislocation. The post-Mao era has also been marked by ethnic unrest in Xinjiang. The early 1980s were a turbulent time with separatist movements becoming involved in factional, anti-government conflict. Resistance to the government was swiftly countered however, and this again increased racial tension in the region (Van Wie Davis 2008; Rudelson and Jankowiak 2004; Clarke 2009; Mackerras 2009). There were

[3] Even the name "Xinjiang," which translates as New Dominion/Frontier, has been problematic. Many Uyghur nationalists have rejected the name and have drawn attention to its "colonial implications." For more information on this see Kamalov, Ablet. 2009. "Uyghurs in the Central Asian Republics: Past and Present," in *China, Xinjiang and Central Asia: History, Transition and Crossborder Interaction into the 21st Century*, ed. Mackerras, C. and Clarke, M. (London: Routledge), 115–132.

also conflicts between local groups and Han migrants (Mackerras 2003; Dillon 2004).

The summers of 1996 and 1997 saw heightened periods of ethnic unrest, largely a reaction to the regional CCP focus on eliminating separatism in Xinjiang as part of the nationwide "Strike Hard" campaign (Gladney 2004; Dillon 2004).[4] In Ürümqi, there were attacks on law enforcement officers and symbols of Chinese authority. Countless Uyghurs were arrested and executed on charges of suspicion of separatism, with schools and mosques considered "illegal" closed down and banned publications destroyed (Dillon 2004). This instability has continued to the present day and it has intensified from time to time.

One of the more recent examples of ethnic clash in the region was the July 2009 race riots in Ürümqi. These race riots reportedly saw 197 people lost their lives in the violence, 1,600 people were injured and 1,434 people were detained (Lewis 2009). The race riots are testament to continued instability and ethnic tension in the region. This bout of violence was reportedly attributed to the deaths of two Uyghur factory workers in southern China and it led to widespread protests and violence to erupt across Xinjiang (ibid.). In 2011, further violence broke out on the anniversary of this event in Kashgar and Khotan, when Uyghur groups launched separate attacks in the two cities. One of the reasons given for the violence was the detention, without trial, of many young Uyghur men after the anniversary of the 2009 riots. In addition, tensions were also heightened by the government's destruction of traditional Uyghur houses in Kashgar. The demolition of these houses, labelled "unsafe" and "unsanitary" by Beijing, is viewed by the Uyghurs as both cultural destruction and an attempt by Beijing to "to break up their communities and reduce their influence in the city" (Dillon 2011). The treatment of minority nationalities during these recurrent periods of unrest has further increased Uyghur resentment against Chinese rule (Zhao 2001). These factors have all served increasingly to marginalise minority nationalities within the region.

Ethnic unrest in the region is swiftly countered by the Xinjiang Production and Construction Corps (*Bingtuan)* (XPCC), as well as by units of the PLA and/or police. The former force numbers around 2.54 million troops as of 2004 (Kerr and Swinton 2008) and they constitute a significant proportion of Han migrants to Xinjiang (although their numbers were not included in the aforementioned breakdown of Xinjiang's population). The XPCC has a dual role in Xinjiang, best articulated by Zhang Qinli, who was XPCC commander in 2004. He stated "[i]n peacetime the farming role becomes more important, and in times of tension the security role is more important. These two roles are inseparable" (cited in Kerr and Swinton

[4] The "Strike Hard" campaign is discussed in more depth in later sections of this article.

2004: 120). The presence of XPCC in Xinjiang ensures that separatism is not achievable, while their farming role sees them "opening up the west" for Han economic gain, as part of the aforementioned GWDS.

The XPCC is also of interest to this paper because they are already showing HIV prevalence rates that are higher than those present among China's general population. During the period 2003–2005, HIV prevalence among this force was approximately 0.28% (Li et al. 2008). However, high prevalence rates throughout Xinjiang are likely to increase prevalence rates among the XPCC as well. Worldwide, armed forces are considered a high risk group for HIV vulnerability due to their mobility and inclination for risk taking behaviours such as IDU and engaging in commercial sexual exchange (Feldbaum et al. 2006). Therefore, if rates of HIV among the XPCC increase, Beijing should be very concerned as it could lead to a destabilisation of the very force Beijing has charged with maintaining stability within Xinjiang.

