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Health and Rights at the Margins

Linking Human Trafficking and HIV/AIDS Among Jingpo Women in Ruili City, China

BY ELENA SHIH

IN JULY, the International AIDS Conference drew more than twenty thousand participants. Held in Washington, D.C., it was the first since 1990 to convene in the U.S., because the U.S. recently lifted a ban that previously denied visas to HIV-positive persons. Still, the attendance of global participants was confined by another constraint of visa regulations: non-U.S.-citizen sex workers are still systematically denied visas. In protest, activists for the rights of sex workers, who typically take an active role in IAC activities, convened in Kolkata for an anti-conference, “Freedom Festival,” which celebrated the rights of sex workers and protested the marginalization of this community against the backdrop of the larger hegemonic movement to combat HIV/AIDS. During the anti-conference, alongside clear disdain for their exclusion from some parts of the HIV/AIDS movement, one of the loudest messages was a cry that sex worker rights are being infringed by the human trafficking movement (Sil 2012). The global concern



Top: International AIDS Conference, 2012, took place in Washington, DC; Middle/Bottom: Sex Workers' "Freedom Festival" was organized in Kolkata, India, because non-U.S.-citizen sex workers are still systematically denied visas.

around human trafficking has—in the name of prevention—increased the surveillance and policing of sex workers globally, making their work more precarious and frequently labeling it criminal. This contradiction propels my overarching question of how the HIV/AIDS and human trafficking movements are linked.

Empirically, I look at a site that exemplifies the complex field of study of “Women’s Health and Empowerment,” the name of the Center of Expertise for the UC Global Health Institute from which I received a student grant to conduct this small research study. In Ruili City, on the China-Myanmar line, the flow of drugs, people, goods, and disease converge on the lives of indigenous and ethnic minority peoples living on both sides of the border. Ethnic minority peoples in Ruili are both geographically and ethnically disenfranchised, due to their isolation from China’s economic hubs and preferential policies for Han majorities. Because of its location just above the Golden Triangle, linking opium-producing areas in Vietnam, Laos, Thailand and Myanmar, farmers in Ruili grew poppy for opium for sale to Myanmar. Located far from the central government in Beijing, this illicit trade lasted until the economic reform era of the 1980s, during which sweeping attempts to formalize economic markets brought drastic changes. Poppy



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fields in Yunnan were burned to show intolerance for drug trade, but the burning made the land unusable for agriculture (Fu 2005; Hyde 2005).

Given the lack of economic opportunities for income generation, many turn to the heroin trade. Communities of ethnic minority drug mules are often paid in the heroin they traffic and in 1989, Ruili was documented as the city where the first cases of HIV were discovered in China when a study found that 146 injecting drug users in Ruili were HIV positive. In the past 20 years, Dehong Prefecture (which contains Ruili City) has consistently ranked



first in rates of HIV infection and AIDS-related death in Yunnan Province, China's southwestern most province that shares borders with Myanmar, Laos and Vietnam. The Jingpo, who share bloodlines with Burmese, are among the most severely affected; many of them have become heroin-dependent and HIV positive. In the two villages where I conduct this study, the Chinese CDC has reported as high as an 80% HIV infection rate among men (ACWF 2000, Hyde 2005).



To investigate the links between human trafficking and HIV/AIDS vulnerability among women of Jingpo ethnicity who live on the China-Myanmar border, this project asks: How does ethnic disenfranchisement make women susceptible to both HIV and human trafficking?

The excitement around "human trafficking" as a buzzword has obscured the links between trafficking in persons and existing flows of illicit goods and drugs and disease. The global concern around human trafficking has provoked



a transnational justice movement, formally spearheaded in 2000 by the United Nations Palermo Protocol to Prevent, Suppress, and Punish Trafficking in Persons. These transnational norms are transplanted locally through regional global governance mechanisms such as the United Nations Inter-Agency Project on Human Trafficking (UNIAP), which exerts significant pressure on the Chinese state to adopt the guidelines on human trafficking. However, the definition of human trafficking remains



contested by different ideological factions of the movements and by local governments.

In 2008, China signed its first five-year National Plan of Action Against Human Trafficking; however, China has yet to adopt the international definition of human trafficking, acknowledging only the trafficking of women and children for the purposes of forced prostitution, forced marriage, and child kidnapping. Notably missing from the Chinese definition is the trafficking of men and trafficking for the purposes of labor exploitation. As has been documented by feminist scholars, the Chinese focus on women and children as true victims leads to a dangerously dichotomous portrayal of men as criminals and perpetrators (Bernstein 2008; Doezema 2000).

These dichotomous identities are dangerous for China's Jingpo community because men are disproportionately affected by HIV/AIDS and both women *and* men are subordinated by state policies that favor urban and Han majority citizens. These areas are already subject to heavy scrutiny and policing because of high rates of HIV/AIDS. During the late 1990s, the Chinese Centers for Disease Control entered villages in Ruili and tested men who had admitted to using intravenous drugs. During the time, women were not tested nor were they given education about how to reduce transmission. Since the late 1990s, in light of the growing crisis of HIV/AIDS, the Chinese government has pursued an aggressive campaign of HIV/AIDS prevention through fear and stigma propaganda campaigns. Slogans associating HIV infection with death and labeling it antithetical to modernization told local residents that their ethnicity was part of their disease. These campaigns do little to target the root causes of vulnerability, instead suggesting that intravenous drug use and disease are products of backwards ethnic minority behavior (Joag 2005; Fu 2006).

