REVIEWS


Vincent E. Gil

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Johanna Hood’s detailed and fastidiously researched investigation into China’s eventual embrace of HIV/AIDS as a Sinic threat, and not just a ‘foreign disease,’ is a must-read for those involved with contemporary China. The lens through which Hood examines the historical unfolding of this “Sinic conundrum” (Gil, 1994) is that of its media—its communication and portrayal of the disease over the decades of AIDS—through print, posters, website, television. And, most importantly, through China’s own political bodies involved with the presentation and representation of health issues. Consequently, the investigation serves well the purposes of illustrating how Chinese media is used to embody notions of the ‘other’, and by default if not design, the ‘imagined immunity’ of the Chinese. This book ought be on the reading list and in the libraries of investigators and academicians engaged in HIV/AIDS work; in media studies, cross-cultural studies; but especially studies of the discourses and representations of health and illness paradigms globally.

After a well-structured first chapter detailing the unfolding of her study, her methodology, and the importance of “telling AIDS” in China, Hood loses no time in linking Chinese ‘tellings’ with Sinic imaginaries of the Black African, for whom and from whom HIV/AIDS is a persistent curse. We discover that the purposes of this discursive linkage of HIV/AIDS with far-away (‘non-local’) others, facilitates the distancing of the Han majority—and all Chinese for that matter—from the vulnerability of their suffering the same fate. Hood makes clear that the discourse of HIV/AIDS in China, eventually, becomes a discourse of race, otherness, and disease that works
to place great limitations on China’s moving forward with efficiency in their own HIV prevention and AIDS treatment.

There are many factual reports cited, corroborating the difficulties Chinese authorities and the media had during the early years of the infection (1989-1997) in both assessing and reporting who was getting infected, the whys and the hows. She accurately investigates the reports, the records, all of which reveal the significant difficulties in addressing the scope of the infection as well as the admission that China was as vulnerable to HIV/AIDS as the rest of the world. Hood is keen on having us understand, initially, that the multiple revisions to the records, the difficulty in acknowledging practices such as blood-selling—which in some villages fuels entire populations acquiring the virus—needs to be understood within the context of China’s historic self-defense against feelings of humiliation (chiru 恥辱), suffering (shouku 受苦), and its own image of itself as a scientific and emerging (kexue fazhan zhong 科學發展中) global power

Nevertheless, Hood’s relentless pursuit of information which relates to how China has portrayed diseases and those infected, which underscore notions of ‘radicalized diseases’, ‘differentiated bodies, races, and places’ so as to distance the Chinese from the perceived possibility of infection, takes up the next five chapters of her seven-chapter book. She does tell us early on that her main thread is the discourse of race and the ‘telling’ of the HIV/AIDS narrative, so tightly wound up in Chinese representations of the African’s suffering.

But in doing so over five chapters of detailed analyses, she only briefly tells us about the sociocultural and historic contexts that to this day, still push the Chinese political and media sectors to differentiate the Chinese so thoroughly from a messy world. It is only when the reader gets to the sixth chapter that this history is tied in with the present: those discourses of citizenry, responsibility, self-perfectability, state accountability, morality bound into nationalist narratives, and how ‘civil citizens’ will, in fact, behave correctly when given proper instruction and social restraints. Even here, the reader has to be vigilant to catch the connections, important explanations as to why, even in the face of current ‘scientism’, China still struggles with its historic referents.

I would have rather she devoted one full chapter to setting up for the reader the socio-historical factors that explain why it is so necessary for the Chinese to represent their nationality as superior (cf., Dru Gladney, 1994; Sander Gilman, 1989). This is also a necessary ‘telling’ in the “telling [of] AIDS” in China.

But this is a small critique compared to the overarching praise for a research report that yields bold insights into a country’s struggle with representations of illness and the social imaginary, as well as implications for
how the world—and all of us involved in HIV/AIDS work—drive forward the challenges and deal with the ones suffering the disease. A significant, and I believe also tragic truth that Hood brings to the surface is the economics of HIV/AIDS research and prevention efforts in China; how these have become ‘industries’ which then require shifting numbers, continued questionings, and relentless educational campaigns. This is also true in many African nations, such as Uganda, and indeed, in much of the lesser developed world where HIV/AIDS has found significant shelter.

We can take Hood’s analysis of the Chinese ‘conundrum’ of how to deal with HIV/AIDS (cf., Gil 1994) and, with some measure of good intent also say many nations of the world faced, and did, almost the same type of discrimination and storytelling. We can be harsh on the Chinese, since they also kept SARS under cover, which shows all the more need for that explanatory chapter. But, in the U.S., ‘we’ also distanced ourselves from ‘them’, initially labelling HIV by the acronym GRID, Gay-Related Immuno-Deficiency, conveniently assuming it to be a gay-only disease. We ‘told GRID’ until the facts made ‘us’ ‘retell HIV’ within the realities of a multi-sexual world. No country, no one, escapes the early years of HIV/AIDS without acknowledging the biases of our human condition.

It is therefore slightly unfair of Hood to ask,

Had such concerns and questions been addressed and investigated more carefully 25 years ago, then international images of AIDS in Africa may not have mixed with Chinese conceptions of otherness and disease in such potent and dangerous ways (p. 183).

The facts are that no-one was in a position to escape the human biases that surfaced by the onslaught of a then-unknown killer of such potent magnitude. We have discovered how much time it really takes to get to an unbiased truth.

Overall, Hood provides us with significant depth to better understand the ways and means human communities imagine disease, their vulnerabilities, and ‘tell’ the stories they themselves believe.

I recommend Johanna Hood’s work enthusiastically.

References