SOCIOGRAPHIC CONSIDERATIONS OF THE HIV/AIDS EPIDEMIC AND GOVERNMENT RESPONSES

There have been considerable problems with Xinjiang's HIV/AIDS response. There was a problematic lack of political will and effort to contain Xinjiang's HIV/AIDS epidemic in the early days, and it has only been in recent years that Beijing has introduced nationwide HIV/AIDS responses that fall into line with international best practice. Rudelson (2003) rightly states that up until 2002, the Chinese government regarded HIV/AIDS in Xinjiang as a "Uyghur disease." Based solely upon infection rates, this may have been a logical conclusion as 85% of those infected with HIV in Xinjiang were from the Uyghur nationality (ibid.). However, this was very similar to how Beijing viewed Yunnan's epidemic, which was also regarded as a minority problem. Hood reports that photographs of local cases of HIV/AIDS in China included in medical pictorials were of non-Han minority people. This fact was obvious in the pictorial she examined—those pictured were members of the Dai minority nationality, identifiable as such by the clearly visible tattooing on their bodies (Hood 2011: 84). According to Hyde (2007: 3), the situations in both Yunnan and Xinjiang reflects China's "racial dichotomy" that is centred on "the more nuanced and regionally rooted issue of Han and non-Han bodies." This racial dichotomy is important here as it was not ethnicity in isolation that led to high rates of HIV among Uyghurs—it was also due to the sociographic history of Uyghurs living under Chinese rule. These factors contributed to the perfect environment for HIV to explode among the Uyghur population.

International experience has repeatedly shown that it is the impoverished and the marginalised that are most vulnerable to HIV/AIDS. Within Xinjiang, the minority nationalities are one such group that fits this definition. International experience has also shown that in areas of widespread infection, HIV/AIDS epidemics can have a staggering impact on economic and developmental gains that have taken decades to achieve. However, most significantly for Xinjiang, international experience has also demonstrated that the most effective response to HIV/AIDS epidemics fuelled by IDU is to introduce needle exchange and methadone programs. Although IDU was the major source of HIV transmission in Xinjiang during the early years of its epidemic, rather than implementing clean needle and methadone programs, for many years Chinese IDUs were imprisoned upon detection in a misguided attempt at vice suppression (Wang 2000). While Xinjiang was no different to other parts of China and this crack down on drugs was the result of the drug laws introduced in 1990, the delay in implementing "behavioural pattern change" among IDUs, such as clean needles and methadone programs, caused Xinjiang's HIV/AIDS crisis to continue worsening.

Widespread HIV transmission among IDUs was also aided by the Chinese government's effort in the mid-1990s to combat drug use and trafficking, known as the "Strike Hard" campaign (*yanda*). In Xinjiang, "Strike Hard" was primarily focused on shutting down unofficial political organisations, eliminating the threat of separatism and cracking down on drug trafficking (Dillon 2004: 84). While the campaign was successful in reducing the amount of heroin available on the market, it caused Uyghur heroin addicts to change their drug-taking practices due to the limited available supply of heroin. Instead of smoking heroin as they had previously done, they began to inject heroin (Hagt 2004). By the end of 1997, 50–80% of all drug users in Xinjiang were injecting drugs (UNAIDS 2002). This made their use of heroin far more addictive and there was a net increase in the number of drug users in Xinjiang (Rudelson 2003). The change also led to increased HIV vulnerability among IDUs due to high rates of needle and drug injecting equipment sharing among IDUs. Amendments to the 1979 Drug Control Law also meant that from 1997 onwards, possession of more than 15 g of heroin could lead to jail terms of up to 15 years, or even the death penalty (Hagt 2004). This change saw IDUs go further underground, making it incredibly difficult to reach them with HIV awareness information and harm reduction strategies. This in turn heightened their vulnerability to HIV transmission through IDU.

More recently however, Xinjiang has modified its stance towards preventing HIV among IDUs and in some areas is now focused on harm reduction models of HIV prevention. In 2008, it was reported that Xinjiang

had 81 professional organisations engaged in all levels of HIV/AIDS prevention and treatment across the region. In addition, it was reported that there were 138 stationary needle exchange centres, 3 mobile needle exchange vehicles as well as 25 community-based out-patient drug maintenance centres. The number of voluntary testing clinics had risen to 422, and over 70,000 health professionals were receiving training on HIV/AIDS prevention and treatment (Kerim, cited in Li 2008).

While the above figures demonstrate a significant political shift in China's response to IDUs in Xinjiang, the length of time it has taken to make this change can be questioned. HIV transmission through IDU was identified as a serious problem in Xinjiang in 1996. Just six years later, UNAIDS (2002: 24) reported that Xinjiang was one of the "more heavily affected provinces" and stated that Xinjiang had a "well-established HIV epidemic among its resident IDU populations." Considering it wasn't until much later that significant developments had been made in introducing clean needle and methadone programs, there has been a serious time lag in the response. This has undoubtedly caused significant numbers of IDUs to continue to contract HIV through needle and drug equipment sharing. According to Rudelson (2003), some "[n]ationalistic Uyghurs [have] viewed the government's lack of response to HIV/AIDS as a deliberate program of genocide [in Xinjiang]." However, if we consider China's overall response to HIV/AIDS, we see striking similarities between their nationwide response to HIV/AIDS and the response in Xinjiang, similarities which lend no credence to this kind of extreme view.