Since 2000, Chinese government and UNIAP programs have pursued humanitarian campaigns that boast prevention and protection efforts against human trafficking. However,

from a policy and implementation perspective, the counter-trafficking movement is viewed as distinct from the HIV/AIDS movement due to unique and competing funding streams for both issues. Stigmatizing populations that are vulnerable to HIV/AIDS and human trafficking is dangerous because it stems from an essentialist discourse that regards victims of trafficking as *true* victims, while those affected by HIV/AIDS are viewed as deserving of disease for having made bad choices. While Chinese government agencies have established anti-trafficking action plans, the social marginalization of ethnic minority women makes them ineligible for, or mistrustful of, government services.

This preliminary research has been conducted through a local community arts project, the Border Statements Collective (<http://www.the-borderartsproject.org/>), which provides no-cost public arts education as a tool of empowerment and education for ethnic minority youth living in Ruili villages. As the co-founder of this project, I have worked with youth in this area since 2006 but most recently have been interviewing women 16 and older to ask about experiences with educational, job, migration, and marriage opportunities, experience with HIV/AIDS, and awareness of human trafficking.

Despite the aggressive anti-drug and anti-AIDS campaigns, many Jingpo villagers,

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especially women living in HIV/AIDS-affected families, lack basic information about HIV control and prevention. Fear and stigma campaigns alone feature ethnic minority men who are backward and diseased, causing many women to seek opportunities for outward migration at any cost, leaving them vulnerable to human trafficking through forced migration, forced marriage to Han families, and forced prostitution. HIV is perceived as a death sentence, and the female partners of infected men see the disease as linked to forms of intimate partner violence. For instance, a woman I interviewed echoed many sentiments expressed by others: “My husband died two years ago. All of his brothers are also sick. For the past five years, he became so weak that he couldn’t work on the farm anymore, which put him in a bad mood. After his youngest brother died [of AIDS related illness] all he does is drink and smoke *cacou* every once in a while. He gets crazy when he drinks. He would scream and yell and throw me around in front of [daughter’s name]...At the end, he lived with his mother and we live on our own.” The stories women share of their experience with HIV/AIDS mainly center around increased rates of alcoholism, violence, and widowhood, which have led to a growing mistrust of men.

Meanwhile, forced marriage is one of the most prevalent forms of human trafficking in this

region, stemming from male-skewed gender ratios resulting from the one-child policy and long-standing practices of bride selling. Take Ma, who was recruited by a fellow Jingpo woman for marriage into a Han family in northern China. Ma initially agreed to be sold for a one-time fee of 15,000 RMB (\$2,400 USD) in order to pay for her mother’s debts following the death of her father in Ruili. Once Ma arrived in northern China, the recruiter took the money from the Han family, and it became clear that she would not give any to Ma’s family, would not let Ma contact anyone at home, and would not let Ma leave the family until she had a child. Ma didn’t speak Mandarin, and despite feeling socially isolated she did not think to escape because of the remoteness of the region she was in, her unfamiliarity with it, and mistrust of local Han police and government. Ma eventually did eventually convince her husband, through a genuine love bond she said they developed, to allow her to come back to Ruili. Once in Ruili, she convinced her husband to move to Ruili with her, and eventually he agreed. His decision, she noted, remarked on how rural areas across China have limited opportunities for growth, and how living in a rural village in Yunnan Province was really no different to her husband. She shared that there are many Jingpo

women still living in northern provinces across China, and that most are tricked out of money when they arrive, but eventually do what they can to survive there since they perceive marriage options at home to be dim.

The result of HIV/AIDS stigma has turned voluntary migration and arranged marriage into an economic pathway out of these areas. Ethnicity increases vulnerability once in those destinations; for instance, many are mistrustful of government services and fear arrest or deportation. After having children in the destination, many Jingpo wives—who at this point consider themselves victims of forced marriage because their families were not paid and they were not given certain freedoms to return home—do not see a possibility in returning home. While others have documented the role that shame plays in a returning trafficked person's reintegration, there is also a sense of futility in returning to a community ravaged by disease, death, and abuse. The pride and hope in leaving the ethnic community behind is rooted in a growing mistrust of men as conduits of disease.

Overall, this research suggests that the root causes of vulnerability to HIV/AIDS and human trafficking are not the same. Vulnerability to dangerous migration is exacerbated by government stigma campaigns toward HIV/

AIDS. Government fear and stigma campaigns make women vulnerable by tearing at the fabric of social and family life. Women are more inclined to seek dangerous migration as an option for upward mobility. Prioritizing human trafficking as a problem of women and children as true victims obfuscates general rights issues for men *and* women. Rather than focus on victimhood as the lens through which we understand vulnerability, we should continue asking how women are specifically impacted by vulnerabilities in this area.

The preliminary findings of this research suggest that the problems of human trafficking and HIV/AIDS must be understood through an intersectional framework that understands the phenomena as connected, though they are commonly regarded as distinct in human rights and public health discourses. Interventions could target destigmatization to increase moral support within the community. As an ethnic minority community with dying cultural practices, arts-based interventions for community building are particularly appropriate in this case because they revive communities on the basis of ethnic strength, which is exactly what state propaganda campaigns blame for creating social problems. Finally, the global shift toward regarding human trafficking as the single most perilous phenomenon of the

current age obscures ongoing issues of vulnerability and cultural stigma for ethnic minority peoples globally.

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