According to Eberstadt (2002), Beijing's initial response to China's HIV/AIDS epidemic was largely peripheral and its political leaders long appeared to be in denial about the emerging HIV/AIDS epidemic within their borders. While the crisis was officially recognised in 2001 (Chan 2011; Gu and Renwick 2008), it was not until September 2002 that the central government in Beijing began to speak openly about the PRC's growing AIDS crisis, after a health report was leaked from the Henan Provincial Health Department (Gittings 2002).[5] The report claimed that as many as 35 to 45% of commercial blood and plasma donors in some areas of Henan Province had contracted HIV/AIDS as a result of inadequate safety precautions and that the Henan authorities had attempted to cover up their province's epidemic.[6] The Henan leak was significant in drawing attention to China's emerging HIV/AIDS epidemic (Hayes 2005).

[5] The document was distributed on the Internet after it was obtained by AIDS activist Wan Yanhai. Wan was later arrested by Chinese state security in Beijing and detained for allegedly disclosing a "state secret" (Gittings 2002).

[6] For more information see Hayes (2005).

Just prior to the Henan leak, another important information release forced the hands of the PRC government to be more responsive to HIV/AIDS. In June 2002, the United Nations Theme Group on HIV/AIDS in China (UNTGC) released a report titled *HIV/AIDS: China's Titanic Peril*.[7] The report (UNAIDS 2002: 4) claimed the PRC was "on the brink of explosive HIV/AIDS epidemics" and that the Chinese government was focusing on the tip of the iceberg, hence the reference to the Titanic in the title of the report. The report stressed that Beijing was relying on unreliable and possibly understated figures on HIV transmission in China, rather than fully comprehending the enormity of the potential threat being posed by HIV/AIDS (ibid.). Due to the sheer size of the PRC and its population, it was also predicted that education and treatment campaigns would be made difficult. Complicating this further was that the report identified poverty, lack of knowledge and poor access to condoms, gender inequality, as well as the regional variations in transmission modes as factors that would also need to be tackled in order to effectively respond to the HIV/AIDS epidemic. The report also identified the peculiar role that blood selling had played in transmitting the virus among the Han population in central China.

The report did acknowledge that the Chinese government had made "significant progress" in preceding years in the development of HIV/AIDS regulations, policies and laws. However, it was highly critical of Beijing for their "insufficient" response to the rapid growth of HIV/AIDS infected persons in the PRC (ibid.: 4–5). While the PRC was a signatory to the Paris Declaration at the 1994 International AIDS Summit,[8] the continued denial of the problem by Beijing was highlighted in the report as having hindered an effective AIDS response in China (ibid). Therefore, it was not only in Xinjiang that China's response to HIV/AIDS was slow and often lacking in political will and transparency.

The "Titanic report" was important because it urged the PRC to make sweeping improvements to respond to its growing HIV/AIDS epidemic. Releasing the report also opened the discourse of HIV/AIDS in the PRC. The report was also significant because it directed international attention, particularly media attention, to the growing HIV/AIDS epidemic emerging in China. Therefore, the release of the "Titanic report" marks the point at which the central government of the PRC was forced to recognise that an adequate response to HIV/AIDS demanded transparent, open HIV/AIDS policies and campaigns, as well as greater civil society participation such as grassroots action guided by HIV/AIDS international non-governmental

[7] The U.N.'s *HIV/AIDS: China's Titanic Peril* has become widely known by the shortened "Titanic report." Any reference to this report hereafter will be by the shortened title the "Titanic report."

[8] The Paris Declaration was an agreement by signatories to control HIV/AIDS epidemics in their own countries as well as committing to the global control and prevention of HIV/AIDS (Wei 2000: 9–12).

organisations (INGOs) like the UN and the World Health Organisation (WHO) (Li et al. 2010).

The revelations in the "Titanic report," coupled with international criticism of its mishandling of the Severe Acute Respiratory Syndrome (SARS) epidemic in 2002/2003, forced the Chinese government to become far more responsive to health crises within its borders. Chan (2011: 69) states that it wasn't until after the SARS crisis that the government began "playing a leadership role in combating HIV/AIDS." The reopening of its borders in the late 1970s marked the end of an era in which China could close itself off from external scrutiny. The appointment of Vice-Premier Wu Yi as health minister in 2003 was an important step by the central government. Her appointment contributed to a more open and transparent response to HIV/AIDS in China. The former health minister, Zhang Wenkang, had been stood down for his failure to adequately respond to the SARS crisis and for the attempted cover-up of both the virus and its origins in southern China. Therefore, Wu Yi's appointment heralded a greater openness on the part of the Chinese government in discussing health crises such as SARS and HIV/AIDS, and signalled that China had taken seriously international criticism over its lack of response to health crises (Park 2003: 54).

Therefore, the "Titanic report" was the point at which the government's hand was forced. Although there had been earlier reports such as *China Responds to AIDS* (1997), a joint report by the Ministry of Health, People's Republic of China and the UN Theme Group on HIV/AIDS, the broader scope of the "Titanic report," and the sense of immediacy and alarm it embraced in its presentation of the facts and figures,[9] caused the report to attract considerable attention. The report did cause shockwaves throughout Beijing and during fieldwork on HIV/AIDS in China in mid-2003 the author was told by HIV/AIDS specialists working for INGOs and non-governmental organisations (NGOs) that the political climate around HIV/AIDS had become extremely sensitive since the release of the "Titanic report" and as a result of the SARS debacle. Even so, there was recognition by the Chinese leadership that they had to respond more openly to HIV/AIDS and this involved allowing INGOs and NGOs to play a more prominent role in Chinese political and social life (Li et al. 2010). This is also when the most HIV preventative action began to occur; indeed, the author was surprised by the rapid increase of counter HIV/AIDS action post-2003.

By this time however, the HIV/AIDS epidemic in China had been expanding with little hindrance since 1985. Like other countries, the pattern

[9] This sense of immediacy and alarm is demonstrated at the bottom of the introduction where there is a bolded statement in larger font. It states "Now is the time to act!" (UNAIDS 2002: 7).

of HIV transmission in China can be divided into phases. During the first phase (1985–1988), the numbers of people infected with HIV were small and were primarily located in China's coastal cities. Those infected were usually foreigners living in China or Chinese citizens returning from periods spent abroad (Wang 2000). However, during this stage there were also a few cases of iatrogenic transmission.[10] In Zhejiang Province, four people were infected after they were given imported blood products later determined to be infected with HIV (Xia 2004).

In addition to continued infections among those living in the coastal cities, the second phase of transmission (1989–1993) saw new cases of HIV located largely among IDUs of Yunnan Province. In 1989, 146 IDUs in Yunnan tested positive to HIV. Yunnan's close proximity to the countries located in the "Golden Triangle" (Cambodia, Laos, Burma and Vietnam), which produce opium and heroin, and the province's own opium and heroin production meant that drugs were easily accessible and relatively cheap in this area. Therefore, many people became addicted to injection drugs and HIV/AIDS was easily transmitted in this region and among IDUs in neighbouring countries, because of high rates of sharing needles and injecting equipment. Thus, the diffusion period of HIV infection in China was very much centred on the transmission of HIV/AIDS through IDU (ibid.). However, HIV transmission during this stage was not solely restricted to IDU. Small numbers of infections were detected among prostitutes, STI patients and workers returning from overseas employment (Wang 2000).

China's third phase of HIV was marked by the spread of HIV transmission beyond Yunnan Province. This phase began in 1995 and continues to the present day. This phase has seen a rapid increase of infections across all regions and provinces throughout China. There have also been more diverse transmission modes, including IDU, commercial sexual intercourse, men who have sex with men (MSM), commercial blood and plasma donation, iatrogenic transmission, non-commercial sexual contact and mother-to-child transmission (ibid.).

Therefore, it was not only in Xinjiang that a rapid and appropriate response to HIV/AIDS was lacking. This was the case throughout all of China. According to UNAIDS (2002: 5), the situation in 2002 was dire, and this lack of action resulted from:

> Insufficient political commitment and leadership at many levels of government, insufficient openness when dealing with the epidemic, insufficient resources both human and financial, scarcity of effective

[10] Iatrogenic transmission refers to the transmission of HIV through medical treatments or therapies such as HIV contaminated blood transfusions, using syringes contaminated with HIV and exposure to HIV/AIDS through needle stick injuries.

> policies, lack of an enabling policy environment, and poor governance. AIDS awareness remains low among the public and decision makers. Involvement by civil society and affected communities remains embryonic, while the overall AIDS response remains far too medical within a healthcare system in crisis.

It is unsurprising then that Xinjiang and Yunnan experienced serious delays between the time AIDS epidemics were first detected there to when effective and adequate HIV/AIDS prevention and treatment programs began to be introduced. They are both located on the periphery geographically and socially, and at the time even urban China was experiencing a lack of appropriate HIV/AIDS responses.

EPIDEMIOLOGY OF HIV/AIDS IN XINJIANG

In Xinjiang, HIV/AIDS was first detected in 1995 (Maimaiti et al. 2010; Zhang et al. 2007). One year later, a serious HIV/AIDS epidemic among IDUs was identified, followed by the detection of commercial sexual transmission of HIV in 1998 (UNAIDS 2002). Since these early discoveries, Xinjiang's HIV/AIDS epidemic has grown rapidly. According to some reports (Xia 2004:12; *Renmin Ribao*, cited in Hyde 2007: 51), while it took Yunnan 5–6 years to reach near-saturation infection rates among IDUs (70% or higher), in Xinjiang this process only took 2–3 years. The speed of transmission was largely the result of very high rates of needle and drug-injecting equipment sharing among IDUs combined with little or no HIV/AIDS awareness. By 2007, 14 prefectures across Xinjiang were found to have PLWHA, with 24,818 confirmed HIV infections (Xinjiang Centre for Disease Control 2007).

For many years, IDU was the primary mode of HIV transmission in Xinjiang. This is unsurprising when one considers Xinjiang's location along two of the world's largest heroin and opium drug trafficking routes, namely the Golden Triangle and the Golden Crescent. As mentioned above, the Golden Triangle is the name given to one of Asia's opium producing regions. The area forms a triangular shape and encompasses the mountainous regions of Burma, Vietnam, Laos and Cambodia. The Golden Crescent is the name given the other opium producing region in Asia. This area encompasses the opium fields of Afghanistan, Pakistan and Iran. The area received this name due to the crescent shape of the combined opium growing areas. Both drug trafficking routes see a significant amount of heroin and opium transported into Xinjiang annually, which in the mid

1990s, led to increased Chinese government efforts to combat drug use and trafficking in Xinjiang as part of "Strike Hard" (Hagt 2004).

Early surveys conducted in Ghulja and Ürümqi found HIV infection rates among IDUs were 84% and 39% (UNAIDS 2002). The most recent figures from the Ministry of Health of the People's Republic of China (2010: 24) cite "high infection prevalence" among IDUs in Xinjiang, but they do not provide a percentage to demonstrate just how high this figure is. IDUs in Xinjiang are generally young adults, with the under 35 cohort accounting for approximately two-thirds of all users (Gill and Gang 2006). Needle and drug injecting equipment sharing in the region has been high, with early studies by the World Health Organisation (2001) reporting that 100 percent of IDUs shared equipment. While HIV/AIDS awareness has increased since the time of that study, the aforementioned high rates of HIV among IDUs demonstrate that HIV transmission through IDU is still a significant problem in Xinjiang.

More recently however, the epidemic in Xinjiang has experienced some change and sexual transmission has also emerged as a leading mode of HIV transmission. There are now significant numbers of CSWs[11] testing positive for HIV. Poor knowledge of HIV prevention is fuelling HIV transmission in commercial sexual exchanges. Reported rates of condom use in commercial sexual exchange are very low with studies by the Kashgar Center for Disease Control (2007) finding that up to 65% of sex workers in some locations did not use condoms with clients. A different study conducted in Aksu is equally alarming. It found that rates of condom use among sex workers operating in Aksu casino were as low as 20.9% (Aksu Prefecture Health Bureau 2007). Clearly, these low rates of condom use in commercial sexual exchange reflect that more needs to be done in the area of harm reduction among most-at-risk populations (MARPs) such as commercial sex workers. Often the low rates of condom usage reflect little awareness of the role of condoms in the prevention of HIV transmission (Hayes and Qarluq 2011).

In addition to poor awareness, low rates of condom use could also be due to an inability to negotiate condom usage in the commercial sexual

[11] This information relates to female sex workers. Due to a lack of available information specific to Xinjiang, male sex workers and men who have sex with men (MSM) have not been included in the main discussion of this article. This is an area that urgently requires more research. In terms of a whole of China overview, in 2009 homosexual transmission of HIV accounted for 14.7% of new infections (UNAIDS 2010a). MSM are recognised by UNAIDS (2008) as a most-at-risk population (MARP), with 70% of MSM having more than one sexual partner in the 6 month period prior to being interviewed. Alarmingly, only 30% of MSM surveyed by UNAIDS (2008) reported using condoms during anal sex. However, the 2009 figures demonstrate this had risen to 47.9% in some locations (UNAIDS 2010a). Between 38–50% percent of MSM use a condom when engaging in commercial homosexual intercourse (ibid.). MSM are also identified as a MARP requiring further epidemiological surveys in order to better design intervention models to reach them with harm reduction strategies.

exchange. The ability of the sex worker to negotiate condom use varies greatly depending on their location of work and their level of agency within the negotiation of the sexual exchange. More formalised brothels have greater power in insisting on condom use in the commercial sexual exchange and they are able to assist the sex worker if the client refuses. In addition, these venues often provide the condom so the cost is not borne by the commercial sex worker. These venues are also targeted by NGOs and INGOs for education campaigns on condom use and HIV/AIDS awareness. CSWs at the other end of the spectrum such as street workers, or those who work for pimps, often lack the support necessary to negotiate condom use and have to pay the cost of the condom themselves (Health specialist, international donor organisation, Beijing, 27 August 2003, pers. comm.). They are also noticeably absent from education campaigns on preventing sexually transmitted infections (STIs) such as HIV/AIDS. Furthermore, the commercial sexual exchange performed with a condom often involves a discount; the lower price combined with the additional cost of the condom often makes little economic sense to the CSW as it can significantly reduce the take-home rate of the sexual exchange (Hayes and Qarluq 2011). HIV transmission through CSW can lead to widespread transmission of HIV among the general population. It is therefore imperative that 100% condom use is promoted, especially in commercial sexual exchange.

There is already evidence demonstrating that HIV/AIDS has begun to spread among Xinjiang's general population. Mother-to-child-transmission (MTCT), which was first detected in Xinjiang in 1996, is an important indicator of an HIV epidemic moving into the general population. Since 2004, MTCT has reached, or in some areas, exceeded 1% (Gill and Gang 2006; Qin et al. 2005). According to UNAIDS, MTCT rates in excess of 1% demonstrate that a HIV/AIDS epidemic meets the criteria for categorisation as a "generalised epidemic," meaning the epidemic has made significant inroads among the general population (Gill, Huang and Lu 2007). Therefore, the results from Xinjiang indicate that in some areas, the HIV/AIDS epidemic has most definitely moved into its growth period and HIV transmission is occurring among the general population. While the figures vary across Xinjiang, general estimates of MTCT of HIV across the region are 1.2% (Wu and Sullivan 2006). However, in Kashgar the prevalence of MTCT has reached 5.3% (Gill, Huang and Lu 2007). This figure is worrying because it could reasonably suggest that Kashgar's HIV/AIDS epidemic may be moving toward the rampant prevalence phase, whereby HIV/AIDS increases at an alarming rate among the general population. This would have a significant impact on the area, which already experiences difficult social and economic conditions.

Efforts to prevent MTCT (PMTCT) have increased all over China. Pilot programs on PMTCT have been launched in 271 counties across 28 provinces and autonomous regions. PMTCT of HIV was one of the services provided by the Four Free and One Care (*simian yiguanhuai*) policy (National Center for AIDS/STD Prevention and Control 2006). In Xinjiang, there have been 81 clinics focused on the PMTCT of HIV established across the region (Li 2008). However, a study by Wang (2006) on the effectiveness of PMTCT programs in Ghulja has found that these clinics are making slow inroads in PMTCT due to a wide range of factors. These factors included low self-perceived risk of the mother, which prevented her from being tested. In addition, hospital management delays meant some women were only notified of their HIV positive status after they gave birth to their babies. This caused them to miss out on the preventative measures necessary prior to and immediately after birth such as caesarean delivery, anti-retroviral therapy and formula feeding rather than breastfeeding. It was also found that many pregnant HIV positive Uyghur women experienced stigma and discrimination by the health workers employed to assist them as well as from family members. A UNAIDS (2008: 34) report confirmed Wang's findings stating that "the quality of service delivery has room for improvement" and reported "weak management and poor integration with HIV interventions." The report recommended that better staff training and improved service integration with existing programs on HIV prevention were necessary in order to increase the coverage and *quality* of PMTCT services (ibid.).

Migrant workers, or the "floating population," as they are known colloquially, are an important group who could cause an upsurge in HIV transmission among the general population in Xinjiang and in their home locales. In Xinjiang, this group of transient workers numbers in the vicinity of 600,000 and usually comprises young, sexually active people from low socio-economic backgrounds, generally from rural China. They have varying literacy rates ranging from basic literacy upwards and they generally travel to Xinjiang for the cotton-picking season before returning home. Migrant workers are particularly vulnerable to HIV transmission due to their age, combined with the long periods of separation from their family and loved ones. Their newly acquired disposable income means that many migrant workers participate in high risk behaviours such as IDU and commercial sexual exchange. Wu and Sullivan (2006: 92) report that 10–50% of male migrant workers engage in high risk sexual activity, characterising these men as a "new threat to AIDS prevention and control." This is largely because they have the capacity to carry HIV into areas that have not previously been affected such as new work locales or their home villages on return visits.

Due to their poor literacy levels, migrant workers are also considered a MARP because they often lack appropriate HIV/AIDS prevention knowledge (ibid.). Furthermore, they can be missed by HIV educational campaigns due to their transient lifestyle. As a result, the floating population often become a "bridge" for the transmission of HIV to the general population (Gill and Gang 2006). However, recent awareness of their potential role in transmitting HIV widely has led to HIV/AIDS prevention information now being displayed on public billboards and some railways, bus stations, shipping ports and airports are now distributing HIV/AIDS awareness pamphlets. In some instances, transportation providers are also running educational activities aimed at increasing HIV awareness among their passengers. Some migrant worker training or vocational referral centres have also included increasing HIV awareness among the migrant workers as part of their service, and they play an important role in distributing pamphlets and other materials to migrant workers who use their services. Migrant cotton pickers are also provided with HIV awareness education on the trains to Xinjiang (UNAIDS 2008; Teng and Hu 2011). A recent study on similar programs in Wuhan reported there to be a 30% increase in AIDS literacy demonstrated in response to pre- and post-program questionnaire results. Migrant workers have also indicated they would like AIDS information printed on the back of train tickets as it is less conspicuous and they can easily retain them for future reference (Li 2011). These educational campaigns are useful as they provide MARPs with harm reduction strategies which could significantly reduce the transmission of HIV in the future.

However, in Xinjiang, many early education campaigns conducted locally in the region (not those targeting Han migrants to the region) were flawed as their Information, Education and Communication (IEC) materials were often printed in the Chinese language only. For Uyghur CSWs and IDUs for example, many of whom have basic or next to no Chinese language skills; these important IEC materials were useless and completely ineffective in reaching out to Uyghur MARPs, leaving them vulnerable to continued HIV transmission. In 2008, UNAIDS (2008: 33) described the overall lack of linguistically appropriate materials as "unsatisfactory" and reported that the government's challenge from here on in would be "to design and implement more effective IEC interventions that relate to the target audience, reach focal populations and bring about desired attitude changes among the target group." One of the key reasons for this oversight was the noticeable absence of Uyghur staff employed in the local HIV/AIDS prevention and control facilities or programs.

Things are slowly changing however, and linguistically appropriate IEC materials are now on the increase in Xinjiang. A number of advocacy

programs by the State Council AIDS Working Committee Office (SCAWCO) are now printing IEC materials in minority languages including Uyghur language. There have also been bilingual (Uyghur and Chinese language) HIV awareness radio broadcasts via 90 receiver stations across Xinjiang (UNAIDS 2010b). In addition to this, the State Ethnic Affairs Commission has begun producing video information programs in minority languages and UNAIDS has encouraged wider involvement of ethnic affairs networks into Xinjiang's overall HIV prevention strategies. Faith-based organisations are also now involved in HIV prevention strategies in Xinjiang, providing both support networks and HIV awareness (UNAIDS 2008; Wheeler et al. 2007).

Imams are influential community leaders in Xinjiang and can be pivotal players in changing not only community attitudes but also influencing public health and government policy. A recent pilot project implemented in the Tianshan district of Ürümqi reported significant outcomes. Public health messages were linked to the Koran and Imams underwent training to improve their HIV/AIDS awareness. Those who participated in the project reported they had greater understanding of HIV/AIDS, they felt more comfortable in counselling people within their community on HIV/AIDS and their understanding of the impact of HIV/AIDS on PLWHA and the community had deepened. The Imams now have greater authority to engage in HIV prevention efforts within their community and methodologies for this type of capacity-building training for Imams is now being incorporated into training modules offered by the Islamic Association and the Religious Affairs Bureau (Wheeler et al. 2007). This is a significant improvement in China's approach to preventing further transmission of HIV/AIDS in Xinjiang, and it is encouraging to see greater civil society involvement.

HIV/AIDS, ETHNICITY AND THE CHINESE PERIPHERY

If we return to Rudelson's aforementioned comment that HIV/AIDS has been viewed by some more radical Uyghurs as a deliberate program of genocide, it is worthwhile to again note that China's overall response to HIV/AIDS lacked initiative and action. Xinjiang was not the only area where HIV transmission was able to spread unchecked. Throughout China, large-scale HIV prevention campaigns were not implemented until many years after the epidemic emerged. However, it is easy to see why such a view could arise. Considering that China's HIV/AIDS epidemic was concentrated primarily among the minority nationalities in Yunnan and Xinjiang in the early years, and that there was a lack of decisive action to

prevent its transmission, perhaps this inaction could be linked to the ethnicity of those infected. On the other hand if this were so, what about the epidemic among blood sellers in Henan? This epidemic was concentrated among Han Chinese, and government action in that province was also slow in coming. Does this then demonstrate inaction across the board regardless of ethnicity?

Hood has argued that HIV positive people in China are similar to the minority nationalities because they become what she referred to as the "AIDS minority" (*Aizu*) (2005: 23). This is an important observation because it highlights adverse discrimination based on HIV status. Therefore, the ethnicity of the aforementioned Han Chinese AIDS victims in Henan was supplanted symbolically by their newly acquired "AIDS minority" identity. This relegated HIV positive Han Chinese to the periphery of Chinese society, a position generally occupied by the minority nationalities, people exhibiting anti-social behaviour or those existing on the fringe of society like IDUs and CSWs. This could have been a contributing factor to the insufficient political commitment and leadership that existed at the time. Perhaps this relegation was due to the initial official discourse on AIDS by Chinese authorities. They described AIDS as an "evil from abroad," and asserted that the "superior immune system" of the Chinese, combined with their "Neo-Confucian values," would mean that HIV/AIDS would not infect the general population (Dikötter 1997: 78–79). Instead, they claimed it would largely remain limited to homosexual men and CSWs who serviced foreign clients, in addition to the minority nationalities (ibid.). It was even initially described in the 1990s as *Aizibing*—the "loving capitalism disease," indicating its perceived link to the foreign, capitalist outsider (Gu and Renwick 2008: 93).

Such beliefs became accepted by Chinese society and have influenced how both the virus and PLWHA were perceived. These views have continued to resonate among some sections of Chinese society. This was exemplified in many conversations the author had with everyday people in Beijing, such as street vendors and taxi drivers.[12] One notable conversation the author had in 2003 makes the above point quite well. After the author explained to a possible informant why she was in China conducting field work investigations into HIV/AIDS there, he responded by saying "AIDS is not a problem in China unlike in the west where you come from" (Art seller, Beijing, 20 August 2003, pers. comm.). After some discussion that there were some cases of HIV in China the informant revised his position stating "[o]h yes, maybe in the south of China, among the minority nationalities.

[12] As part of her methodology the author employed Schein's "itinerant ethnography" as a means of gathering information relevant to her research. This method utilises "shopping [and] incidental conversations on trains and buses…" as a primary means of information gathering (Schein 2000: 28).

But not here" (ibid). This account reflects Hood's findings. She states early state media portrayals of HIV/AIDS were centred on the foreign "other" or those on the periphery such as minority nationalities and traditional high risk groups like CSWs and MSM. This has affected how the Chinese view the disease and their own (low) self-perceived risk of contracting it (Hood 2011: 178).

In her examination of the cultural politics of HIV/AIDS, Hyde (2007: 25) states that "[i]n China's borderlands, the public health bureaucracy began to first address the epidemic and then to blame the minority inhabitants for its spread." In addition, she states that HIV "is also very much a disease of moral and geographic imaginations" (ibid: 27). This also speaks to Hood's observations that PLWHA have been transported from the centre of Chinese society to its periphery due to their HIV positive status. However, this author proposes that unlike the ethnic minorities, those belonging to the AIDS minority can still escape their minority position if their HIV status remains undisclosed.

For Uyghurs (and other minority nationalities), there is no escape. They will continue to occupy the Chinese periphery, geographically and socially, for the foreseeable future. They, like other minority nationalities, have been considered a people on the margins whose cultural, religious, economic and political aspirations run counter to the Chinese government's notion of a multi-ethnic unified society. Furthermore, years of government attempts at assimilation or integration have not yet succeeded. Instead, they have been fiercely resisted at times. Xinjiang is still challenged by separatism and ethnic instability as was most recently seen in the July 2009 race riots in Ürümqi and the July 2011 attacks in Kashgar and Khotan. It is an environment dominated by the racial dichotomy of Han and non-Han. More importantly, as the Uyghur majority feel more insecure about their position in a region with seemingly ever-increasing numbers of Han Chinese, attempts to cling to their differences, the things that make them ethnically different to Han Chinese will likely become ever-more forceful. However, HIV/AIDS will become an important fight for them into the future if the epidemic keeps expanding. McMillen (2009: 18) concludes that HIV/AIDS is an important issue that needs to be factored into "any assessment concerning the future of [Xinjiang]."

Rudelson and Jankowiak summarise the HIV/AIDS factor brilliantly in their discussion of Uyghur acculturation and resistance. They conclude that HIV/AIDS "overwhelms their [Uyghur] battles over identity and turns those battles into a struggle for their communal survival" (Rudelson and Jankowiak 2004: 319). This author concurs with their findings. HIV/AIDS is posing a serious threat to the minority nationalities in Xinjiang, particularly the Uyghurs. The initial government delay in adequately

responding to the increasing HIV/AIDS epidemic in Xinjiang has caused some Uyghurs to level blame and criticism at the government. When combined with historical, political and ethnic tensions in the region, as well as the unfulfilled goal of real "autonomy" either within, or outside of, the Chinese state, the situation in Xinjiang appears dire. With each new HIV case, these tensions will continue to mount and may lead to stronger resistance as survival becomes the fundamental goal. Therefore, HIV/AIDS poses a serious "ill" in Xinjiang—both in terms of health security and regional stability.

CONCLUSION

Thus the political, economic and social status quo between Han Chinese and the minority nationalities in Xinjiang is an uneasy one. Han Chinese domination of regional affairs has contributed to marginalisation of minority nationalities and growing social instability, both of which deepen vulnerability to HIV. It is therefore not surprising that Xinjiang is experiencing an HIV/AIDS epidemic primarily affecting the minority nationalities. In addition, years of HIV prevention mismanagement, sometimes including the omission of minority nationalities from the scope of regional HIV prevention campaigns, has caused groups such as the Uyghurs to be distrustful of the government. Should cultural, religious and linguistically appropriate HIV/AIDS prevention strategies not be scaled up and widely implemented throughout all of Xinjiang, further discontent among Xinjiang's minority nationalities will surface.

Thus, the HIV/AIDS epidemic is an important dynamic in the region and it could emerge as the single most important issue if the epidemic reaches pandemic proportions. Greater autonomy is necessary for Xinjiang, for without it we shall see continued resistance to Chinese rule, and race riots like those which occurred in 2009 and 2011 could become a more frequently occurring event. China's grand plan for a unified multi-ethnic state is only possible if Han dominance is removed, and the minority nationalities are provided greater educational, economic and political opportunities for self-determination. The region's majority population cannot be overlooked and Han Chinese cannot continue to be the primary beneficiaries of government development in the region. The increasing numbers of Han migrants to the region is untenable because it fuels the racial dichotomy between Han and non-Han. It also forces minority nationality assimilation into the dominant Han culture, and is increasing the marginalisation of minority nationalities. These factors also make the collective Uyghur identity more pronounced and possibly more radicalised,

as Uyghurs emphasise and assert ethnic differences in order to increase their agency and power. Clearly, concerted governmental and non-governmental action is not all that is needed to reverse current HIV trends in Xinjiang. Allowing greater autonomy in the region is also necessary. This will see the minority nationalities become a stronger and more integrated part of the internal social, political and economic infrastructure of the region and it will allow them to have a greater voice in determining Xinjiang's future *within* the Chinese state, rather than causing them to desire a future *outside* of it.

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